

**ACTION BY THE GOVERNING BOARD
AMENDMENT OF QUALIFIED RETIREMENT PLAN**

The undersigned, on behalf of the Governing Board, hereby certifies that at a meeting of the Governing Board of Phoenixville Community Health Foundation ("Employer"), the following resolutions were approved:

WHEREAS, the Employer has maintained the PCHF Retirement Plan ("Plan") since 7-1-2011 for the benefit of eligible employees;

WHEREAS, the Employer has decided to amend the above-referenced Plan;

WHEREAS, the Governing Board has reviewed and evaluated the proposed amendment(s) to the Plan; and

WHEREAS, the Plan document authorizes the Employer to amend the selections under the Adoption Agreement.

NOW, THEREFORE, BE IT RESOLVED, that the Governing Board has hereby approved the proposed amendment(s) to the PCHF Retirement Plan and authorizes the Employer to adopt the amendment, to be effective on 12-31-2022;

RESOLVED FURTHER that the undersigned members of the Governing Board authorize the execution of the Plan amendment and authorize the performance of any other actions necessary to implement the adoption of the Plan amendment. The members of the Governing Board may designate any members of the Governing Board (or other authorized person) to execute the Plan amendment and perform the necessary actions to adopt the amendment. The Employer will maintain a copy of the amendment to the Plan, as approved by the members of the Governing Board, in its files; and

RESOLVED FURTHER, if the Plan amendment modified the provisions of the Summary Plan Description, Plan participants will receive a Summary of Material Modifications summarizing the changes under the Plan amendment.

The undersigned hereby certifies that he/she is an Authorized Representative of the Employer and that the foregoing is a true record of a resolution duly adopted at a meeting of the Governing Board, and that said meeting was held in accordance with state law and the Bylaws of the above-named Employer.

IN WITNESS WHEREOF, I have executed my name below as an Authorized Representative of the Employer.

[Name of Authorized Representative]

[Signature (*Electronically signed*)]

[Date]