



FOUNDATION

To encourage and support the generosity and community involvement of employees, SPX is proud to offer the SPX Foundation Matching Gift Program. Through this program, an employee may request a matching gift from SPX following their act of giving a personal donation to an eligible charitable organization.

Eligible Participants

All active full-time employees and members of the SPX Board of Directors are eligible to participate in the SPX Foundation Matching Gift Program. Spouses and surviving spouses of eligible employees are not eligible.

Eligible Organizations

Nonprofit organizations located in the United States or one of its possessions and recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code.

Gifts to charities based outside of the US may be made and in order to be considered eligible for the program, these organizations must complete an international eligibility documentation package which the SPX Foundation Matching Gift Program will send to the charity once a matching gift form is returned by the charity. This will determine the charity's equivalency to the US IRS 501(c)(3) non-profit status.

Eligible organizations include, but are not limited to: colleges and universities, private and public elementary and secondary schools, arts and culture organizations, health and human services agencies, civic organizations, and environmental organizations.

The SPX Foundation retains discretion to approve or deny eligibility based upon the information provided or otherwise available, and any decision made by the SPX Foundation regarding eligibility is final.

What Contributions are Eligible?

- Must be a donation, from the donor's personal funds, which has been paid directly to an approved organization.
- The minimum gift eligible for matching is \$100.
- The maximum amount matched per donor per calendar year is \$20,000 for employees and non-employee members of the Board of Directors and \$50,000 for executive officers. If the donor makes several contributions, gifts will be matched in the order received, up to the maximum annual donor limit for the calendar year.
- The donor's year is based on the date of the gift.
- Gifts must be in the form of check, credit card or marketable securities with a quoted market value.
- You may be asked to provide proof of your contribution in the form of a cancelled check, bank statement, credit card statement or a transfer of stock certificate.
- Credit card contributions charged through your organization also are eligible.
- Gifts of securities are valued based on the average of the high and low on the date of the gift.

What Gifts are Not Eligible for Matching?

- United Way (SPX organizes a separate program for United Way.)
- Promises to pay
- Gifts made in lieu of tuition payment for services
- Subscription, membership or any other fees for which benefits are received
- Dues to alumni or similar groups
- Gifts or payments to political organizations

- Gifts or payments to religious organizations. However a religious based school is eligible (as long as it meets the program criteria) because it would be recognized as an educational organization.
- Insurance premiums
- Bequests or life income trust arrangements
- Gifts of real or personal property, except for contributions of marketable securities as described above.
- Cumulative gifts from several individuals reported as one contribution – gift pooling, community fundraising and similar programs.

How Does the Program Work?

Paper:

All eligible employees based outside of the United States must request matching gifts through a paper form as follows:

Employee Instructions

- Employee completes Part 1 of the form.
- Employee mails the completed form and any other necessary documentation to the organization.

Organization Instructions

- The organization completes Part 2 of the form, verifying that the gift was received.
- The form must be signed by an authorized officer of the organization.
- The organization mails the completed form to the SPX Foundation Matching Gift Program at P.O. Box 7396, Princeton, NJ 08543-7396.

Eligible requests are processed on the following quarterly schedule:

Received By: 4/1 7/1 10/1 12/31

Processed By: 4/30 7/31 10/31 1/31

Matching gifts must be requested within one year of the gift date. Requests received after that time will not be honored. Receipt of gift will be verified by the organization. SPX Foundation matching gifts are designated for unrestricted support.

For more information, please visit the program website at <http://matching.spx.com>.

The website contains program-related information such as guidelines and FAQs, as well as the ability to view your personal giving history and search for charitable organizations.

If you have any questions, please contact the SPX Foundation Matching Gift Program via email at SPX@easymatch.com or phone at 1-877-877-2089.

Administrative Conditions

SPX reserves the right to interpret, apply, amend or revoke the program and/or the guidelines at any time without prior notice. The policies and procedures described above are not conditions of employment nor are they intended to create or constitute a contract between SPX and any one or all of its employees.



FOUNDATION

PART 1 – DONOR SECTION

Instructions: Complete Part 1 of this form – one for each gift. Please print or type. Send the form and a copy of the program guidelines with your contribution to the recipient organization.

DONOR ID NUMBER

DONOR NAME

HOME ADDRESS 1

HOME ADDRESS 2

BUSINESS TELEPHONE, INCLUDING AREA AND COUNTRY CODE

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ AMOUNT OF GIFT (MIN \$100) \$ AMOUNT TO BE MATCHED (MIN \$100)

TYPE OF GIFT: PLEASE CHECK ONE:
o CHECK/CREDIT CARD o SECURITIES

IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

- I hereby certify that:
- Neither my family nor I will derive any direct or indirect financial or material benefit from this contribution.
- I authorize the above-named recipient organization to report this gift to SPX for the purpose of applying for a matching gift.
- My gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in anyway a fee for a service or benefit.
- Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law.
- I have not been nor will be reimbursed by anyone for this contribution.
- I have read and understood the guidelines of the SPX Foundation Matching Gift Program.

SIGNATURE OF EMPLOYEE DATE

PART 2 – RECIPIENT ORGANIZATION SECTION

Instructions: Verify receipt of gift. Complete Part 2 of this form. Please print or type. If this is your first matching gift request to the SPX Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) or 170 (c)(1) IRS determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below. Please note that organizations outside the United States will shortly receive an application to determine equivalency to the 501(c)(3) non-profit status.

EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAX IDENTIFICATION NUMBER

ORGANIZATION NAME

ADDRESS LINE 1

ADDRESS LINE 2

TELEPHONE AND FAX, INCLUDING AREA AND COUNTRY CODE

E-MAIL WEBSITE ADDRESSES (IF ANY)

DATE GIFT RECEIVED

\$ AMOUNT OF GIFT \$ TAX DEDUCTIBLE GIFT AMOUNT

- I hereby certify that:
- This organization/program meets the eligibility requirements of the SPX Foundation Matching Gift Program
- That neither the donor nor SPX will derive any personal material benefit from this gift or match.
- That this organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by countersigning this Matching Gift Application, I agree that this organization will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities.
- That I am authorized to attest to the above statements and have sufficient knowledge to do so.
- I have read and understood the guidelines of the SPX Matching Gift Program.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER DATE

*Completed forms must be received within one year of the date of gift.

MAIL COMPLETED FORM AND REQUIRED ENCLOSURES TO:
SPX Foundation Matching Gift Program
P.O. Box 7396
Princeton, NJ 08543-7396
Phone: 1-877-877-2089
E-mail: SPX@easymatch.com