

ACCOUNT INFORMATION:

| | |
|-------|----------------|
| _____ | _____ |
| NAME | ACCOUNT NUMBER |

GRANT AMOUNT: Indicate below either a dollar amount or percentage.

| | | |
|---------|----|----------|
| _____ % | OR | \$ _____ |
|---------|----|----------|

RECIPIENT CHARITABLE ORGANIZATION:

| | |
|--|-----------------------|
| Have you recommended a grant to this organization before through Univest Foundation? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ORGANIZATION'S LEGAL NAME (if you are unsure of the organization's legal name, please check www.guidestar.org) | CONTACT NAME |
| ORGANIZATION'S MAILING ADDRESS | FEDERAL TAX ID NUMBER |
| CITY STATE ZIP | () PHONE |
| Optional special purpose for gift? _____ (For example: operating expenses, in memory of, to honor, etc.) | |

WHO SHALL BE THANKED FOR THIS GRANT:

Grants to charities are accompanied by a letter which includes the name(s) of the individual(s) who should be thanked by the grant. **Please check only ONE box** to designate who shall be acknowledged for the grant.

| | |
|--|---|
| <input type="checkbox"/> Charity should thank the individual(s) named on the account | <input type="checkbox"/> Please issue this grant PARTIALLY ANONYMOUS (Indicate account name only) |
| <input type="checkbox"/> Please issue this grant ANONYMOUSLY | |

TIMING OF GRANT:

Unless you check one of the two boxes below, Univest Foundation will review your recommendation and, if approved, will distribute the grant **as soon as possible**.

| | |
|---|--|
| <input type="checkbox"/> Issue this grant on a specific future date _____ DATE (mm/dd/yy) | <input type="checkbox"/> Issue this grant on a standing / recurring basis Time interval (e.g., monthly, quarterly, etc.) _____ START (mm/dd/yy) END (mm/dd/yy) |
|---|--|

SIGNATURE:

I acknowledge that I have read the Grant Recommendation Guidelines and the Univest Foundation Program Circular. I certify that neither I nor anyone else will receive any benefit from the recommended charitable organization (for example, I am not using this to pay for membership fees, dues, tuition, goods bought at auction, etc.) from this grant if distributed. I certify that this grant recommendation is not in fulfillment of a legally binding pledge.

| |
|-------|
| _____ |
|-------|

SIGNATURE

NAME (please print)

DATE

Would you like additional Grant Distributions forms sent to you?

YES

NO

GRANT RECOMMENDATION GUIDELINES:

Charitable Organizations Univest Foundation may make grants to organizations which are tax-exempt under Internal Revenue Code (or IRC Code) Section 501(c)(3) and public charities under Internal Revenue Code (or IRC Code) Section 509(a).

Grant Minimum Each grant must be a minimum of \$100 and can be specified for any amount above that.

Fees There is no charge to accounts for the processing of grants.

Grant Recommendation Limitations Grants from Univest Foundation may not be used for private benefit (such as school tuition or scholarships sent directly to individuals, dues, membership fees or goods bought at charitable auctions). Grants may not fulfill legally binding pledges. Nor may any grants be used for lobbying, political contribution or to support political campaign activities. Any grant recommendation received for any improper purpose will be rejected.

Grant Check Processes

- Univest Foundation will not forward any enclosures with grants.
- Univest Foundation must make checks payable to the recipient organization's legal name, which may be different from the common use name (e.g., Harvard University's legal name is President and Fellows of Harvard College) and mail the checks to the organization's mailing address. Grants will be disbursed directly to the recipient organization at their mailing address. Donors may not serve as intermediaries.
- Your grant recommendation is **NON-BINDING** and is subject to review and approval by Univest Foundation. Please allow up to ten business days for review, approval and processing of the grant.
- You may request that grants be issued on a future date (e.g., December 20, xxxx) or at recurring intervals (e.g., monthly, quarterly, annually in June, etc.). The Donor will be advised of scheduled disbursements via email, if desired.

Special Purpose Each grant may have a special purpose, including operating expenses, a particular fundraising campaign, to honor a loved one, etc. If the grant is for a capital campaign, it may not fulfill a legally binding pledge. If the purpose of your grant is to honor a loved one and you wish to notify the family of the honoree, please include the name and address of the family on the special purpose line.

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. EST or email anytime at univestfoundation@univest.net.

Univest Foundation is a public charity and offers Donor Advised Funds. 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