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GOVERNMENTAL ENTITY CERTIFICATE OF RESOLUTION

(For Deposit Accounts)

Depositor (Name of Governmental Entity): Newlin Township – Liquid Fuel Acct State Fund **Address:** P.O. Box 447 Unionville, PA 19375 2015-12	**Financial Institution:** TD Bank, N.A 11000 Atrium Way Mt. Laurel, NJ 08054

I HEREBY CERTIFY that I am the duly elected and qualified Authorized Governmental Agent and keeper of records for the Depositor (also referred to as "Governmental Entity") named above, that the following is a true and complete copy of a Resolution duly adopted at a meeting of the Governing Body of said Governmental Entity held on, or dated on Dec 14, 20 15 in accordance with the law and the by-laws of, or consent of, said Governmental Entity, and that my delivery of this Certificate of Resolution to Financial Institution certifies to Financial Institution that such Resolution is still in full force and effect.

I FURTHER CERTIFY that the name of the Depositor set forth above is the complete and correct name of the Governmental Entity and that the Governmental Entity is organized and existing under and by virtue of the laws of PA, a Governmental Entity.

RESOLVED, that the Financial Institution named above, at any one or more of its offices or branches, be and it hereby is designated as a Financial Institution of and depository for the funds of this Governmental Entity, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies (including electronic orders) bearing the signature of, or as otherwise authorized by, any one (1) of the following officers, employees or agents of this Governmental Entity ("Agents"), whose actual signatures are shown below:

Name	Title	Signature
Gail A. Abel	Secretary	Gail A Abel
Robert R. Pearson	Supervisor	Robert R Pearson

FURTHER RESOLVED, the Agents, whose names and signatures appear above, are hereby authorized to open and maintain a deposit account or accounts of the Governmental Entity with the Financial Institution, subject to the terms and conditions of the Business Deposit Account Agreement, as it may be amended from time to time (the "Account Agreement").

FURTHER RESOLVED, that the Financial Institution is hereby directed to accept and pay without further inquiry any item or payment order drawn against any of the Governmental Entity's accounts with the Financial Institution bearing the signature of or as otherwise authorized by any such Agents even though drawn or endorsed to the order of any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed, or payment order authorized, in accordance with the resolutions contained herein, or the application or disposition of such item or payment order or the proceeds of the item or payment order.

FURTHER RESOLVED, that any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Governmental Entity for deposit with the Financial Institution, or for collection or discount by the Financial Institution, and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Governmental Entity may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remains in full force and effect until written notice of the revocation thereof shall have been delivered to and received by the Financial Institution at the location where an account of the Governmental Entity is maintained and Financial Institution has had a reasonable period of time to act upon such notice.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing resolutions now stand of record on the books of the Governmental Entity; that they are in full force and effect and have not been modified in any manner whatsoever.

IN TESTIMONY WHEREOF, I have hereunto set my hand on December 14, 2015 **and attest that the signatures set opposite the names listed above are their genuine signatures.**
(date)

CERTIFIED TO AND ATTESTED BY:

X Janice H Baird
Authorized Governmental Agent or Assistant Authorized Governmental Agent

Supervisor
(Title)

Note: In case the Authorized Governmental Agent or other certifying officer is designated by the foregoing resolutions as one of the signing officers, this certificate should also be signed by a second Officer or Director of the Governmental Entity and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same.

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NEW BUSINESS ACCOUNT

REGION: Pennsylvania **RC #:** _____ **ACCOUNT NUMBER:** 4308925845

TYPE OF ACCOUNT: Municipal **TYPE CODE:** 801

OPENED BY: _____ **DATE OPENED:** 11/10/15

BUSINESS NAME / MAILING ADDRESS:
Newlin Township
Liquid Fuel State Fund
P.O. Box 447
Unionville, PA 19375

TIN: 231601025

LEGAL ADDRESS: (No PO Boxes)
1751 Embreeville Road
Coatesville, PA 19320

Verification: Verification Completed If Existing Customer, Enter the RM Number: _____

Account Relationship: Public/Municipal

Additional Account Verification: ☒ Business/Entity Documentation: Government Banking Account (Exempt)

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

You, the undersigned, as authorized representative(s) of the business named above (the "Accountholder"), acknowledge receipt of the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule which govern the Accountholder's accounts with TD Bank, N.A. (the "Bank"). Your signature below and the Accountholder's use of the account shall evidence the Accountholder's acceptance of and agreement to be bound by the terms and conditions as set forth in the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule, and any Addenda thereto, as the same may be amended from time to time.

If you, the undersigned are personally liable for the Accountholder's obligations with respect to the account (such as the Accountholder's principal(s), owners(s) or guarantor(s)), you hereby authorize the Bank to, from time to time, request consumer reports containing references about you from third parties, such as a consumer reporting agency, in connection with opening and maintaining the account. If the Bank declines or is otherwise unable to open a deposit account as a result of any information contained in such consumer report(s), the Bank will provide such notice containing data regarding the consumer reporting agency as required by applicable law.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, you, the undersigned, certify that:

1. The number shown on this form is the Accountholder's correct taxpayer identification number (or the Accountholder is waiting for a number to be issued to the Accountholder); **and**
2. The Accountholder is not subject to backup withholding because: **(a)** the Accountholder is exempt from backup withholding, or **(b)** the Accountholder has not been notified by the Internal Revenue Service (IRS) that the Accountholder is subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified the Accountholder that the Accountholder is no longer subject to backup withholding; **and**
3. The Accountholder is a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out Item **2** above if the Accountholder has been notified by the IRS that the Accountholder is currently subject to backup withholding because the Accountholder has failed to report all interest and dividends on the Accountholder's tax return or for any other reason. For real estate transactions, Item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellations of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide the Accountholder's correct TIN.

The Internal Revenue Service does not require your or the Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Relationship Consent

☐ By checking this box and signing below, you, N/A, authorize the Bank to use the balance from N/A (last 4 digits of account number), your personal checking account, to meet the balance requirement on the Accountholder's Business Convenience Checking Plus or Business Premier Checking account. See Business Deposit Account Agreement for details.

Authorized Representative(s)/Signer(s):

Signature
Gail A. Abel
Printed Name
Date of Birth TIN
Verification:
If Existing Personal Customer, Enter the RM Number:
Date Signed:

Signature
Robert Pearson
Printed Name
Date of Birth TIN
Verification:
If Existing Personal Customer, Enter the RM Number:
Date Signed:

Signature
Printed Name
Date of Birth TIN
Verification:
If Existing Personal Customer, Enter the RM Number:
Date Signed:

Signature
Printed Name
Date of Birth TIN
Verification:
If Existing Personal Customer, Enter the RM Number:
Date Signed:

Instructions for Store Team Members: Scan and email to Account, AMCB CIF New Business Accounts