

DONOR APPLICATION

Please print clearly.



The Donor Advisors named on 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 the Primary Donor Advisor. There can be more than one donor advisor. Please attach additional sheets if necessary.

1. PRIMARY DONOR ADVISORS		
Last Name:	First Name:	MI:
Salutation: (Example: Dr. and Mrs. John A. Smith, Joan and John Smith, etc.)		
Mailing Address:		
City:	State:	Zip:
Date of Birth: ■ ■ / ■ ■ / ■ ■ ■ ■ ■ ■	Social Security Number: ■ ■ ■ ■ - ■ ■ - ■ ■ ■ ■ ■ ■	Email:
Company Name:	Title:	
Daytime Phone:	Evening Phone:	
Are you currently a customer of Univest Bank and Trust Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in online access to your account? If yes, please include your email address in the section above. <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDITIONAL DONOR ADVISORS		
Last Name:	First Name:	MI:
Salutation: (Example: Dr. and Mrs. John A. Smith, Joan and John Smith, etc.)		
Mailing Address:		
City:	State:	Zip:
Date of Birth: ■ ■ / ■ ■ / ■ ■ ■ ■ ■ ■	Social Security Number: ■ ■ ■ ■ - ■ ■ - ■ ■ ■ ■ ■ ■	Email:
Company Name:	Title:	
Daytime Phone:	Evening Phone:	
2. ACCOUNT NAME		
Grants made to charity are accompanied by a letter that includes the account name, unless anonymity is specifically requested. Example: Smith Family Fund		
Account Name:		

3. PROFESSIONAL ADVISOR INFORMATION

Are you currently working with a tax or estate planning advisor? If yes, please complete the following information. Yes No

Advisor Name:

Firm Name:

Mailing Address:

City:

State:

Zip:

Daytime Phone:

Email:

Would you like your advisor to receive copies of your quarterly statements? Yes No

4. SUCCESSOR ELECTION

INDIVIDUAL

Donor Advisor(s) may elect individuals to succeed them on the account with full rights as Donor Advisor(s) to direct the remaining assets. Refer to the Program Circular for details. This election can be changed by a Donor Advisor at any time via the Account Change form. There can be more than 1 elections. Please attach additional sheets if necessary.

Last Name:

First Name:

MI:

Mailing Address:

City:

State:

Zip:

Date of Birth:

Social Security Number:

Email:

Daytime Phone:

Evening Phone:

CHARITABLE ORGANIZATION

Donor Advisor(s) may recommend 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 1 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's Legal Name:

Federal Tax ID Number:

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Mailing Address:

City:

State:

Zip:

Phone:

Amount:

\$ _____ OR _____ %

5. IRREVOCABLE CONTRIBUTION (\$2,500 Minimum Initial Gift)

NOTE: Securities held for one year or less are deductible at the lesser of cost basis or fair market value.

CASH

Check

Check Amount
\$

Make checks payable to Univest Foundation.
Mail checks with completed application to the address on page 5.

Cash held at Univest

Cash Transfer Amount	Univest Account Number
\$	

Wire

Wire Amount	Bank Name
\$	

Wire to: Univest Bank and Trust Co., Routing Number: 031913438
For credit to: Univest Bank and Trust Co., Account: 0111431250
For benefit of: Univest Foundation
Please include your name for reference for identification purposes.

SECURITY OR MUTUAL FUND HELD AT UNIVEST

Contribute the following securities or mutual funds held at Univest. *Note: All trades are transacted in shares. If you prefer to indicate a dollar amount, 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. However, due to market conditions on the day the transaction is processed, the amount may vary.*

Security/Mutual Fund Name:	Symbol (if known):	Account Number:
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Number of Shares:	Approximate Dollar Amount:
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Security/Mutual Fund Name:	Symbol (if known):	Account Number:
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Number of Shares:	Approximate Dollar Amount:
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SECURITY OR MUTUAL FUND HELD AT FIRM OTHER THAN UNIVEST

Contribute securities or mutual funds held at a firm other than 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.*

Firm Name:	Broker/Agent Name:
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Broker/Agent Phone:	Broker/Agent Email:
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Security/Mutual Fund Name:	Symbol (if known):	Account Number:
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Number of Shares:	Approximate Dollar Amount:
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Firm Name:	Broker/Agent Name:
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Broker/Agent Phone:	Broker/Agent Email:
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Security/Mutual Fund Name:	Symbol (if known):	Account Number:
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Number of Shares:	Approximate Dollar Amount:
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Irrevocable Contributions continues on next page.

5. IRREVOCABLE CONTRIBUTION Continued

STOCK OR BOND CERTIFICATES HELD IN PERSONAL POSSESSION

- Contribute the following stock certificates. *Note: 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

OTHER CONTRIBUTIONS

- Contribute Restricted Stock, Closely Held Stock or Other Non-Traditional Assets. *Call Univest Foundation at 877-723-5571 for instructions.*

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.

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

7. REFERRAL

How did you learn about Univest Foundation?

- Advertisement Which publication?

- Article Which publication?

- Mailing from Univest Foundation Which mailing?

- Mailing from Univest Which mailing?

- Internet Website?

- Advisor Name? (optional)

- Family/Friend Name? (optional)

- Univest Foundation Donor Name? (optional)

- Univest Employee Name? (optional)

- Other Name? (optional)

8. DISTRIBUTION BEQUEST GUIDELINES

Absent specific written direction from a Donor Advisor Univest Foundation’s Spending Policy will be used. 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.

9. SIGNATURES AND DATES

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).

Primary Donor Advisor Signature	Date	Additional Donor Advisor Signature	Date

If you have any questions regarding this form or you require service, please call Univest Foundation at 877-723-5571 between 8:00 AM and 5:00 PM EST Monday through Friday or email univestfoundation@univest.net.

Please submit the completed Authorization Request to Univest Foundation via mail: P.O. Box 64559, Souderton, PA 18964. Or, you may submit via fax: 215.721.4010.