



102 Trade Zone Drive
West Columbia, SC 29170

Name
Address
City, State Zip

December 10, 2019

Re: Participant Loans from
Delaware Funds (Foresters Financial)

Dear Participant:

In recent weeks, you've received a number of communications regarding the transition of 403(b) and 457(b) accounts previously administered by Foresters Financial. The funds have now converted from the First Investors funds to Delaware Funds by Macquarie. The final segment of this transaction will occur on January 22, 2020 when PenServ Plan Services, Inc., ("PenServ") will assume responsibility for the recordkeeping of participant accounts. This will include the processing of contributions, distributions and loan payments.

The records provided by Foresters indicate your account holds a participant loan and monthly payments are being submitted under the loan agreement with Foresters. Beginning on January 22, all payments should be directed to the PenServ address listed in the attached instructions. The process will not change, only the payable to and the mailing address. Your check and payment coupon should be mailed in the same manner and on the same schedule you're currently using.

The PenServ system offers several additional options, including the ability to have your payments made through an automated system that generates a withdrawal from your designated bank account on a specific day of the month. To authorize the automatic withdrawal, you would simply complete the attached authorization and return the form to our office by return mail or fax. ***Automatic withdrawal instructions must be received 10 days prior to your scheduled payment date.*** Instructions for completing the process are included in the enclosed materials.

If you have any questions, please contact our office at 803-354-5084.

Sincerely,

PenServ Plan Services, Inc.
Team 60



instructions

PAYMENT OPTIONS:

1) PAYMENT BY CHECK:

For any participant loan repayments to be paid by check after January 22, 2020:

Payable:

PenServ Plan Services, Inc.

Mail check and payment coupon to:

PenServ Plan Services, Inc.
102 Trade Zone Drive
West Columbia, SC 29170

2) AUTOMATED DIRECT PAYMENT:

Automatic withdrawal instructions must be received 10 days prior to your scheduled payment.

To request Automatic Direct Payment:

- Attach a completed
AUTHORIZATION AGREEMENT FOR AUTOMATIC LOAN REPAYMENTS
(Included with this material)
- Be certain to include a copy of a voided check displaying the name of the account holder
- Return the Authorization by Fax or Mail as follows:

Mail

PenServ Plan Services, Inc.
Attn: Team 60
102 Trade Zone Drive
West Columbia, SC 29170

Fax

Use the attached Fax Cover Sheet:
Fax Number: 803-354-5060

For Assistance

Phone 803-354-5084

NOTE

To maintain the confidentiality of your personal financial information, please do **not** return your **AUTOMATED DIRECT PAYMENT** request by email.



AUTHORIZATION AGREEMENT FOR AUTOMATIC LOAN REPAYMENTS (DEBITS)

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

EMPLOYER: _____

PLAN NAME: _____

I hereby authorize PenServ Plan Services, Inc. ("PenServ") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the following [] Checking [] Savings account. I also authorize the financial institution named below to credit and/or debit the same to such account. If any transfer from this account is returned due to insufficient funds, I further acknowledge and agree that upon notification of such insufficiency, I will reimburse PenServ the amount of the insufficient funds plus a \$45 NSF transaction fee and any other cost resulting from such transaction. If such reimbursement is not made within 24 hours of notification, PenServ Plan Services is hereby authorized and directed by the Plan to liquidate assets of the Trust sufficient to reimburse PenServ Plan Services for any cost related to any and all transactions resulting from the insufficiency. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION

NAME OF BANK: _____

BRANCH: _____ CITY / STATE: _____

BANK ROUTING NUMBER: _____ ACCT NUMBER: _____

AMOUNT TO BE CHARGED: Monthly Plan Loan Payment per Loan Agreement \$ _____

This authority is to remain in full force and effect until PenServ Plan Services, Inc. has received and acknowledged any written notification from the Account Holder of a necessary change. It is further provided that written notification for termination of this Agreement will be provided in such time and manner as to afford either party a reasonable opportunity to act on such instructions. Written change notifications must be provided by mail, fax or email as follows:

PenServ Plan Services, Inc.
102 Trade Zone Drive
West Columbia, SC 29170
Fax: 803-354-5060
Email: team60@penserv.com

Name

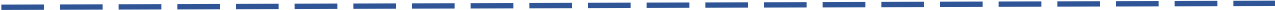
Participant Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK
Name on Check must match the participant Account
(Deposit slips cannot be accepted)
Return this form to the above address

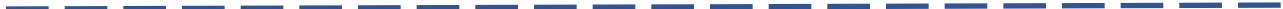


fax cover sheet



WHERE TO FAX YOUR INFORMATION

Fax to: 803-354-5060
Name: PenServ Plan Services, Inc.
Attention: Team 60



PLEASE PRINT AND INCLUDE ALL INFORMATION

Date: _____
From Name: _____
Your Phone: _____
Your Email: _____
From Fax: _____
Pages: _____



COMMENTS

NOTICE: The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail or if electronic, reroute back to the sender. Thank you.