Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/28/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UNIVEST FINANCIAL CORPORATION

14 N MAIN STREET
SOUDERTON, PA 18964-0197

2b Employer Identification Number (EIN) 23-1886144

2c Plan Sponsor's telephone number 215-721-2400

2d Business code (see instructions) 522190

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	M. THERESA FOSKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE PLAN ADMINISTRATIVE COMMITTEE

14 N MAIN STREET
SOUDERTON, PA 18964-0197

3b Administrator's EIN
23-2030146

3c Administrator's telephone number
215-721-2400

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	380
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	118
b	Retired or separated participants receiving benefits	**6b**	208
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	354
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	370
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNIVEST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
23-1886144

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	56777295
b Actuarial value	**2b**	56777295

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	222	24251570	24251570
b For terminated vested participants	29	1869868	1869868
c For active participants	129	13513698	13513698
d Total	380	39635136	39635136

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	536283
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	536283

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 05/14/2026

WILLIAM G. KARBON, MAAA, FSEA, CPC
Type or print name of actuary

26-04568
Most recent enrollment number

CBIZ BENEFITS & INSURANCE SERVICES
Firm name

609-895-5332
Telephone number (including area code)

200 CHARLES EWING BOULEVARD
SUITE 330
EWING, NJ 08628
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13711844
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	691974
9	Amount remaining (line 7 minus line 8)	0	13019870
10	Interest on line 9 using prior year's actual return of 13.26 %	0	1726435
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14746305

Part III Funding Percentages

14	Funding target attainment percentage	14	106.04 %
15	Adjusted funding target attainment percentage	15	143.24 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	536283
b Excess assets, if applicable, but not greater than line 31a	**31b**	536283

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVEST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
23-1886144

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FRANKLIN TEMPLETON PRIVATE PORT GP

20-5991122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	17820	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

LOOMIS, SAYLES & COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVEST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
23-1886144

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	226627
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	151012	141335
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2673245	2154250
(2) U.S. Government securities	1c(2)	9068169	10156940
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9854993	9886107
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35029876	39801968
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	56777295	62367227
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	56777295	62367227

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57055	
(B) U.S. Government securities	2b(1)(B)	205319	
(C) Corporate debt instruments	2b(1)(C)	339047	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		601421
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	733475	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		733475
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4071991	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4013976	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		58015
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	863546	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		863546

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6054425
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8310882
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2697112	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2697112
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	23838	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		23838
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2720950
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5589932
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572772.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVEST FINANCIAL CORPORATION

D Employer Identification Number (EIN)
23-1886144

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-1171580

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705311A .

UNIVEST FINANCIAL CORPORATION
RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

UNIVEST FINANCIAL CORPORATION
RETIREMENT PLAN

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits at December 31, 2025 and 2024	4
Statements of Changes in Net Assets Available for Benefits for the Years ended December 31, 2025 and 2024	5
Notes to Financial Statements	6
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at December 31, 2025	13
Schedule H, Line 4j - Schedule of Reportable Transactions at December 31, 2025	17

Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because there is no information to report.

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Plan Trustees
Univest Financial Corporation Retirement Plan
Souderton, Pennsylvania

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Univest Financial Corporation Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Univest Financial Corporation Retirement Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Univest Financial Corporation Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Univest Financial Corporation Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Univest Financial Corporation Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Univest Financial Corporation Retirement Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Baltimore, Maryland
October 1, 2026

UNIVEST FINANCIAL CORPORATION
RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	At December 31,	
	2025	**2024**
Assets:		
Cash	$ 226,627	$ —
Investments, at fair value:		
U.S. government agency obligations	8,931,354	7,427,546
U.S. treasury bonds	1,225,586	1,640,623
Mutual funds	39,801,968	35,029,876
Corporate bonds	9,886,107	9,854,993
Short-term investments	1,301,342	891,385
Certificates of deposit	852,908	1,781,860
Total investments	61,999,265	56,626,283
Interest and dividend income receivable	141,335	151,012
Total assets	62,367,227	56,777,295
Net assets available for benefits	$ 62,367,227	$ 56,777,295

See accompanying notes to financial statements.

UNIVEST FINANCIAL CORPORATION
RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2025	**2024**
Investment income:		
Interest	$ 601,421	$ 544,563
Dividends	733,475	655,017
Net appreciation in fair value of investments	6,975,986	5,821,414
Total investment income	8,310,882	7,020,994
Deductions:		
Benefits paid directly to participants	2,697,112	4,571,818
Administrative expenses	23,838	20,059
Total deductions	2,720,950	4,591,877
Net increase	5,589,932	2,429,117
Net assets available for benefits:		
Beginning of year	56,777,295	54,348,178
End of year	$ 62,367,227	$ 56,777,295

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Univest Financial Corporation Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

(a) General

The Plan is a noncontributory defined benefit retirement plan covering substantially all employees of Univest Financial Corporation and its wholly owned subsidiaries (the Corporation or the Employer) who were hired before December 8, 2009, completed one year of service with the Employer and attained age 21. Effective December 31, 2009, the benefits previously accrued under the Plan were frozen and the Plan was amended and converted to a cash balance plan. Additionally, employees hired on or after December 8, 2009 are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Corporation has delegated its administrative responsibilities to the Plan Administrative Committee, which is comprised of members appointed by the Corporation's Board of Directors. The Plan Administrative Committee refers to members of Executive Management of the Corporation who serve as fiduciaries of the Plan. Univest Bank and Trust Co. (the Bank), a wholly owned subsidiary of the Corporation, serves as the Trustee of the Plan. The Trustee is responsible for the investments of the Plan. The Trustee has full discretionary authority for the purchase and sale of investments. Fidelity Brokerage Services, LLC serves as custodian of the investments of the Plan.

(b) Amendments

The Plan will make mandatory amendments as required by changes in law or voluntary amendments when deemed necessary to change Plan provisions.

Effective September 13, 2024, the Plan was amended for purposes of providing certain terminated vested Plan participants with the opportunity to elect, during a limited window, to receive immediate distribution of their benefits in the form of lump sum distribution or annuity.

(c) Contributions

Employer contributions are based on amounts required to be funded under the provisions of ERISA. Amounts contributed in the subsequent plan year are recorded as a contribution receivable by the Plan for the current plan year to the extent deducted in the Corporation's federal tax filing for the current year end. No contributions are required or permitted by the participants. The Plan has met the minimum funding requirements of ERISA at December 31, 2025 and 2024.

The Corporation has the right under the Plan to terminate the Plan at any time, subject to the provisions set forth in ERISA, and to discontinue ongoing funding. The Corporation has not expressed any intention to terminate the Plan for current participants.

(d) Vesting

At December 31, 2025, all participants are vested in the Plan.

(e) Normal Retirement

The normal retirement date is the first day of the month coincident with or next following the later of attainment of age 65 or completion of five years of credited service. The normal retirement benefit is the sum of the benefits accrued up to December 31, 2009 and the benefits accrued after December 31, 2009, under the cash balance portion of the Plan, except for participants who are "grandfathered." Participants who were age 55, with twenty years of service as of December 31, 2009 are "grandfathered" and receive a benefit at retirement no less than the amount that would have been received prior to the conversion to the cash balance plan.

Benefits Accrued up to December 31, 2009

Prior to the cash balance plan conversion effective December 31, 2009, the normal annual retirement benefit amount was 1.5% of average earnings for each year of credited service up to twenty years plus 0.5% of average earnings for each year of credited service in excess of twenty years up to thirty-five years, plus 0.25% of average earnings in excess of the average Social Security wage base for each year of credited service up to thirty-five years.

Benefits Accrued after December 31, 2009

Benefits accrue after December 31, 2009, under the cash balance portion of the Plan, by crediting participants annually with an amount equal to a percentage of their earnings in that year based on years of credited service as follows: 3% of earnings for those with credited service of up to ten years, 5% of earnings for those with credited service between eleven years and twenty years, and 7% of earnings for those with credited service of twenty-one years or more. In addition, participants are credited with interest on the cash balance portion of the Plan at 1% above the 10-year Treasury note yield rate, but in no event less than 2% nor more than market rate of return, with the rates in effect on the first day of each plan year. For 2025 and 2024, the rate was determined to be 5.57% and 4.95%, respectively. As of January 1, 2026 and 2025, the value of the participant's cash balance accounts totaled approximately $9,956,100 and $9,478,498, respectively.

(f) Early Retirement

Each participant who has at least ten years of service and who has attained age 55 may elect to retire early within the 10-year period prior to the participant's normal retirement age. A participant's early retirement benefit is the greater of 1) the actuarial equivalent of the accrued benefit if the benefit is distributed in a form other than a non-decreasing life annuity payable for a period not less than the life of the participant, or 2) the accrued benefit reduced from the early retirement date by 1/15th per year for the first five years and 1/30th per year for each of the next five years. A participant's early retirement benefit with respect to benefits accrued prior to the cash balance plan conversion effective December 31, 2009 is the participant’s accrued benefit payable at the participant's normal retirement date, reduced by 6% per year for the first five years and 4% per year thereafter to age 55; however, if the participant has attained age 62 at the early retirement date and the sum of the participant's age plus years of service equals or exceeds 85, the participant will receive the normal retirement benefit.

(g) Form of Payment

Participants may elect to receive pension benefits in the form of a joint and survivor annuity, a life annuity, annuity options with guaranteed payment periods or monthly, quarterly, semi-annual, or annual installment payments or a lump-sum payment (if the benefit amount does not exceed $25,000). Payment in any form other than life annuity (joint and 50% survivor annuity for a participant who is married) requires waiver of the normal annuity form and, for a participant who is married, spousal consent.

(h) Death Benefits

A vested participant who dies before the annuity starting date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a pre-retirement survivor annuity. A post-retirement death benefit may be payable to the participant's surviving spouse, or another beneficiary designated by the participant, in accordance with the terms of the Plan and based on the form of distribution elected by the participant.

(i) Plan Termination

The Corporation has not expressed any intent to terminate the Plan for current participants. The Plan may be discontinued at any time by the Corporation, subject to the provisions of ERISA. In the event such discontinuance results in termination of the Plan, the Plan provides that the net assets of the Plan shall be allocated among the participants of the Plan in the order provided for in ERISA. To the extent there are unfunded vested benefits other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that some or all of such benefits may be guaranteed by the Pension Benefit Guaranty Corporation (PBGC) but are not automatically payable to participants by the PBGC.

Should the Plan terminate at some future time, its assets generally may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

(2) Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

(b) Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4, "Fair Value Disclosure" for additional fair value disclosures.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Gains and losses on sales of investments are based on the average cost method. Net appreciation (depreciation) includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

(d) Benefit Obligation

The benefit obligation consists of those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. The benefit obligation includes benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits for retired or terminated employees or their beneficiaries were based on employees' average compensation during their last five years of credited service, up to December 31, 2009. The benefit obligation for active employees who are not "grandfathered" is based on a combination of their average compensation during the five years preceding December 31, 2009 and for years after December 31, 2009, a percentage of their earnings in that year based on years of credited service.

(e) Expenses

The costs of trust, actuarial, and other administrative services of the Plan are paid by the Employer, except that any expenses directly relating to the investments of the Plan, such as taxes, commissions, and registration charges, are paid by the Plan.

(f) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(3) Accumulated Plan Benefits

An actuary for the Plan estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following is a summary of the actuarial present value of accumulated plan benefits at the end of each plan year. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2026. Had the valuation been performed as of December 31, 2025, there would be no material differences.

	At December 31,	
	2025	**2024**
Vested benefits:		
Participants currently receiving payments	$ 23,862,472	$ 23,225,433
Other participants	13,601,671	13,813,622
Total actuarial present value of accumulated plan benefits	$ 37,464,143	$ 37,039,055

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025 resulted from:

	For the Year Ended December 31, 2025
Increase for interest due to the decrease in the discount period	$ 2,319,882
Benefits paid	(2,697,112)
Change in actuarial assumptions	802,318
Net decrease for the year	425,088
Actuarial present value of accumulated plan benefits at beginning of year	37,039,055
Actuarial present value of accumulated plan benefits at end of year	$ 37,464,143

The significant assumptions underlying the actuarial computations at December 31, 2025 and 2024 are indicated below. The Plan is based on mortality tables using projection scales published by the Society of Actuaries.

	At December 31,	
	2025	**2024**
Investment rate of return	6.5% per year	6.5% per year
Retirement	Average retirement age (62)	Average retirement age (62)
Mortality rates	Pri-2012 White Collar Dataset Mortality Table with scale MP-2021 fully generational	Pri-2012 White Collar Dataset Mortality Table with scale MP-2021 fully generational

(4) Fair Value Disclosure

Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date. The Plan determines the fair value of financial instruments based on the fair value hierarchy. The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions that market participants would use in pricing the asset or liability based on the best information available in the circumstances, including assumptions about risk. Three levels of inputs are used to measure fair value. A financial instrument’s level within the fair value hierarchy is based on the lowest level of input significant to the fair value measurement. Transfers between levels are recognized at the end of the reporting period.

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.
- Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement. Assets and liabilities utilizing Level 3 inputs include: financial instruments whose value is determined using pricing models, discounted cash-flow methodologies, or similar techniques, as well as instruments for which the fair value calculation requires significant management judgment or estimation.

Where quoted prices are available in an active market for identical instruments, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. In cases where there is limited activity or less transparency around inputs to the valuation, investments are classified within Level 3 of the valuation hierarchy.

The following is a description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy:

U.S. government agency obligations and corporate bonds: U.S. government agency obligations and corporate bonds are valued based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

U.S. treasury bonds: U.S. treasury bonds are valued using quoted market prices for identical assets in active markets.

Mutual funds: Mutual funds are registered investment companies that are valued at quoted market prices that represent the net asset value (NAV) of shares on a market exchange at the end of the trading day.

Short-term investments: Short-term investments are interest-bearing money market accounts that earn a market interest rate. As a result, the carrying amount reported in the Statement of Net Assets Available for Benefits for short-term investments approximates fair value.

Certificates of deposit: The fair value of certificates of deposit with fixed maturities are estimated by discounting the final maturity using interest rates currently offered for deposits with similar remaining maturities.

The methods described previously may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the end of the reporting date. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

The following table presents the fair value of the Plan's investments at December 31, 2025 and 2024, classified using the fair value hierarchy:

	Fair value measurements at December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets:				
U.S. government agency obligations	$ —	$ 8,931,354	$ —	$ 8,931,354
U.S. treasury bonds	1,225,586	—	—	1,225,586
Mutual funds	39,801,968	—	—	39,801,968
Corporate bonds	—	9,886,107	—	9,886,107
Short-term investments	1,301,342	—	—	1,301,342
Certificates of deposit	—	852,908	—	852,908
Total investments	$ 42,328,896	$ 19,670,369	$ —	$ 61,999,265

	Fair value measurements at December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets:				
U.S. government agency obligations	$ —	$ 7,427,546	$ —	$ 7,427,546
U.S. treasury bonds	1,640,623	—	—	1,640,623
Mutual funds	35,029,876	—	—	35,029,876
Corporate bonds	—	9,854,993	—	9,854,993
Short-term investments	891,385	—	—	891,385
Certificates of deposit	—	1,781,860	—	1,781,860
Total investments	$ 37,561,884	$ 19,064,399	$ —	$ 56,626,283

(5) Parties-in-Interest Transactions

At December 2025 and 2024, the Plan had an interest-bearing money market account with the Bank with a balance of $1,301,342 and $891,385, respectively. At December 31, 2025, the Plan had a noninterest-bearing cash account with a balance of $226,627. At December 31, 2024, this account had no balance.

The Plan investments are managed by the Trustee. Univest Bank and Trust Co. serves as the Trustee as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

(6) Income Tax Status

The Plan is based on the Volume Submitter Profit Sharing Plan by CCH, Incorporated DBA ftwilliams.com. The volume submitter plan document has obtained an opinion letter from the IRS dated February 28, 2023, which states that the volume submitter document satisfies the applicable provisions of the Internal Revenue Code (IRC).

Although the Plan has been amended since receiving the opinion letter, the Plan administrator and Plan counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes the Plan is qualified, and the related trust is tax-exempt. Accordingly, no provision for income taxes is included in the accompanying financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

(7) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, investment rate of return, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(8) Subsequent Event

The Corporation has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through the date of issuance, October 1, 2026, and has determined that no significant events occurred after December 31, 2025, but prior to the issuance of these financial statements, that would have a material impact on its financial statements.

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
U.S. government agency obligations:							
		Federal Home Loan Banks	0.920 %	6/30/2026	$ 90,000	$ 90,000	$ 88,760
		Federal Home Loan Mortgage Corporation	0.600	7/15/2026	150,000	150,000	147,627
		Federal Farm Credit Banks	0.700	8/13/2026	145,000	144,891	142,411
		Federal National Mortgage Association	1.875	9/24/2026	50,000	46,061	49,387
		Federal Home Loan Banks	0.740	11/13/2026	100,000	100,000	97,576
		Federal Home Loan Mortgage Corporation	0.750	12/30/2026	200,000	200,000	194,213
		Federal Home Loan Banks	1.050	6/24/2027	32,603	32,603	31,441
		Federal Farm Credit Banks	0.900	8/19/2027	100,000	100,000	95,923
		Federal National Mortgage Association	0.750	10/8/2027	100,000	99,844	95,345
		Federal Farm Credit Banks	1.150	10/14/2027	100,000	100,000	95,685
		Federal Home Loan Banks	0.850	10/15/2027	200,000	200,000	190,650
		Federal Farm Credit Banks	0.840	11/4/2027	200,000	200,000	190,416
		Federal Home Loan Banks	0.875	11/24/2027	200,000	200,000	189,815
		Federal Farm Credit Banks	1.480	12/27/2027	200,000	200,000	192,241
		Federal Farm Credit Banks	1.120	2/25/2028	100,000	100,000	94,970
		Federal Farm Credit Banks	1.050	6/22/2028	100,000	100,000	94,092
		Federal Home Loan Mortgage Corporation	1.000	6/29/2028	100,000	100,000	93,923
		Federal Home Loan Mortgage Corporation	1.000	8/25/2028	100,000	100,000	93,279
		Federal Home Loan Banks	0.940	10/5/2028	200,000	200,000	186,193
		Federal Home Loan Mortgage Corporation	1.000	10/19/2028	100,000	100,000	93,064
		Federal Home Loan Mortgage Corporation	1.000	10/27/2028	200,000	200,000	186,188
		Federal Home Loan Mortgage Corporation	1.000	11/17/2028	100,000	100,000	92,860
		Federal Home Loan Mortgage Corporation	1.050	11/24/2028	100,000	100,000	92,978
		Federal Home Loan Mortgage Corporation	1.000	1/12/2029	200,000	200,000	185,035
		Federal National Mortgage Association	1.000	1/29/2029	200,000	200,000	184,687
		Federal Farm Credit Banks	1.120	9/28/2029	200,000	200,000	182,254
		Federal Home Loan Mortgage Corporation	1.125	10/22/2029	200,000	200,000	181,868
		Federal National Mortgage Association	1.125	10/29/2029	200,000	200,000	181,805
		Federal Farm Credit Banks	1.200	11/5/2029	200,000	200,000	182,102
		Federal Home Loan Banks	1.150	12/17/2029	100,000	100,000	90,355
		Federal National Mortgage Association	1.200	12/17/2029	100,000	100,000	90,781
		Federal Home Loan Banks	1.320	2/22/2030	100,000	100,000	90,739
		Federal Home Loan Banks	1.480	5/20/2030	100,000	100,000	90,790
		Federal Home Loan Banks	1.350	6/25/2030	100,000	100,000	90,076
		Federal Agricultural Mortgage Corporation	1.400	7/8/2030	45,000	45,000	40,663
		Federal Farm Credit Banks	1.600	7/15/2030	100,000	100,000	91,000
		Federal Agricultural Mortgage Corporation	1.300	7/22/2030	200,000	200,000	179,566
		Federal National Mortgage Association	0.875	8/5/2030	50,000	39,474	44,149
		Federal Home Loan Mortgage Corporation	1.250	8/20/2030	100,000	100,000	89,254
		Federal Home Loan Banks	1.300	9/30/2030	150,000	150,000	133,718
		Federal Farm Credit Banks	1.300	11/4/2030	200,000	200,000	177,365

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
		Federal Farm Credit Banks	2.000	12/30/2030	100,000	100,000	91,889
		Federal Agricultural Mortgage Corporation	1.460	2/18/2031	150,000	150,000	133,555
		Federal Farm Credit Banks	1.600	7/14/2031	200,000	200,000	176,559
		Federal Farm Credit Banks	1.850	8/18/2031	200,000	200,000	178,941
		Federal Agricultural Mortgage Corporation	1.690	9/2/2031	200,000	200,000	177,001
		Federal Farm Credit Banks	2.040	12/1/2031	200,000	200,000	179,758
		Federal Farm Credit Banks	2.120	1/12/2032	100,000	100,000	90,653
		Federal Home Loan Banks	2.400	2/17/2032	200,000	200,000	182,198
		Federal Farm Credit Banks	2.940	2/23/2032	250,000	249,950	234,341
		Federal Home Loan Banks	4.100	4/26/2032	150,000	149,625	147,305
		Federal Farm Credit Banks	4.700	8/16/2032	150,000	150,000	149,958
		Federal Home Loan Mortgage Corporation 30yr Fixed	1.500	3/1/2051	197,702	153,281	152,849
		Federal Home Loan Mortgage Corporation 30yr Fixed	2.500	5/1/2052	357,641	304,123	304,649
		Federal National Mortgage Association 30 Year	3.000	7/1/2052	113,800	101,020	101,181
		Federal Home Loan Mortgage Corporation 30yr Fixed	5.000	6/1/2053	401,134	400,946	401,976
		Federal Home Loan Mortgage Corporation 30yr Fixed	5.500	7/1/2054	589,072	594,686	597,800
		Federal National Mortgage Association 30 Year	4.000	11/1/2054	225,165	213,480	213,937
		Government National Mortgage Association Pass-Thru Single Family	4.500	2/20/2055	288,424	283,501	281,560
		Total U.S. government agency			9,585,541	9,448,485	8,931,354
U S Government Notes & Bonds							
		United States Treasury Notes	3.250	6/30/2027	260,000	252,090	259,126
		United States Treasury Notes	1.375	12/31/2028	265,000	234,012	248,893
		United States Treasury Notes	3.125	8/31/2029	260,000	247,402	255,755
		United States Treasury Notes	1.250	8/15/2031	330,000	272,295	287,861
		United States Treasury Notes	3.375	5/15/2033	172,000	159,797	165,630
		United States Treasury Notes	4.625	2/15/2035	8,000	8,156	8,321
					1,295,000	1,173,752	1,225,586
Mutual funds:							
		Federated Short Term Income Fund IS				732,755	762,991
		iShares S&P MidCap 400 ETF				687,657	2,091,474
		iShares S&P SmallCap 600 ETF				1,448,051	2,427,155
		Vanguard Index Trust S&P 500				4,724,782	22,799,311
		Vanguard Total International Stock ETF				8,072,798	11,721,037
		Total mutual funds				15,666,043	39,801,968
Corporate bonds:							
		Bank Nova Scotia B C	4.750	2/2/2026	150,000	148,131	150,099
		Philip Morris International Inc.	2.750	2/25/2026	50,000	50,000	49,909

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
		Johnson & Johnson	2.450	3/1/2026	100,000	99,829	99,770
		Union Pacific Corporation	2.750	3/1/2026	75,000	74,999	74,840
		Lowes Companies, Inc.	2.500	4/15/2026	95,000	94,620	94,615
		Wells Fargo & Co.	3.000	4/22/2026	100,000	100,000	99,725
		Philip Morris International Inc.	0.875	5/1/2026	100,000	100,375	98,995
		San Diego Gas & Electric Co.	2.500	5/15/2026	100,000	100,543	99,512
		AstraZeneca Finance LLC	1.200	5/28/2026	200,000	184,344	197,957
		Starbucks Corp	2.450	6/15/2026	25,000	25,000	24,828
		US Bancorp	2.375	7/22/2026	50,000	49,995	49,636
		Morgan Stanley	3.125	7/27/2026	169,000	166,499	168,248
		Microsoft Corp	2.400	8/8/2026	150,000	150,000	148,897
		Westpac Banking Corp.	2.700	8/19/2026	100,000	101,660	99,292
		Comcast Corp	2.350	1/15/2027	150,000	149,897	147,701
		Toyota Motor Credit Corp	3.050	3/22/2027	205,000	194,886	203,247
		Alphabet Inc	0.800	8/15/2027	200,000	200,182	191,322
		Walmart Inc Sr Note	3.950	9/9/2027	260,000	256,386	261,499
		Lockheed Martin Corp	5.100	11/15/2027	190,000	191,788	194,596
		American Honda Finance Corp Mtn	3.500	2/15/2028	100,000	100,000	99,019
		UnitedHealth Group Inc.	5.250	2/15/2028	20,000	20,871	20,555
		Southern Calif Edison Co	3.650	3/1/2028	100,000	99,500	98,875
		Coca Cola Co	1.000	3/15/2028	100,000	99,700	94,461
		Citigroup Inc	4.658	5/24/2028	265,000	261,590	267,259
		Apple Inc Sr Global Note	1.400	8/5/2028	130,000	114,852	122,864
		Sutter Health	3.695	8/15/2028	50,000	49,637	49,722
		Pfizer Inc	3.600	9/15/2028	100,000	99,688	99,867
		Intercontinental Exchange	3.750	9/21/2028	75,000	74,928	74,625
		Wells Fargo & Co.	4.150	1/24/2029	20,000	19,856	20,057
		Credit Suisse Ag London Branch	1.250	2/22/2029	150,000	150,000	136,567
		GlaxoSmithKline Capital Plc	3.375	6/1/2029	150,000	140,705	147,250
		Philip Morris International Inc.	3.375	8/15/2029	100,000	100,000	97,615
		Bank New York Mellon Corp	3.300	8/23/2029	100,000	99,095	97,195
		Paypal Hldgs Inc	2.850	10/1/2029	190,000	171,244	182,111
		Deere John Cap Corp Mtns Be	2.450	1/9/2030	100,000	99,947	94,820
		Westpac Banking Corp.	2.650	1/16/2030	100,000	101,836	95,011
		Southern Calif Gas Co	2.550	2/1/2030	100,000	100,563	94,351
		Intel Corp	5.125	2/10/2030	195,000	196,054	200,025
		Truist Bank Global	2.250	3/11/2030	100,000	99,990	91,668
		Visa Inc	2.050	4/15/2030	270,000	236,483	250,429
		Bp Cap Mkts Amer Inc	1.749	8/10/2030	50,000	49,973	44,977
		Berkshire Hathaway Fin Corp	1.450	10/15/2030	100,000	100,442	89,212
		Exxon Mobil Corp	2.610	10/15/2030	205,000	181,350	192,392
		Atmos Energy Corp	1.500	1/15/2031	200,000	199,530	175,639

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
			Comcast Corp New Sr Glbl Nt	1.950	1/15/2031	200,000	203,478	178,404
			Apple Inc	1.650	2/8/2031	150,000	150,111	133,949
			State Str Corp Sr Sb	2.200	3/3/2031	100,000	99,200	90,064
			Coca Cola Co	1.375	3/15/2031	100,000	98,598	87,833
			Nvidia Corporation Sr Note	2.000	6/15/2031	335,000	283,993	301,853
			Mastercard Incorporated	2.000	11/18/2031	180,000	148,464	160,549
			Berkshire Hathaway Fin Corp	2.875	3/15/2032	100,000	98,519	93,334
			Bristol-Myers Squibb Co	2.950	3/15/2032	290,000	255,167	268,964
			Tucson Elec Pwr Co	3.250	5/15/2032	100,000	101,303	93,182
			Unitedhealth Group Inc.	4.200	5/15/2032	150,000	150,482	148,317
			Toronto Dominion Bank	4.456	6/8/2032	300,000	294,351	299,904
			Kla Corp	4.650	7/15/2032	150,000	153,713	152,427
			Target Corp	4.500	9/15/2032	200,000	194,186	202,262
			Amazon Com Inc	4.700	12/1/2032	370,000	371,254	380,944
			Philip Morris International Inc.	5.375	2/15/2033	200,000	202,804	209,486
			Goldman Sachs Group IncVar Ra	3.102	2/24/2033	100,000	86,221	92,262
			Eli Lilly & Co	4.700	2/27/2033	200,000	199,574	204,582
			Simon Ppty Group LP	5.500	3/8/2033	200,000	200,118	210,947
			Allstate Corp	5.250	3/30/2033	200,000	200,432	208,482
			American Express Co	4.420	8/3/2033	395,000	377,992	392,612
			Royal Bank Canada	5.150	2/1/2034	104,000	103,107	108,597
			John Deere Capital Corporation	5.100	4/11/2034	75,000	76,293	77,687
			BP Cap Mkts Amer Inc	5.227	11/17/2034	264,000	267,876	272,941
			Bank America Corp	5.468	1/23/2035	120,000	123,665	125,271
			Total corporate bonds			10,122,000	9,847,869	9,886,107
	Short-term investments:							
*			Univest Bank and Trust Co. Special Money Market Account UNMM				1,301,342	1,301,342
			Total short-term investments				1,301,342	1,301,342
	Certificates of deposit:							
			Bankunited Natl Assn Miami	0.550	1/22/2026	100,000	100,000	99,807
			Texas Exchange Bk Crowley	0.750	8/6/2026	100,000	100,000	98,350
			Discover Bk	2.600	8/2/2027	150,000	150,000	148,039
			Synchrony Bank Retail	2.600	8/4/2027	120,000	120,000	118,426
			Live Oak Bkg Co Nc	0.750	7/17/2028	200,000	200,000	186,693
			First Natl Bk Amer East Lans	4.000	7/27/2032	200,000	200,000	201,593
			Total certificates of deposit			870,000	870,000	852,908
			Total investments			$21,872,541	$ 38,307,491	$ 61,999,265

*Party in interest

[1] Includes par value for investments, excluding Mutual Funds and Short-term investments

See accompanying independent auditors' report.

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4j - Schedule of Reportable Transactions

For the year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category 3 – Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.								
Mutual Funds	Univest Special Money Market Fund	$ 100.00			$ —	$ 6,220,318	$ 6,220,318	$ —
Mutual Funds	Univest Special Money Market Fund		100.00		—	5,810,361	5,810,361	—
					$ —	$ 12,030,679	$ 12,030,679	$ —
Mutual Funds	Vanguard Index Trust S&P 500	$ 61.50			$ 575	$ 1,769,294	$ 1,769,294	$ —
Mutual Funds	Vanguard Index Trust S&P 500	71.06			324	1,151,314	1,151,314	—
Mutual Funds	Vanguard Index Trust S&P 500		70.79		42	109,218	148,801	39,583
Mutual Funds	Vanguard Index Trust S&P 500		74.76		24	62,662	90,161	27,498
Mutual Funds	Vanguard Index Trust S&P 500		68.79		22	54,417	75,189	20,772
					$ 987	$ 3,146,905	$ 3,234,759	$ 87,853

No category 1, 2 or 4 reportable transactions occurred during 2025.

See accompanying independent auditors' report.

Schedule SB, line 26a - Schedule of Active Participant Data
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Schedule of Active Participant Data

	Years of Service																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
40 to 44	0	0	0	0	0	0	0	0	7	0	8	0	0	0	0	0	0	0	0	0	15
45 to 49	0	0	0	0	0	0	1	0	5	0	5	0	5	0	0	0	0	0	0	0	16
50 to 54	0	0	0	0	0	0	0	0	7	0	5	0	4	0	4	0	0	0	0	0	20
55 to 59	0	0	0	0	0	0	0	0	10	0	4	0	5	0	5	0	5	0	1	0	30
60 to 64	0	0	0	0	0	0	0	0	9	0	6	0	2	0	4	0	3	0	0	0	24
65 to 69	0	0	0	0	0	0	0	0	1	0	3	0	2	0	1	0	0	0	6	0	13
70 & up	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
Total	0		0		0		1		49		31		19		14		8		7		129

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Actuarial Assumptions

Actuarial Cost Method
Traditional Unit Credit

Actuarial Value of Assets
Market Value

Date of Calculations
January 1, 2025

Employees Included in the Calculations
All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediat or deferred benefit under the provisions of the Plan are also included. Entry frozen for participants hired after December 8, 2009.

Source of Data
Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior servic because of the length of their break-in-service. These employees may have participation requirements differer from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial informatio provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (4-month lookback)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	5.07%	5.07%
	Rate 2:	5.33%	5.31%
	Rate 3:	5.36%	5.50%

Mortality: IRS 2025 Generational Mortality

Turnover: Sample rates as set forth below:

Age:	20	25	30	35	40	45	50	55	60
Annual rate per 1,000 participants:	215	165	130	101	78	65	48	28	0

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Actuarial Assumptions

Salary Scale: Sample rates as set forth below:

Age:	**20**	**25**	**30**	**35**	**40**	**45**	**50**	**55**	**60**
Annual percentage increase:	6.0%	5.7%	5.5%	5.3%	5.0%	4.0%	4.0%	3.3%	3.0%

Future Social Security wages bases: 4.5%

Indexed limits on compensation and benefits

Retirement Age:

Age:	**55 -59**	**60-61**	**62**	**63**	**64**	**65**
Annual rate per 1,000 participants:	30	150	500	200	200	1,000

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (4-month lookback)

		For 404	**For 430 and 436**
Sample Rates:	Rate 1:	5.07%	5.07%
	Rate 2:	5.33%	5.31%
	Rate 3:	5.36%	5.50%

Mortality: IRS 2025 Generational Mortality

Plan Expenses: Based on estimated administrative expenses paid from plan assets.

Form of Benefit Payment: 100% of Participants are assumed to elect the Normal Form.

Cash Balance Interest Credit: 4.5% for 2023 with annual declines of 0.1% until the ultimate crediting rate of 3.5% is achieved.

Cash Balance Conversion Factor: The cash balance account is converted at the 417(e) mortality table in effect at the measurement date and an interest rate of 5.0%.

Effective Rate of Interest: 5.36%

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4j - Schedule of Reportable Transactions

For the year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category 3 – Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.								
Mutual Funds	Univest Special Money Market Fund	$ 100.00			$ —	$ 6,220,318	$ 6,220,318	$ —
Mutual Funds	Univest Special Money Market Fund		100.00		—	5,810,361	5,810,361	—
					$ —	$ 12,030,679	$ 12,030,679	$ —
Mutual Funds	Vanguard Index Trust S&P 500	$ 61.50			$ 575	$ 1,769,294	$ 1,769,294	$ —
Mutual Funds	Vanguard Index Trust S&P 500	71.06			324	1,151,314	1,151,314	—
Mutual Funds	Vanguard Index Trust S&P 500		70.79		42	109,218	148,801	39,583
Mutual Funds	Vanguard Index Trust S&P 500		74.76		24	62,662	90,161	27,498
Mutual Funds	Vanguard Index Trust S&P 500		68.79		22	54,417	75,189	20,772
					$ 987	$ 3,146,905	$ 3,234,759	$ 87,853

No category 1, 2 or 4 reportable transactions occurred during 2025.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNIVEST FINANCIAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Univest Financial Corporation

D Employer Identification Number (EIN)
23-1886144

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	56,777,295
b Actuarial value	**2b**	56,777,295

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	222	24,251,570	24,251,570
b For terminated vested participants	29	1,869,868	1,869,868
c For active participants	129	13,513,698	13,513,698
d Total	380	39,635,136	39,635,136

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	536,283
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	536,283

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE William G. Karbon

Signature of actuary

5-14-2026
Date

WILLIAM G. KARBON, MAAA, FSEA, CPC
Type or print name of actuary

2604568
Most recent enrollment number

CBIZ BENEFITS & INSURANCE SERVICES
Firm name

609-895-5332
Telephone number (including area code)

200 CHARLES EWING BOULEVARD
SUITE 330
EWING NJ 08628
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13,711,844
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	691,974
9	Amount remaining (line 7 minus line 8)	0	13,019,870
10	Interest on line 9 using prior year's actual return of 13.26%	0	1,726,435
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14,746,305

Part III Funding Percentages

14	Funding target attainment percentage	14	106.04%
15	Adjusted funding target attainment percentage	15	143.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	536,283
b Excess assets, if applicable, but not greater than line 31a	**31b**	536,283

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: 23-1886144

PN: 001

Plan Name: Univest Financial Corporation Retirement Plan

Age	Retirement Rate	Retirement Probability	Weighted Age
55	3.00%	0.0300	1.65
56	3.00%	0.0291	1.63
57	3.00%	0.0282	1.61
58	3.00%	0.0274	1.59
59	3.00%	0.0266	1.57
60	15.00%	0.1288	7.73
61	15.00%	0.1095	6.68
62	50.00%	0.3102	19.23
63	20.00%	0.0620	3.91
64	20.00%	0.0496	3.18
65	100.00%	0.1985	12.91
Total		1.0000	61.67

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Actuarial Assumptions

Actuarial Cost Method
Traditional Unit Credit

Actuarial Value of Assets
Market Value

Date of Calculations
January 1, 2025

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		For 404	For 430 and 436
Sample Rates:	Rate 1:	5.07%	5.07%
	Rate 2:	5.33%	5.31%
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Mortality: IRS 2025 Generational Mortality

Turnover: Sample rates as set forth below:

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Annual rate per 1,000 participants:	215	165	130	101	78	65	48	28	0

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Actuarial Assumptions

Salary Scale: Sample rates as set forth below:

Age:	**20**	**25**	**30**	**35**	**40**	**45**	**50**	**55**	**60**
Annual percentage increase:	6.0%	5.7%	5.5%	5.3%	5.0%	4.0%	4.0%	3.3%	3.0%

Future Social Security wages bases: 4.5%

Indexed limits on compensation and benefits

Retirement Age:

Age:	**55 -59**	**60-61**	**62**	**63**	**64**	**65**
Annual rate per 1,000 participants:	30	150	500	200	200	1,000

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (4-month lookback)

		For 404	**For 430 and 436**
Sample Rates:	Rate 1:	5.07%	5.07%
	Rate 2:	5.33%	5.31%
	Rate 3:	5.36%	5.50%

Mortality: IRS 2025 Generational Mortality

Plan Expenses: Based on estimated administrative expenses paid from plan assets.

Form of Benefit Payment: 100% of Participants are assumed to elect the Normal Form.

Cash Balance Interest Credit: 4.5% for 2023 with annual declines of 0.1% until the ultimate crediting rate of 3.5% is achieved.

Cash Balance Conversion Factor: The cash balance account is converted at the 417(e) mortality table in effect at the measurement date and an interest rate of 5.0%.

Effective Rate of Interest: 5.36%

Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	12/28/1944
Plan Year	January 1 through December 31
Employer ID No.	23-1886144
Plan Number	001

Eligibility
All employees of the Employer age 21 or older are eligible to participate in the Plan as of the January 1 or July 1 coincident with or next following the completion of one year of service with at least 1,000 hours of service. Only those employees hired prior to December 8, 2009 are eligible to participate.

Service
Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

Normal Retirement Date
Normal Retirement Date is the later of age 65 or the 5th anniversary of date of participation.

Normal Retirement Benefit
I. Pre-2010 Benefit - The amount of annual benefit based on service to Normal Retirement Date is:
(1) 1.50% of Average Compensation for each year of benefit service up to 20 years,
plus,
(2) 0.50% of Average Compensation for each year of benefit service in excess of 20 years, up to a maximum of 35 years,
plus,
(3) 0.25% of Average Compensation in excess of the Average Social Security Wage Base for each year of benefit service up to a maximum of 35 years,
plus,
(4) for former Pennview employees, the Pennview Accrued Benefit.
plus,

II. Cash Balance Benefit - The Actuarial Equivalent of the Hypothetical Account. On the last day of each Plan Year in which a participant completes a Year of Service, their Hypothetical Account will be credited with a Hypothetical Allocation of a percentage (based on the following table) of that year's compensation.

	Years of Service		
	10 or less	> 10, but not > 20	> 20
Cash Balance Credit	3% of Compensation	5% of Compensation	7% of Compensation

Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

Normal Retirement Benefit (Continued)
The Hypothetical Account earns interest each year based on the rate of interest on 10-year Treasury securities plus 1.00%, but not less than 2%. For the 2025 Plan Year the rate is 5.57%. The Accumulated Hypothetical Account balance at Retirement is converted to a benefit based on the Applicable Mortality Table under Code Section 417(e)(3) for the plan year and interest of the third segment rate for the first quarter of the plan year.

Grandfathered Participants (>55 & 20+ YOS as of 12/31/2009) will receive the greater of #I (without regard to when service was completed) or #I plus #II.

Delayed Retirement
A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation
The average of the five consecutive plan years of basic compensation which produce the highest average. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

Accrued Benefit
The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Average Compensation and benefit accrual service as of the accrual date.

Early Retirement Benefit
Attainment of Age 55 with 10 Years of Service. The accrued retirement income, based on benefit service and Average Compensation at early retirement date. Unreduced benefits payable on the date when the sum of age and Years of Service is no less than 85, but not before age 62, or after age 65. Reduced benefits based on Early Retirement Factors.

Early Retirement Factors
Pre-2010 Benefit
From age 65, or 85 points if earlier, benefits are reduced by 6% per year for the first 5 years and 4% per year thereafter
For Terminated Vested Participants:

9% per year from age 65 to age 64, 7% per year from age 64 to age 63, 6% per year from age 63 to age 61, 5% per year from age 61 to age 58, 4% per year from age 58 to age 55

Cash Balance Benefit
Reduced by 1/15 for each of the first 5 years, 1/30 for each of the next 5 years, and actuarially for each year thereafter that the Early Retirement Benefit commencement date precedes the Normal Retirement Date.

Disability Retirement Benefit
None

Schedule SB, Part V - Summary of Plan Provisions

EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint & 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of ten years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint & 50% Survivor Annuity.

Severance Benefit

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

	Vested Percent	
Years of Vesting Service	Pre-2010 Benefit	Cash Balance Benefit
Fewer than three	0%	0%
At least three but less than five	0%	100%
Five or more	100%	100%

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Factors.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & 50% Survivor Annuity.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under Option (1) below. The options are:

(1) A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.

(2) A reduced benefit to be paid during the participant's lifetime with 60 or 120 months guaranteed.

(3) A lump sum benefit if the value does not exceed $25,000.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the Applicable Mortality Table under Code Section 417(e)(3) for the plan year and the third segment rate under Code Section 417(e)(3) for the quarter based on the second calendar month preceding the quarter.

Changes Since Prior Valuation

The Plan was amended to provide a limited cash-out opportunity during 2024 to eligible terminated vested plan participants whose Accrued Benefit present value did not exceed $125,000.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

Schedule SB, line 26a - Schedule of Active Participant Data
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Schedule of Active Participant Data

Years of Service

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
40 to 44	0	0	0	0	0	0	0	0	7	0	8	0	0	0	0	0	0	0	0	0	15
45 to 49	0	0	0	0	0	0	1	0	5	0	5	0	5	0	0	0	0	0	0	0	16
50 to 54	0	0	0	0	0	0	0	0	7	0	5	0	4	0	4	0	0	0	0	0	20
55 to 59	0	0	0	0	0	0	0	0	10	0	4	0	5	0	5	0	5	0	1	0	30
60 to 64	0	0	0	0	0	0	0	0	9	0	6	0	2	0	4	0	3	0	0	0	24
65 to 69	0	0	0	0	0	0	0	0	1	0	3	0	2	0	1	0	0	0	6	0	13
70 & up	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	3
Total	0		0		0		1		49		31		19		14		8		7		129

Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: 23-1886144

PN: 001

Plan Name: Univest Financial Corporation Retirement Plan

Age	Retirement Rate	Retirement Probability	Weighted Age
55	3.00%	0.0300	1.65
56	3.00%	0.0291	1.63
57	3.00%	0.0282	1.61
58	3.00%	0.0274	1.59
59	3.00%	0.0266	1.57
60	15.00%	0.1288	7.73
61	15.00%	0.1095	6.68
62	50.00%	0.3102	19.23
63	20.00%	0.0620	3.91
64	20.00%	0.0496	3.18
65	100.00%	0.1985	12.91
Total		1.0000	61.67

Schedule SB, Part V - Summary of Plan Provisions
EIN/PN: 23-1886144/001

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	12/28/1944
Plan Year	January 1 through December 31
Employer ID No.	23-1886144
Plan Number	001

Eligibility
All employees of the Employer age 21 or older are eligible to participate in the Plan as of the January 1 or July 1 coincident with or next following the completion of one year of service with at least 1,000 hours of service. Only those employees hired prior to December 8, 2009 are eligible to participate.

Service
Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

Normal Retirement Date
Normal Retirement Date is the later of age 65 or the 5th anniversary of date of participation.

Normal Retirement Benefit
I. Pre-2010 Benefit - The amount of annual benefit based on service to Normal Retirement Date is:
(1) 1.50% of Average Compensation for each year of benefit service up to 20 years,
plus,
(2) 0.50% of Average Compensation for each year of benefit service in excess of 20 years, up to a maximum of 35 years,
plus,
(3) 0.25% of Average Compensation in excess of the Average Social Security Wage Base for each year of benefit service up to a maximum of 35 years,
plus,
(4) for former Pennview employees, the Pennview Accrued Benefit.
plus,

II. Cash Balance Benefit - The Actuarial Equivalent of the Hypothetical Account. On the last day of each Plan Year in which a participant completes a Year of Service, their Hypothetical Account will be credited with a Hypothetical Allocation of a percentage (based on the following table) of that year's compensation.

	Years of Service		
	10 or less	> 10, but not > 20	> 20
Cash Balance Credit	3% of Compensation	5% of Compensation	7% of Compensation

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

Normal Retirement Benefit (Continued)
The Hypothetical Account earns interest each year based on the rate of interest on 10-year Treasury securities plus 1.00%, but not less than 2%. For the 2025 Plan Year the rate is 5.57%. The Accumulated Hypothetical Account balance at Retirement is converted to a benefit based on the Applicable Mortality Table under Code Section 417(e)(3) for the plan year and interest of the third segment rate for the first quarter of the plan year.

Grandfathered Participants (>55 & 20+ YOS as of 12/31/2009) will receive the greater of #I (without regard to when service was completed) or #I plus #II.

Delayed Retirement
A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Average Compensation
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Early Retirement Benefit
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Early Retirement Factors
Pre-2010 Benefit
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For Terminated Vested Participants:

> 9% per year from age 65 to age 64, 7% per year from age 64 to age 63, 6% per year from age 63 to age 61, 5% per year from age 61 to age 58, 4% per year from age 58 to age 55

Cash Balance Benefit
Reduced by 1/15 for each of the first 5 years, 1/30 for each of the next 5 years, and actuarially for each year thereafter that the Early Retirement Benefit commencement date precedes the Normal Retirement Date.

Disability Retirement Benefit
None

Univest Financial Corporation
Retirement Plan
Actuarial Report for the Plan Year Beginning January 1, 2025

Summary of Principal Plan Provisions

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint & 50% Survivor Annuity, and died on the day after the earliest retirement age.

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Severance Benefit

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	Vested Percent	
Years of Vesting Service	Pre-2010 Benefit	Cash Balance Benefit
Fewer than three	0%	0%
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Normal Form of Payment

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(2) A reduced benefit to be paid during the participant's lifetime with 60 or 120 months guaranteed.

(3) A lump sum benefit if the value does not exceed $25,000.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the Applicable Mortality Table under Code Section 417(e)(3) for the plan year and the third segment rate under Code Section 417(e)(3) for the quarter based on the second calendar month preceding the quarter.

Changes Since Prior Valuation

The Plan was amended to provide a limited cash-out opportunity during 2024 to eligible terminated vested plan participants whose Accrued Benefit present value did not exceed $125,000.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
U.S. government agency obligations:							
		Federal Home Loan Banks	0.920 %	6/30/2026	$ 90,000	$ 90,000	$ 88,760
		Federal Home Loan Mortgage Corporation	0.600	7/15/2026	150,000	150,000	147,627
		Federal Farm Credit Banks	0.700	8/13/2026	145,000	144,891	142,411
		Federal National Mortgage Association	1.875	9/24/2026	50,000	46,061	49,387
		Federal Home Loan Banks	0.740	11/13/2026	100,000	100,000	97,576
		Federal Home Loan Mortgage Corporation	0.750	12/30/2026	200,000	200,000	194,213
		Federal Home Loan Banks	1.050	6/24/2027	32,603	32,603	31,441
		Federal Farm Credit Banks	0.900	8/19/2027	100,000	100,000	95,923
		Federal National Mortgage Association	0.750	10/8/2027	100,000	99,844	95,345
		Federal Farm Credit Banks	1.150	10/14/2027	100,000	100,000	95,685
		Federal Home Loan Banks	0.850	10/15/2027	200,000	200,000	190,650
		Federal Farm Credit Banks	0.840	11/4/2027	200,000	200,000	190,416
		Federal Home Loan Banks	0.875	11/24/2027	200,000	200,000	189,815
		Federal Farm Credit Banks	1.480	12/27/2027	200,000	200,000	192,241
		Federal Farm Credit Banks	1.120	2/25/2028	100,000	100,000	94,970
		Federal Farm Credit Banks	1.050	6/22/2028	100,000	100,000	94,092
		Federal Home Loan Mortgage Corporation	1.000	6/29/2028	100,000	100,000	93,923
		Federal Home Loan Mortgage Corporation	1.000	8/25/2028	100,000	100,000	93,279
		Federal Home Loan Banks	0.940	10/5/2028	200,000	200,000	186,193
		Federal Home Loan Mortgage Corporation	1.000	10/19/2028	100,000	100,000	93,064
		Federal Home Loan Mortgage Corporation	1.000	10/27/2028	200,000	200,000	186,188
		Federal Home Loan Mortgage Corporation	1.000	11/17/2028	100,000	100,000	92,860
		Federal Home Loan Mortgage Corporation	1.050	11/24/2028	100,000	100,000	92,978
		Federal Home Loan Mortgage Corporation	1.000	1/12/2029	200,000	200,000	185,035
		Federal National Mortgage Association	1.000	1/29/2029	200,000	200,000	184,687
		Federal Farm Credit Banks	1.120	9/28/2029	200,000	200,000	182,254
		Federal Home Loan Mortgage Corporation	1.125	10/22/2029	200,000	200,000	181,868
		Federal National Mortgage Association	1.125	10/29/2029	200,000	200,000	181,805
		Federal Farm Credit Banks	1.200	11/5/2029	200,000	200,000	182,102
		Federal Home Loan Banks	1.150	12/17/2029	100,000	100,000	90,355
		Federal National Mortgage Association	1.200	12/17/2029	100,000	100,000	90,781
		Federal Home Loan Banks	1.320	2/22/2030	100,000	100,000	90,739
		Federal Home Loan Banks	1.480	5/20/2030	100,000	100,000	90,790
		Federal Home Loan Banks	1.350	6/25/2030	100,000	100,000	90,076
		Federal Agricultural Mortgage Corporation	1.400	7/8/2030	45,000	45,000	40,663
		Federal Farm Credit Banks	1.600	7/15/2030	100,000	100,000	91,000
		Federal Agricultural Mortgage Corporation	1.300	7/22/2030	200,000	200,000	179,566
		Federal National Mortgage Association	0.875	8/5/2030	50,000	39,474	44,149
		Federal Home Loan Mortgage Corporation	1.250	8/20/2030	100,000	100,000	89,254
		Federal Home Loan Banks	1.300	9/30/2030	150,000	150,000	133,718
		Federal Farm Credit Banks	1.300	11/4/2030	200,000	200,000	177,365

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
		Federal Farm Credit Banks	2.000	12/30/2030	100,000	100,000	91,889
		Federal Agricultural Mortgage Corporation	1.460	2/18/2031	150,000	150,000	133,555
		Federal Farm Credit Banks	1.600	7/14/2031	200,000	200,000	176,559
		Federal Farm Credit Banks	1.850	8/18/2031	200,000	200,000	178,941
		Federal Agricultural Mortgage Corporation	1.690	9/2/2031	200,000	200,000	177,001
		Federal Farm Credit Banks	2.040	12/1/2031	200,000	200,000	179,758
		Federal Farm Credit Banks	2.120	1/12/2032	100,000	100,000	90,653
		Federal Home Loan Banks	2.400	2/17/2032	200,000	200,000	182,198
		Federal Farm Credit Banks	2.940	2/23/2032	250,000	249,950	234,341
		Federal Home Loan Banks	4.100	4/26/2032	150,000	149,625	147,305
		Federal Farm Credit Banks	4.700	8/16/2032	150,000	150,000	149,958
		Federal Home Loan Mortgage Corporation 30yr Fixed	1.500	3/1/2051	197,702	153,281	152,849
		Federal Home Loan Mortgage Corporation 30yr Fixed	2.500	5/1/2052	357,641	304,123	304,649
		Federal National Mortgage Association 30 Year	3.000	7/1/2052	113,800	101,020	101,181
		Federal Home Loan Mortgage Corporation 30yr Fixed	5.000	6/1/2053	401,134	400,946	401,976
		Federal Home Loan Mortgage Corporation 30yr Fixed	5.500	7/1/2054	589,072	594,686	597,800
		Federal National Mortgage Association 30 Year	4.000	11/1/2054	225,165	213,480	213,937
		Government National Mortgage Association Pass-Thru Single Family	4.500	2/20/2055	288,424	283,501	281,560
		Total U.S. government agency			9,585,541	9,448,485	8,931,354
U S Government Notes & Bonds							
		United States Treasury Notes	3.250	6/30/2027	260,000	252,090	259,126
		United States Treasury Notes	1.375	12/31/2028	265,000	234,012	248,893
		United States Treasury Notes	3.125	8/31/2029	260,000	247,402	255,755
		United States Treasury Notes	1.250	8/15/2031	330,000	272,295	287,861
		United States Treasury Notes	3.375	5/15/2033	172,000	159,797	165,630
		United States Treasury Notes	4.625	2/15/2035	8,000	8,156	8,321
					1,295,000	1,173,752	1,225,586
Mutual funds:							
		Federated Short Term Income Fund IS				732,755	762,991
		iShares S&P MidCap 400 ETF				687,657	2,091,474
		iShares S&P SmallCap 600 ETF				1,448,051	2,427,155
		Vanguard Index Trust S&P 500				4,724,782	22,799,311
		Vanguard Total International Stock ETF				8,072,798	11,721,037
		Total mutual funds				15,666,043	39,801,968
Corporate bonds:							
		Bank Nova Scotia B C	4.750	2/2/2026	150,000	148,131	150,099
		Philip Morris International Inc.	2.750	2/25/2026	50,000	50,000	49,909

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
		Johnson & Johnson	2.450	3/1/2026	100,000	99,829	99,770
		Union Pacific Corporation	2.750	3/1/2026	75,000	74,999	74,840
		Lowes Companies, Inc.	2.500	4/15/2026	95,000	94,620	94,615
		Wells Fargo & Co.	3.000	4/22/2026	100,000	100,000	99,725
		Philip Morris International Inc.	0.875	5/1/2026	100,000	100,375	98,995
		San Diego Gas & Electric Co.	2.500	5/15/2026	100,000	100,543	99,512
		AstraZeneca Finance LLC	1.200	5/28/2026	200,000	184,344	197,957
		Starbucks Corp	2.450	6/15/2026	25,000	25,000	24,828
		US Bancorp	2.375	7/22/2026	50,000	49,995	49,636
		Morgan Stanley	3.125	7/27/2026	169,000	166,499	168,248
		Microsoft Corp	2.400	8/8/2026	150,000	150,000	148,897
		Westpac Banking Corp.	2.700	8/19/2026	100,000	101,660	99,292
		Comcast Corp	2.350	1/15/2027	150,000	149,897	147,701
		Toyota Motor Credit Corp	3.050	3/22/2027	205,000	194,886	203,247
		Alphabet Inc	0.800	8/15/2027	200,000	200,182	191,322
		Walmart Inc Sr Note	3.950	9/9/2027	260,000	256,386	261,499
		Lockheed Martin Corp	5.100	11/15/2027	190,000	191,788	194,596
		American Honda Finance Corp Mtn	3.500	2/15/2028	100,000	100,000	99,019
		UnitedHealth Group Inc.	5.250	2/15/2028	20,000	20,871	20,555
		Southern Calif Edison Co	3.650	3/1/2028	100,000	99,500	98,875
		Coca Cola Co	1.000	3/15/2028	100,000	99,700	94,461
		Citigroup Inc	4.658	5/24/2028	265,000	261,590	267,259
		Apple Inc Sr Global Note	1.400	8/5/2028	130,000	114,852	122,864
		Sutter Health	3.695	8/15/2028	50,000	49,637	49,722
		Pfizer Inc	3.600	9/15/2028	100,000	99,688	99,867
		Intercontinental Exchange	3.750	9/21/2028	75,000	74,928	74,625
		Wells Fargo & Co.	4.150	1/24/2029	20,000	19,856	20,057
		Credit Suisse Ag London Branch	1.250	2/22/2029	150,000	150,000	136,567
		GlaxoSmithKline Capital Plc	3.375	6/1/2029	150,000	140,705	147,250
		Philip Morris International Inc.	3.375	8/15/2029	100,000	100,000	97,615
		Bank New York Mellon Corp	3.300	8/23/2029	100,000	99,095	97,195
		Paypal Hldgs Inc	2.850	10/1/2029	190,000	171,244	182,111
		Deere John Cap Corp Mtns Be	2.450	1/9/2030	100,000	99,947	94,820
		Westpac Banking Corp.	2.650	1/16/2030	100,000	101,836	95,011
		Southern Calif Gas Co	2.550	2/1/2030	100,000	100,563	94,351
		Intel Corp	5.125	2/10/2030	195,000	196,054	200,025
		Truist Bank Global	2.250	3/11/2030	100,000	99,990	91,668
		Visa Inc	2.050	4/15/2030	270,000	236,483	250,429
		Bp Cap Mkts Amer Inc	1.749	8/10/2030	50,000	49,973	44,977
		Berkshire Hathaway Fin Corp	1.450	10/15/2030	100,000	100,442	89,212
		Exxon Mobil Corp	2.610	10/15/2030	205,000	181,350	192,392
		Atmos Energy Corp	1.500	1/15/2031	200,000	199,530	175,639

(continued)

UNIVEST FINANCIAL CORPORATION

RETIREMENT PLAN

Plan No. 001 EIN 23-1886144

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

At December 31, 2025

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value [1]				(d) Cost	(e) Current value
			Comcast Corp New Sr Glbl Nt	1.950	1/15/2031	200,000	203,478	178,404
			Apple Inc	1.650	2/8/2031	150,000	150,111	133,949
			State Str Corp Sr Sb	2.200	3/3/2031	100,000	99,200	90,064
			Coca Cola Co	1.375	3/15/2031	100,000	98,598	87,833
			Nvidia Corporation Sr Note	2.000	6/15/2031	335,000	283,993	301,853
			Mastercard Incorporated	2.000	11/18/2031	180,000	148,464	160,549
			Berkshire Hathaway Fin Corp	2.875	3/15/2032	100,000	98,519	93,334
			Bristol-Myers Squibb Co	2.950	3/15/2032	290,000	255,167	268,964
			Tucson Elec Pwr Co	3.250	5/15/2032	100,000	101,303	93,182
			Unitedhealth Group Inc.	4.200	5/15/2032	150,000	150,482	148,317
			Toronto Dominion Bank	4.456	6/8/2032	300,000	294,351	299,904
			Kla Corp	4.650	7/15/2032	150,000	153,713	152,427
			Target Corp	4.500	9/15/2032	200,000	194,186	202,262
			Amazon Com Inc	4.700	12/1/2032	370,000	371,254	380,944
			Philip Morris International Inc.	5.375	2/15/2033	200,000	202,804	209,486
			Goldman Sachs Group IncVar Ra	3.102	2/24/2033	100,000	86,221	92,262
			Eli Lilly & Co	4.700	2/27/2033	200,000	199,574	204,582
			Simon Ppty Group LP	5.500	3/8/2033	200,000	200,118	210,947
			Allstate Corp	5.250	3/30/2033	200,000	200,432	208,482
			American Express Co	4.420	8/3/2033	395,000	377,992	392,612
			Royal Bank Canada	5.150	2/1/2034	104,000	103,107	108,597
			John Deere Capital Corporation	5.100	4/11/2034	75,000	76,293	77,687
			BP Cap Mkts Amer Inc	5.227	11/17/2034	264,000	267,876	272,941
			Bank America Corp	5.468	1/23/2035	120,000	123,665	125,271
			Total corporate bonds			10,122,000	9,847,869	9,886,107
	Short-term investments:							
*			Univest Bank and Trust Co. Special Money Market Account UNMM				1,301,342	1,301,342
			Total short-term investments				1,301,342	1,301,342
	Certificates of deposit:							
			Bankunited Natl Assn Miami	0.550	1/22/2026	100,000	100,000	99,807
			Texas Exchange Bk Crowley	0.750	8/6/2026	100,000	100,000	98,350
			Discover Bk	2.600	8/2/2027	150,000	150,000	148,039
			Synchrony Bank Retail	2.600	8/4/2027	120,000	120,000	118,426
			Live Oak Bkg Co Nc	0.750	7/17/2028	200,000	200,000	186,693
			First Natl Bk Amer East Lans	4.000	7/27/2032	200,000	200,000	201,593
			Total certificates of deposit			870,000	870,000	852,908
			Total investments			$21,872,541	$ 38,307,491	$ 61,999,265

*Party in interest

[1] Includes par value for investments, excluding Mutual Funds and Short-term investments

See accompanying independent auditors' report.