

**WILLISTOWN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

RESOLUTION NUMBER 17 OF 2020

**A RESOLUTION APPROVING AN AMENDMENT TO THE WILLISTOWN TOWNSHIP
DEFERRED COMPENSATION PLAN**

The following is a formal record of action taken by the governing body of Willistown Township (the "Company").

With respect to the amendment of the Willistown Township Deferred Compensation Plan (the "Plan"), the following resolutions are hereby adopted:

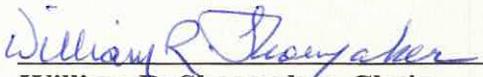
RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;

RESOLVED FURTHER: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports, documents or other information as may be required under applicable law.

Dated this 9th day of November 2020.

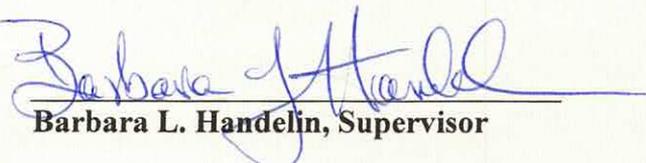
**BOARD OF SUPERVISORS
WILLISTOWN TOWNSHIP**



William R. Shoemaker, Chair



Robert T. Lange, Vice Chair



Barbara L. Handelin, Supervisor

WHEREAS, Willistown Township (the "Company") maintains the Willistown Township Deferred Compensation Plan (the "Plan") for the benefit of certain of its employees; and

WHEREAS, Pursuant to Section 8.01 of the Plan, the Company desires to amend the Plan;

NOW, THEREFORE, the Plan is hereby amended as follows, effective November 1, 2020 as provided therein:

F. DISTRIBUTIONS

Form of Payment for Reasons other than Death

- 4a.** Optional forms of payment payable for reasons other than death of the Participant (check all that apply):
- i.** A single lump sum payment.
 - ii.** Annual installment payments for a period of years (payable on an annual basis) which extends for no longer than the number of years specified in **F.4b.**
 - iii.** Other optional form of benefit specified in **F.4c.**
- 4b.** If **F.4a.ii** (annual installments) is selected, enter the maximum number of years over which payments may be made: _____.
- NOTE:** May not extend beyond the life expectancy of the Participant and Beneficiary.
- 4c.** If **F.4a.iii** (Other) is selected, describe other optional form of benefit: Substantially equal annual, or more frequent installments over a period not to exceed the joint life expectancy of the Participant and their Beneficiary.

PLAN YEAR END: December 31

IN WITNESS WHEREOF, the Company has caused this Amendment to be executed this 9th day of October 2020.

WILLISTOWN TOWNSHIP:

Signature: _____

Print Name: _____

Title/Position: **Township Manager**