

Business Signature Card

Account #: (for Bank Use Only)	9551023773	Account Title	Willistown Township
Customer #: (for Bank Use Only)	J-13711948		

<p>IMPORTANT ACCOUNT OPENING INFORMATION</p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will have to ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see a government issued ID such as a driver's license, non-driver's ID or passport. We may also request further identifying documents</p>	<p>BUSINESS TYPE OF ACCOUNT</p> <p>The specified ownership will remain the same for all accounts:</p> <table border="0"> <tr> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Corporation</td> </tr> <tr> <td><input type="checkbox"/> General Partnership</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Political Campaign</td> </tr> <tr> <td><input type="checkbox"/> Non-Profit Organization</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Non-US Government Entity</td> <td><input checked="" type="checkbox"/> US Government Entity</td> </tr> <tr> <td><input type="checkbox"/> Formal Trust-Separate Agreement</td> <td></td> </tr> </table> <p>Dated: 02/12/2019</p>	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Political Campaign	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non-US Government Entity	<input checked="" type="checkbox"/> US Government Entity	<input type="checkbox"/> Formal Trust-Separate Agreement	
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<input type="checkbox"/> Non-US Government Entity	<input checked="" type="checkbox"/> US Government Entity												
<input type="checkbox"/> Formal Trust-Separate Agreement													

Business Entity Information

Name:	Willistown Township
Business Address (no PO boxes):	688 Sugartown Rd Malvern, PA 19355
Mailing Address (if different than above):	
EIN/TIN:	23-6000606
Phone:	610-647-5300
Email:	
State/County/Date of Organization:	PA/USA
Nature of Business:	Government Entity
Primary Purpose of Account:	
% of International Operations or Sales:	0%
If Int'l Ops/Sales, specify country(ies):	0%

Exemptions (as supplied by the customer)

Exemptions (Refer to the separate Form W-9 Instructions for questions.)

Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____

Taxpayer Identification Number (TIN) Certification

TIN# 23-6000606

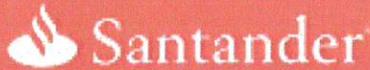
If I am the tax reporter, I certify under penalties of perjury that:

- The number shown on this form is my correct taxpayer identification number;**
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding; and**
- I am a U.S. citizen or other U.S. person (including a U.S. resident alien).**
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. You must certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Important Reminder: If not a "U.S. Person," certify foreign status separately, using appropriate Form W-8, if applicable.

Signature David R. Bruner Date 3/18/19



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[Faint signature]

Signer Signatures

The undersigned authorizes Santander Bank, N.A. to obtain consumer reports from consumer reporting agencies. Except as otherwise provided by law or other document, each of the undersigned is authorized to make withdrawals from the account(s).
The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of the following:

- Deposit Account Agreement
- Rate Information
- Fee Schedule

PRINT SIGNER NAME 1: Robert T. Lange
(Signature Below)

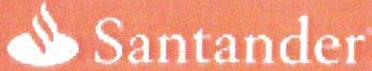
[*Robert T. Lange*]

PRINT SIGNER NAME 2: William R. Shoemaker
(Signature Below)

[*William R. Shoemaker*]

PRINT SIGNER NAME 3: Barbara L. Handelin
(Signature Below)

[*Barbara L. Handelin*]



Business Signature Card

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PRINT SIGNER NAME 4: **David R. Burman**
(Signature Below)

[x ]

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

Signer Information	Signer 1	Signer 2
First Name:	N/A	N/A
Middle Name (Optional):		
Last Name:		
Suffix (Optional):		
Date of Birth (mm-dd-yyyy):		
ID Number (SSN, ITIN, ATIN, Foreign Passport) (Optional):		
Residential Address (including country / No PO Boxes):		
Country of Citizenship:		
Mailing Address (if different from above):		
Position at Company:		
Signer Information	Signer 3	Signer 4
First Name:	N/A	N/A
Middle Name (Optional):		
Last Name:		
Suffix (Optional):		
Date of Birth (mm-dd-yyyy):		
ID Number (SSN, ITIN, ATIN, Foreign Passport) (Optional):		
Residential Address (including country / No PO Boxes):		

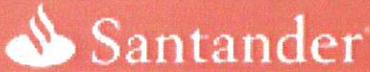
Confidential

Effective Date: 10/10/2012; Revision Date: 11/30/2017



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Customer #: (for Bank Use Only)	J-13711948		
Country of Citizenship:			
Mailing Address (if different from above):			
Position at Company:			



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[Faint signature]

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The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of the following:

- Deposit Account Agreement
- Rate Information
- Fee Schedule

PRINT SIGNER NAME 1: Martin F. McKenzie

(Signature Below)

[x *Martin F. McKenzie*]

PRINT SIGNER NAME 2:

(Signature Below)

[x]

PRINT SIGNER NAME 3:

(Signature Below)



UNIVERSAL RESOLUTION

Legal Name of Business ("Depositor"):	Willistown Township	
Principal Business Street Address:	688 Sugartown Rd Malvern, PA 19355	
Business Type (<i>Check One</i>):	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership or <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Government Entity <input type="checkbox"/> Other specify):	<input type="checkbox"/> Member-managed LLC <input type="checkbox"/> Manager-managed LLC <input type="checkbox"/> Unincorporated organization association

CHECK ONE:

Certification of Resolutions: (Must be selected for a Depositor controlled by a governing body) The undersigned is authorized by the Depositor to certify, and hereby does certify, that the Resolutions set forth below were properly adopted on MARCH 11, 2019 by the Depositor in accordance and conformity with the Depositor's governing documents, all agreements with third parties, and all laws applicable to the Depositor, have not been modified or rescinded, and are in full force and effect and binding on the Depositor.

Adoption of Resolutions: The undersigned does hereby adopt the Resolutions set forth the below, and certify that such Resolutions are in accordance and conformity with the Depositor's governing documents, all agreements with third parties, and all laws applicable to the Depositor.

Resolution 6 of 2019

Resolutions

RESOLVED: That Santander Bank, N.A. (the "Bank") be, and hereby is, designated a depository of funds of the Depositor subject to the terms and conditions of the Business Deposit Account Agreement, with authority to accept at any time for the credit of the Depositor deposits in checking, savings, money market savings, term or any other account, by whomsoever made in whatever manner endorsed; and

RESOLVED: That the Bank shall not be liable in connection with the collection of such items that are handled by the Bank without negligence and the Bank shall not be liable for the acts of its agents, subagents or for any other casualty; and

RESOLVED: That the Depositor assumes full responsibility for and shall indemnify the Bank against all losses, liabilities and claims resulting from payments, withdrawals or orders made or purported to be made in accordance with, or from actions taken in good faith and in reliance upon, these Resolutions; and

Payment Orders

RESOLVED: That the Bank be, and hereby is, authorized and directed to certify, pay or otherwise honor all checks, drafts, notes, bills of exchanges, acceptances, undertakings and other instruments or orders for the payment, transfer or withdrawal of money for whatever purpose and to whomsoever payable when such instruments and orders are properly made, signed, or endorsed by the signature, the actual or purported facsimile signature or the oral direction of any of the authorized signers below; provided, however, that any check, draft, note, bill of exchange, acceptance, undertaking or other instrument for the payment, transfer or withdrawal must bear the actual or purported facsimile signature of any of the authorized signers below; and



RESOLVED: That any authorized signer acting alone be, and hereby is, authorized on behalf of the Depositor to endorse, negotiate and collect any and all checks, drafts, notes, bills of exchange, acceptances, undertakings and other instruments and to open and close and update information on any account of the Depositor at the Bank; and

Funds Transfers

RESOLVED: That any of the authorized signers below acting alone be, and hereby is, authorized on behalf of the Depositor to instruct, orally or by such other means as the Bank may make available to Depositor, the Bank to initiate the transfer of funds by wire, telex, automated clearinghouse, book entry, computer or such other means, and to execute agreements with the Bank for the transfer of funds from any of Depositor's accounts and to delegate from time to time to other persons the authority to initiate the transfer of funds from any such account; and

Additional Resolutions

RESOLVED: That any authorized signer acting alone be, and hereby is, authorized on behalf of the Depositor to enter into a written lease for the purpose of renting, maintaining and accessing a safe deposit box and any authorized signer is authorized to terminate the lease; and

RESOLVED: That the Bank may rely on any signature, endorsement or order and any facsimile signature or oral instruction reasonably believed by the Bank to be made by an authorized signer, and the Bank may act on any direction of an authorized signer without inquiry and without regard to the application of the proceeds thereof, provided that the Bank acts in good faith; and

RESOLVED: The Bank may rely on this document and on any certificate by an authorized representative of the Depositor as to the names and signatures of the authorized signers of the Depositor until the Bank has actually received written notice of a change and has had a reasonable period of time to act on such notice; and

RESOLVED: That the Depositor agrees to notify the Bank promptly and in writing of any change in (a) these Resolutions, (b) the identity of persons authorized to sign, endorse or otherwise authorize payments, transfers or withdrawals, (c) ownership of the Depositor or the Depositor's legal structure or status, including the Depositor's dissolution or bankruptcy; and

RESOLVED: That any of the following named persons, or persons from time to time holding the following offices of the Depositor be, and hereby are, designated as the authorized signers to act on behalf of the Depositor in accordance with the above resolutions (fill in names of authorized individuals or titles of officers, or both):

Name and/or Title

Signature

Robert T. Lange

William R. Shoemaker

Barbara L. Handelin

David R. Burman

Martin F. McKenzie



Incumbency Certification

(Required only if any authorized signer is described solely by title in the previous section)

The undersigned is authorized by the Depositor to certify, and hereby does certify, that the Depositor is duly organized and in good standing in the jurisdiction in which it is organized and that the signatures below represent the true and accurate signature of the person named below and that such person holds the title corresponding to such person's name:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Depositor is controlled by a governing body, each individual executing this document certifies and warrants that s/he is duly authorized to act on behalf of the Depositor in all matters pertaining to its rights, responsibilities and activities in connection with the foregoing, including but not limited to executing this document on behalf of the Depositor. If the Depositor is a limited liability company or partnership, each individual executing this document certifies and warrants that the undersigned are all of its members, managers or general partners, as the case may be.

IN WITNESS WHEREOF, I/we have signed this certificate on the 11TH day of MARCH, 2019.

Robert T. Lange
(Signature and Title)
Robert T. Lange

William R. Shoemaker
(Signature and Title)
William R. Shoemaker



Barbara L. Handelin

(Signature and Title)

Barbara L. Handelin

David R. Burman

(Signature and Title)

David R. Burman

Martin F. McKenzie

(Signature and Title)

Martin F. McKenzie

NOTE: If only one person signs the above certification and that person is authorized to act by the above resolutions, this certificate must be confirmed by another authorized representative of the Depositor. (Not applicable if the Depositor is a sole proprietorship or a member-managed limited liability company with a single member and the sole proprietor or single member, as applicable, signs the document.)

CONFIRMED By:

X *X*

(Signature and Title)

Date

FinCEN Requirements

At Santander, we strive to provide you with clear and concise information regarding your accounts.

What you need to know:

The Financial Crimes Enforcement Network (FinCEN), a bureau of the US Department of Treasury, issued a new rule under the Bank Secrecy Act. The rule, which was effective July 11, 2016, and must be complied with by May 11, 2018, is intended to assist in the fight against money laundering, terrorist financing, tax evasion, fraud, and other financial crimes.

The rule requires Santander Bank to collect and verify the identity of Beneficial Owners and Persons of Significant Control when an account is opened for an applicable business.

- **A Beneficial Owner** is defined as an individual, who owns, directly or indirectly, the equity interest of a legal entity customer.
- **A Person of Significant Control** is an individual with significant responsibility to control, manage, or direct the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, etc.).

What you need to do:

- You will need to complete and sign a form entitled *Legal Entity Beneficial Owner(s) Certification*, which will include information for the Beneficial Owners and Person of Significant Control.
- To complete the form, the regulation requires collection of the following pieces of information for the Beneficial Owners and Person of Significant Control:
 - Name
 - Date of birth
 - Physical address
 - Social security number (Non-US citizens need a passport number or alien identification card number)
- If your legal entity (business) qualifies for an exemption, you will need to complete and sign a form entitled *Certification of Exemption from Legal Entity Beneficial Ownership*, which indicates the reason for exemption.

Thank you for your cooperation and for choosing Santander Bank.



Certification of Exemption from Legal Entity Beneficial Ownership

What is this form?

This form documents the reason why the legal entity (business) is exempt from providing certain information required by the Bank Secrecy Act.

Why is it needed?

This regulation requires Santander to collect certain information to help fight financial crime, because legal entities (i.e., businesses) may be used to disguise involvement in money laundering, terrorist financing, tax evasion, fraud, and other financial crimes. Certain legal entities qualify for exemption from the regulation and are requested to document their eligible status below.

Name and Address of Business

Willistown Township		23-6000606
Name		Tax Identification Number
688 Sugartown Rd.		
Physical Address		
Malvern	PA	19355
City	State	ZIP

I certify that this business entity is one or more of the following:

- A financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator.
Regulator _____
- A department or agency of the United States, of any State or of any political subdivision of a State.
Department or Agency _____
- Any entity established under the laws of the United States, of any State, or any political subdivision of any State, or under an interstate compact between two or more States, that exercises governmental authority on behalf of the United States or of any such State of political subdivision.
Willistown Township
Entity _____
- Any entity (other than a Federal or State regulated financial institution) whose common stock or analogous equity interests are listed on the NYSE or NASDAQ stock exchange.
Ticker Symbol _____
- Any U.S. or State organized entity that has 51% or more of its common stock or analogous equity interests held by an entity listed on the NYSE or NASDAQ stock exchange.
Name of Parent Company _____ Ticker Symbol _____ Percentage of Ownership _____
- An issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act.

CONFIDENTIAL

Certification of Exemption from Legal Entity Beneficial Ownership

- An investment company, as defined in section 3 of the Investment Company Act of 1940 that is registered with the Securities and Exchange Commission under that Act.
- An investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act.
- An exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of that Act.
- Any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934.
- A registered entity, commodity pool operator, commodity-trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act that is registered with the Commodity Futures Trading Commission.
- A public accounting firm registered under section 102 of the Sarbanes-Oxley Act.
- A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 U.S.C 1467a(n)).
- A pooled investment vehicle that is operated or advised by a financial institution excluded per this section (i.e., a financial institution regulated by a Federal functional regulator).

U.S. Financial Institution

- An insurance company that is regulated by a State.

State

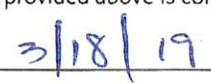
- A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010.
- A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities.

Applicant's Signature

I hereby certify that I am an authorized signer of the business listed above and the information provided above is complete and accurate.



Signature

Date



Printed Name



Date

For internal use:

J-13711948

Customer Number