



# Institutional Investors Organization Resolution Form

Use this form to identify the authorized signatories and additional authorized persons who are authorized to act on Vanguard mutual fund and/or Vanguard Brokerage Services® (Vanguard Brokerage) accounts on behalf of an organization (including corporations, partnerships, limited liability companies or partnerships, professional corporations or associations, endowments, business trusts, and other entities).

### Questions?

Institutional Investment  
Services: 800-950-0053

Intermediary Services:  
800-669-0498

Once Vanguard has this completed form on file, authorized individuals will not need to provide a certified resolution with each written transaction request. The authority granted in this Institutional Investors Organization Resolution Form remains in effect until Vanguard is notified that it has been revoked or a new Institutional Investors Organization Resolution Form has been submitted. You must file a new Exhibit A—Additional Authorized Persons Form when there is any change in the identity of the additional authorized persons able to act on behalf of your organization.

This form requires the signature of two authorized officers or signatories from your organization, one of whom must be the secretary or other authorized person who can certify the names of those authorized to act. If your organization has only one authorized signatory, then a bank officer, practicing attorney, or member of a domestic stock exchange must countersign this form.

**For Vanguard Brokerage accounts only:** Please include a current copy of your organization’s document that confirms that the individuals listed in Section 2 and Exhibit A are authorized to act (e.g., your corporate secretary’s certificate, operating agreement, board minutes, or a similar document).

Where noted in Section 2 and/or Exhibit A, each authorized signatory or additional authorized person for a Vanguard Brokerage account must check one or both boxes to indicate any associations or affiliations that apply. **If the first box is checked, the authorized signatory or additional authorized person must include with this form a letter of account approval from the associated organization’s compliance officer.** Upon written request of the member firm, we’ll automatically send duplicate copies of confirmations, statements, or other information. Failure to include an approval letter may delay the processing of your form. An account approval letter isn’t needed for FINRA, New York Stock Exchange, or Vanguard employees.

## 1. Organization information

Provide your organization’s full legal name. >

*Name of organization Willistown Township Police Pension Plan		
*Mailing address 688 Sugartown Road		
Street address (if different from mailing address)		
*City Malvern	*State PA	*Zip code 19355
*Employer/Taxpayer ID number 23-2734970	Phone number <i>area code, number, extension</i> 610-647-5300	

\* Required information

## 2. Authorized signatories

This section is to be used to identify authorized signatories and should be completed by the officers, general partners, managing members, or any other person authorized to sign documents on behalf of the organization for a Vanguard account(s). A number is required in each box.

- 3 Number of authorized signatories required to sign documents related to the organization's accounts.
- 3 Total number of authorized signatories (listed in Section 2) and additional authorized persons (listed in Exhibit A) required to sign written transaction instructions related to the organization's accounts. This number must be greater than zero.

The individuals listed below can act on an organization's account as follows:

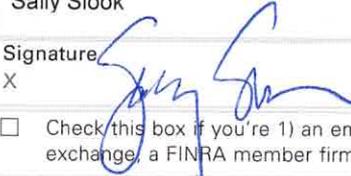
1. Sign documents relating to Vanguard mutual fund and Vanguard Brokerage accounts owned by the organization.
2. Invest the assets of the organization.
3. Obtain account information and give instructions for the purchase, sale, exchange, or transfer of securities.
4. Engage in margin and option trading on Vanguard Brokerage accounts owned by the organization.

<p>Authorized signatories must complete and sign.</p> <p>If you check this box, a letter of account approval is required for Vanguard Brokerage accounts. (See page 1.)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name of authorized signatory <i>first, middle initial, last</i> William R. Shoemaker</td> <td style="width: 30%;">Title Chairman</td> </tr> <tr> <td>Signature X <i>William R. Shoemaker</i></td> <td>Date <i>mm/dd/yyyy</i> <i>05/28/2020</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check this box if you're 1) an employee of FINRA or 2) associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.             </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check this box if you are, or if a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (including, but not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.             </td> </tr> <tr> <td>Name of company</td> <td>Trading symbol</td> </tr> </table>	Name of authorized signatory <i>first, middle initial, last</i> William R. Shoemaker	Title Chairman	Signature X <i>William R. Shoemaker</i>	Date <i>mm/dd/yyyy</i> <i>05/28/2020</i>	<input type="checkbox"/> Check this box if you're 1) an employee of FINRA or 2) associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.		<input type="checkbox"/> Check this box if you are, or if a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (including, but not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.		Name of company	Trading symbol
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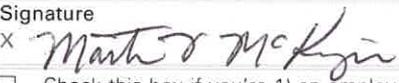
Authorized signatories must complete and sign. >  
 If you check this box, a letter of account approval is required for Vanguard Brokerage accounts. (See page 1.)

Name of authorized signatory <i>first, middle initial, last</i>	Title
Barbara L. Handelin	Supervisor
Signature X 	Date mm/dd/yyyy 05/28/20
<input type="checkbox"/> Check this box if you're 1) an employee of FINRA or 2) associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.	
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Name of authorized signatory <i>first, middle initial, last</i>	Title
Sally Slook	Township Manager
Signature X 	Date mm/dd/yyyy 05/26/2020
<input type="checkbox"/> Check this box if you're 1) an employee of FINRA or 2) associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.	
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Name of authorized signatory <i>first, middle initial, last</i>	Title
Martin F. McKenzie	Finance Director
Signature X 	Date mm/dd/yyyy 5/28/2020
<input type="checkbox"/> Check this box if you're 1) an employee of FINRA or 2) associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.	
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Name of company	Trading symbol

Copy this page to list additional authorized signatories.

### 3. Certification and indemnification

On behalf of the organization identified in Section 1 of this Institutional Investors Organization Resolution Form (the "organization"), we hereby represent, agree, and certify:

- We are duly authorized by resolution of the board of directors or other governing body of the organization, or by the organization's charter or other organizing document, to identify the authorized signatories who may give The Vanguard Group, Inc., Vanguard Marketing Corporation, and their affiliates (collectively, "Vanguard") instructions, as those instructions are described in this form.
- Vanguard may accept and act on instructions it reasonably believes were received from any authorized signatory named in Section 2 of this form, and Vanguard shall have no liability for accepting and acting on such instruction.
- Vanguard has no duty whatsoever to question any instruction received from an authorized signatory or the suitability of any transaction requested by him/her/them.
- The authority granted to an authorized signatory on this form shall remain in full force and effect until Vanguard has received notice of a change of authority, or revocation of authority, or a change in the identity of any authorized signatory, and has had a reasonable period of time to act upon such notice. Any change in authority or revocation of authority will not affect any liability resulting from transactions or instructions initiated before Vanguard has had a reasonable period of time to act upon such notice.
- An authorized signatory, as identified on the then current Institutional Investors Organization Resolution Form on file with Vanguard, must timely notify Vanguard, in a form and manner acceptable to Vanguard, of any change or revocation of the authority or identity of any authorized signatory.
- The organization agrees to indemnify and hold Vanguard, each of the investment company members of The Vanguard Group, and their respective officers, employees, and agents (collectively, the "Vanguard entities") harmless from and against all losses, claims, and expenses (including attorneys' fees) of any kind incurred by the Vanguard entities for relying in good faith upon instructions provided in this form and for acting on instructions believed by Vanguard to have originated from any authorized signatory.

The organization has authorized and directed us to represent, agree and certify the above.

The following statement applies to organizations that may engage in option trading:

I/We understand the investment objectives and trading plan of the registered account owner(s) and will only use trading strategies that are consistent with these objectives and plans.

I/We acknowledge that I/we have received from the registered account owner(s) or I/we already possess copies of the Vanguard Brokerage Option Application and Vanguard Brokerage Option Account Agreement (Option Agreement), and I/we have read and understand them. I/We also acknowledge that if the registered account owner(s) is/are approved for option trading, the owner(s) will be sent the booklet *Characteristics and Risks of Standardized Options*. I/We agree to read the booklet prior to conducting any trades in the registered account owner's (s') account. I/We also accept all of the terms and conditions of the Option Agreement.

**I/We acknowledge receiving a copy of the Option Agreement, which contains a predispute arbitration clause highlighted in paragraphs 14 and 15 on page 3. By signing this application, I/we agree to be bound by the terms of the Option Agreement.**

Please complete and sign here. >	Name of authorized signatory/corporate officer <i>first, middle initial, last</i> William R. Shoemaker	Title Chairman
	Signature X <i>William R. Shoemaker</i>	Date <i>mm/dd/yyyy</i> <i>05/28/2020</i>
Please complete and sign here. >	Name of authorized signatory/corporate officer <i>first, middle initial, last</i> Robert T. Lange	Title Vice-Chairman
	Signature X <i>Robert T. Lange</i>	Date <i>mm/dd/yyyy</i> <i>5/28/20</i>

#### 4. Third-party certification

If the organization has only one person authorized to sign documents on its behalf, a bank officer, practicing attorney, or member of a domestic stock exchange must certify to the following:

I certify that the person identified, and whose signature appears in Section 3, is authorized by the organization identified in Section 1 to make the representations, agreements, and certifications made on this form.

Required if the organization has only one person authorized by the organization to sign documents on its behalf. >	Name <i>first, middle initial, last</i>	Title
	Signature X	Date <i>mm/dd/yyyy</i>
	Name of bank or firm	

#### 5. Mailing information

Mail your completed form and any other required documents to:

If you do not have a postage-paid envelope, mail to: > Vanguard  
P.O. Box 1110  
Valley Forge, PA 19482-1110

For overnight delivery, mail to: > Vanguard  
455 Devon Park Drive  
Wayne, PA 19087-1815

PRINT

CLEAR

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