

DONOR NAME(S) (please print)		
MAILING ADDRESS		
CITY	STATE	ZIP
(      )	(      )	
DAYTIME PHONE	EVENING PHONE	
EMAIL ADDRESS		

It is my intent to name Univest Foundation a beneficiary under my/our will or trust. I/We recommend that Univest Foundation distribute these funds as follows (us additional pages if necessary).

**Funds to be held as a permanent endowment with annual distributions, in accord with the spending policy of Univest Foundation (see page 2)**

**One time total distribution**

%		
PERCENT		ORGANIZATION
%		
PERCENT		ORGANIZATION
%		
PERCENT		ORGANIZATION
%		
PERCENT		ORGANIZATION

The charitable organization(s) may be notified of my recommendation now  YES  NO  
 My spouse may change this recommendation after my death  YES  NO  N/A

\_\_\_\_\_  
DONOR 1 SIGNATURE

\_\_\_\_\_  
DONOR 2 SIGNATURE

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### **Distribution Bequest Guidelines:**

**Univest Foundation Spending Policy** The Spending Policy is designed to allow the assets to be invested on a total “return basis” to maintain and, if possible, increase the real value (as adjusted for inflation) of the funds over time, while at the same time providing a relatively steady and predictable level of funding for distributions. The Spending Policy currently in effect provides for annual distributions equal to 5% of the trailing twelve-quarter average market value of the Fund. Until such time as the fund shall have twelve trailing-quarters of history the disbursements from the fund shall be 5% of the average number of trailing-quarters since inception.

### **Univest Foundation Charitable Gift Fund Donor Services:**

If you have any questions regarding this form or you require service, please call Univest Foundation at 1.877.723.5571 Monday through Friday between 8:00 a.m. and 5:00 p.m. ET or email at [univestfoundation@univest.net](mailto:univestfoundation@univest.net).

**Please mail completed forms to:**

Univest Foundation  
14 North Main Street  
P. O. Box 64559  
Souderton, PA 18964

**OR**

Fax: 215.721.4010