

**1 Are you currently working with a tax or estate planning advisor?**

YES

NO

If NO, please move on to Section 2.

ADVISOR NAME
( )
DAYTIME PHONE
E-MAIL ADDRESS (optional)

FIRM NAME
MAILING ADDRESS
CITY STATE ZIP

Would you like your advisor to receive copies of your quarterly statements?

YES

NO

**2 Donor Information** The Donor(s) of the account have full and equal rights to recommend grant distributions and to elect the successor(s) of the account. If there is more than one mailing address, all account correspondence will be sent to Donor 1. There can be more than 2 donors. Please attach additional sheets if necessary.

### DONOR 1

NAME
- - / /
SOCIAL SECURITY NUMBER (required) DATE OF BIRTH
MAILING ADDRESS
CITY STATE ZIP
COMPANY NAME
TITLE
( ) ( )
DAYTIME PHONE EVENING PHONE
E-MAIL ADDRESS (optional)

### DONOR 2

NAME
- - / /
SOCIAL SECURITY NUMBER (required) DATE OF BIRTH
MAILING ADDRESS
CITY STATE ZIP
COMPANY NAME
TITLE
( ) ( )
DAYTIME PHONE EVENING PHONE
E-MAIL ADDRESS (optional)

Are you currently a Uninvest customer?

YES

NO

Are you interested in online access to your account?

YES

NO

E-MAIL ADDRESS

### HOW WOULD YOU LIKE TO BE ADDRESSED?

This will appear on account correspondence and letters that accompany grants to charities unless otherwise requested. For example: Dr. and Mrs. John A. Smith, Joan and John Smith, etc...

SALUTATION
------------

**3 Name the Account** For example, Smith Family Fund. Grants made to charity are accompanied by a letter which may include the account name at the discretion of the Donor, unless anonymity has been requested.

ACCOUNT NAME
--------------

**4 Successor Election** Donor(s) may elect individuals to succeed them on the account with full rights as Donor(s) to direct the remaining assets. Refer to the Program Circular for details. This election can be changed by a Donor at any time via the Account Change form. There can be more than 2 elections. Please attach additional sheets if necessary.

**INDIVIDUAL 1:**

NAME		
- -	/ /	
SOCIAL SECURITY NUMBER (required)		DATE OF BIRTH
MAILING ADDRESS		
CITY	STATE	ZIP
( )	( )	
DAYTIME PHONE	EVENING PHONE	

**INDIVIDUAL 2:**

NAME		
- -	/ /	
SOCIAL SECURITY NUMBER (required)		DATE OF BIRTH
MAILING ADDRESS		
CITY	STATE	ZIP
( )	( )	
DAYTIME PHONE	EVENING PHONE	

**SUCCESSOR CHARITABLE ORGANIZATIONS:**

Donor(s) may recommend that charitable organization(s) receive the remaining assets or that the assets be held in endowment for the benefit of the recommended charitable organization(s). There can be more than 2 elections. Please attach additional sheets if necessary.

**Funds to be held as a permanent endowment with annual distributions, in accord with the Spending Policy of Univest Foundation (see page 5)**

**One time total distribution**

**ORGANIZATION 1:**

ORGANIZATION		
-		
FEDERAL TAX ID NUMBER (if available)		
MAILING ADDRESS		
CITY	STATE	ZIP
( )		
PHONE		
%	OR	\$
PERCENTAGE OF FOUNDATION ACCOUNT		DOLLAR AMOUNT

**ORGANIZATION 2:**

ORGANIZATION		
-		
FEDERAL TAX ID NUMBER (if available)		
MAILING ADDRESS		
CITY	STATE	ZIP
( )		
PHONE		
%	OR	\$
PERCENTAGE OF FOUNDATION ACCOUNT		DOLLAR AMOUNT

**5 Irrevocable Contribution (\$2,500 minimum initial gift)** Please complete the application section below.  
 NOTE: Securities held for one year or less are deductible at the lesser of cost basis or fair market value.

**TO CONTRIBUTE CASH:**

CHECK: \$ \_\_\_\_\_

- \*Make payable to Univest Foundation
- \*Mail with application to the address on page 5

CASH HELD AT UNIVEST  
 ACCOUNT # \_\_\_\_\_

PLEASE TRANSFER: \$ \_\_\_\_\_

WIRE: \$ \_\_\_\_\_

BANK: \_\_\_\_\_

Wire to: Univest National Bank & Trust Company  
 ABA Number: 031913438  
 For credit to: Univest National Bank & Trust Company  
 14 N. Main Street, P. O. Box 64559  
 Souderton, PA 18964  
 Account: 0111431250  
 For benefit of: Univest Foundation

Please be sure to include your name for reference for identification purposes.

**TO CONTRIBUTE A SECURITY OR MUTUAL FUND HELD AT UNIVEST:**

Please note that all trades are transacted in shares. If you prefer to indicate a dollar amount, please be aware that it is approximate. We will make a current estimate (based on previous day's closing share price) of the number of shares needed to reach the dollar amount indicated, but due to market conditions on the day the transaction is processed, the amount may vary.

**MUTUAL FUND**

NAME OF MUTUAL FUND \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ OR \$ APPROXIMATE DOLLAR AMOUNT \_\_\_\_\_

**SECURITY**

NAME OF SECURITY (include symbol if known) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ OR \$ APPROXIMATE DOLLAR AMOUNT \_\_\_\_\_

**TO CONTRIBUTE A SECURITY OR MUTUAL FUND HELD OUTSIDE OF UNIVEST:**

A completed Letter of Instruction is required. Mail this application with the completed Letter of Instruction to the address on page 5. Please refer to the Letter of Instruction for submission requirements.

**MUTUAL FUND**

FIRM NAME \_\_\_\_\_

BROKER / AGENT NAME \_\_\_\_\_

( ) \_\_\_\_\_  
 BROKER/AGENT PHONE

**SECURITY**

FIRM NAME \_\_\_\_\_

BROKER / AGENT NAME \_\_\_\_\_

( ) \_\_\_\_\_  
 BROKER/AGENT PHONE

NAME OF MUTUAL FUND \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ OR \$ APPROXIMATE DOLLAR AMOUNT \_\_\_\_\_

NAME OF SECURITY (include symbol if known) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ OR \$ APPROXIMATE DOLLAR AMOUNT \_\_\_\_\_

**TO CONTRIBUTE STOCK OR BOND CERTIFICATES HELD IN PERSONAL POSSESSION:**

Please sign a separate Irrevocable Stock or Bond Power to process your certificate(s). **Date and Sign** exactly as your name(s) appears on the certificate. Mail this application and certificate in separate envelopes to the address on page 5.

NAME OF STOCK
NUMBER OF SHARES

NAME OF STOCK
NUMBER OF SHARES

**TO CONTRIBUTE RESTRICTED STOCK, CLOSELY HELD STOCK OR OTHER NON-TRADITIONAL ASSETS:**

Please call the Univest Foundation at (215) 721-8379 for instructions. Mail or fax this application to the address /fax on page 5.

**6 Investment Options** Your contribution can be allocated to one of the six investment options. If you do not specify the investment option, your contribution will be allocated to the Money Market Option. Please refer to the Program Circular before making your selection.

**INVESTMENT OPTIONS:**

- Aggressive Option (100% Equity)
- Growth Option (80% Equity/20% Fixed Income)
- Balanced Option (60% Equity/40% Fixed Income)
- Moderate Option (40% Equity/60% Fixed Income)
- Conservative Option (20% Equity/80% Fixed Income)
- Money Market Option

**7 Referral** How did you learn about the Gift Fund?

- Advertisement (publication) \_\_\_\_\_
- Article (publication) \_\_\_\_\_
- Mailing from Univest Foundation
- Mailing from Univest
- Internet
- Advisor (name optional) \_\_\_\_\_
- Family / Friend (name optional) \_\_\_\_\_
- Univest Foundation Donor \_\_\_\_\_
- Univest Employee \_\_\_\_\_
- Other \_\_\_\_\_

---

**8** I/We acknowledge that I/we have read the Program Circular and agree to the terms and/or conditions described therein. I/We understand that any contribution, once accepted by the Directors, represents an irrevocable contribution to Univest Foundation and is not refundable to me/us. I/We hereby certify that, to the best of my/our knowledge, all the information presented in connection with this application is accurate, and I/we will promptly notify Univest Foundation in writing of any changes. (Please attach any additional donor signatures).

---

DONOR 1 SIGNATURE

---

DATE

---

DONOR 2 SIGNATURE

---

DATE

Univest Foundation is a public charity and donor-advised fund. Univest Corporation of Pennsylvania provides investment management and administrative services to the Foundation.

**Please mail completed forms to:**

UNIVEST FOUNDATION  
14 North Main Street  
P. O. Box 64559  
Souderton, PA 18964

**Or**

Fax: 215.721.4010

**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.