



# 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in this Institutional Investors Organization Resolution Form remains in effect until Vanguard is notified that it has been revoked or a new Institutional Investors Organization Resolution Form has been submitted.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