Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/15/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WILMINGTON SAVINGS FUND SOCIETY, FSB

500 DELAWARE AVENUE
WILMINGTON, DE 19801

2b Employer Identification Number (EIN) 51-0054940

2c Plan Sponsor's telephone number 302-792-6096

2d Business code (see instructions) 522120

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JESS WORTHINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	823
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	78
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	71
b	Retired or separated participants receiving benefits	**6b**	281
c	Other retired or separated participants entitled to future benefits	**6c**	414
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	766
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	39
f	Total. Add lines **6d** and **6e**.	**6f**	805
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	727697	0	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	78048977
b Actuarial value	**2b**	78048977

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	296	39091281	39091281
b For terminated vested participants	449	23693206	23693206
c For active participants	78	5822208	5822208
d Total	823	68606695	68606695

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	600000
c Target normal cost	**6c**	600000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/30/2026
Date

JAMES D. BURKE
Type or print name of actuary

26-06899
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 WALNUT ST.
10TH FLOOR
PHILADELPHIA, PA 19103
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20668819
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1610710
9	Amount remaining (line 7 minus line 8)	0	19058109
10	Interest on line 9 using prior year's actual return of 1.81 %	0	344952
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19403061

Part III Funding Percentages

14	Funding target attainment percentage	14	85.48 %
15	Adjusted funding target attainment percentage	15	113.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	600000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9960779	1038064
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1638064

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1638064	1638064

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SEI INVESTMENTS COMPANY

1 FREEDOM VALLEY DRIVE
OAKS, PA 19456

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 28 50 70 15 36 52 17 38 64	NONE	468243	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

CBIZ

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 38 50 64 70	NONE	21200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: BOWMAN & COMPANY LLP	**b** EIN:	21-0658561
c	Position: ACCOUNTANTS		
d	Address: 601 WHITE HORSE ROAD VOORHEES, NJ 08043	**e** Telephone:	856-435-6200

Explanation: EFFECTIVE JANUARY 1, 2026, BOWMAN & COMPANY LLP HAS MERGED WITH PKF O'CONNOR DAVIES, LLP

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

a	Name:	**b** EIN:	
c	Position:		
d	Address:	**e** Telephone:	

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP-ACCT R2

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	212131	222838
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8957802	8812304
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13432	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68865612	71739370
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	78048977	80774512
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	118320	118732
1k Total liabilities (add all amounts in lines 1g through1j)	1k	118320	118732
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	77930657	80655780

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3056769	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3056769
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11446167	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11251236	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		194931
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	272099	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		272099

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4088049
c Other income	2c		13477
d Total income. Add all **income** amounts in column (b) and enter total	2d		7625325
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4323110	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4323110
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	121920	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	346734	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	21200	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	87238	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		577092
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4900202
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2725123
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591213.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BENEFICIAL BANK CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WILMINGTON SAVINGS FUND SOCIETY, FSB

D Employer Identification Number (EIN)
51-0054940

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-3060382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 7

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Beneficial Bank
Consolidated Pension Plan Financial Statements
For the Years Ended
December 31, 2025 and 2024

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Beneficial Bank Consolidated Pension Plan
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December 31, 2025 and 2024

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PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

The Plan Administrator of
Beneficial Bank Consolidated Pension Plan

Opinion on the 2025 Financial Statements

We have audited the financial statements of Beneficial Bank Consolidated Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025, and the changes in its net assets available for benefits for the year then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Beneficial Bank Consolidated Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Beneficial Bank Consolidated Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

Responsibilities of Management for the 2025 Financial Statements (continued)

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the 2025 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the 2025 financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Beneficial Bank Consolidated Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the 2025 financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Beneficial Bank Consolidated Pension Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2025 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2025 financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the 2025 financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the 2025 financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditors' Report on the 2024 Financial Statements

The financial statements of Beneficial Bank Consolidated Pension Plan as of December 31, 2024, were audited by Bowman & Company LLP, whose owners became partners with PKF O'Connor Davies, LLP. Their report dated October 6, 2025 indicated that in their opinion the amounts and disclosures in the 2024 financial statements were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Their report also indicated that the form and content of the 2024 supplemental schedule was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

Haddonfield, NJ
October 14, 2026

Beneficial Bank Consolidated Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
U.S. government agencies (amortized cost of $8,704,482 and $9,233,763 at December 31, 2025 and 2024, respectively)	**$ 8,812,304**	$ 8,957,802
Mutual funds (amortized cost of $81,165,366 and $80,066,982 at December 31, 2025 and 2024, respectively)	**71,739,370**	68,865,612
Pooled separate accounts (amortized cost of $— and $16,244 at December 31, 2025 and 2024, respectively)	**—**	13,432
Total investments	**80,551,674**	77,836,846
Other assets		
Accrued income	**222,838**	212,131
Total other assets	**222,838**	212,131
Total assets	**80,774,512**	78,048,977
Liabilities		
Accrued expenses	**118,732**	118,320
Net assets available for benefits	**$ 80,655,780**	$ 77,930,657

The accompanying notes are an integral part of these financial statements.

Beneficial Bank Consolidated Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Investment income:		
Net appreciation (depreciation) in fair value of investments	**$ 4,568,556**	$ (1,542,232)
Interest and dividends	**3,056,769**	2,980,926
	7,625,325	1,438,694
Less: investment management fees	**346,734**	348,095
Total investment income	**7,278,591**	1,090,599
Benefits paid to participants	**4,323,110**	4,908,846
Administrative expenses	**230,358**	228,061
Total deductions	**4,553,468**	5,136,907
Net increase (decrease)	**2,725,123**	(4,046,308)
Net assets available for benefits:		
Beginning of year	**77,930,657**	81,976,965
End of year	**$ 80,655,780**	$ 77,930,657

The accompanying notes are an integral part of these financial statements.

Beneficial Bank Consolidated Pension Plan
Statement of Accumulated Plan Benefits
As of December 31, 2024

		2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Retirees and beneficiaries	$	36,916,784
Terminated participants with deferred benefits		21,545,668
Participating employees		5,288,797
Total		63,751,249
Non-vested benefits		237
Total actuarial present value of accumulated plan benefits	$	63,751,486

The accompanying notes are an integral part of these financial statements.

Beneficial Bank Consolidated Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2024

		2024
Actuarial present value of accumulated plan benefits at beginning of year	$	65,481,701
(Decrease) increase during the period attributable to:		
Benefits accumulated and gains and losses		(312,084)
Interest due to decrease in the discount period		3,939,205
Actual benefits paid		(4,908,846)
Change of assumptions		(448,490)
Net decrease		(1,730,215)
Actuarial present value of accumulated plan benefits at end of year	$	63,751,486

The accompanying notes are an integral part of these financial statements.

Beneficial Bank Consolidated Pension Plan
Notes to the Financial Statements

Note 1 DESCRIPTION OF PLAN

The following brief description of the Beneficial Bank Consolidated Pension Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

Farmers & Mechanics Bank maintained a qualified defined benefit pension plan to provide retirement benefits for its eligible employees. Effective since July 10, 1947, Beneficial Bank maintained a qualified defined benefit pension plan to provide retirement benefits for its eligible employees. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On July 13, 2007, Farmers and Mechanics Bank merged with and into Beneficial Bank. Effective June 30, 2008, the Board of Trustees of Beneficial Bank amended the Plan to freeze benefit accruals of both plans. A participant will not earn any additional Years of Service for purposes of benefit accruals subsequent to June 30, 2008. However, a participant shall receive Years of Service credit for service after June 30, 2008, for purposes of determining the participant' s non-forfeitable right to accrued benefits as of June 30, 2008.

Effective December 31, 2010, The Employee's Pension and Retirement Plan of Beneficial Bank merged with and into Farmers & Mechanics Bank Restated Pension Plan, the resulting plan is the Beneficial Bank Consolidated Pension Plan.

On March 1, 2019, Beneficial Bank's parent company, Beneficial Bancorp, was acquired by WSFS Financial Corporation (WSFS), and simultaneously, Beneficial Bank merged with and into Wilmington Savings Fund Society, FSB ("WSFS Bank"), with WSFS Bank continuing as the surviving entity. WSFS Bank assumed the Plan covering certain eligible participants and became the Plan Sponsor.

WSFS Bank assumed the First Penn Pension Plan and Trust ("First Penn Plan") as part of the merger with Beneficial Bank. The First Penn Plan was a qualified defined benefit pension plan. Benefit accruals were frozen effective October 1, 1994. On December 31, 2021, the First Penn Plan was merged with and into the Plan.

Eligibility Requirements

Prior to the plan freezes, employees who were age 21 and completed 1,000 hours of service within one year were eligible to participate. No individual was eligible to become a participant in any of the Plans after their effective freeze dates.

Pension Benefits

Prior Farmers & Mechanics Bank Participants

Prior to the plan freeze effective June 30, 2008, employees with 5 or more years of service were 100% vested and entitled to annual pension benefits beginning at their normal retirement date. A participant's normal pension benefit shall provide a monthly payment equal to the sum of 1/12th of 65 percent of their average annual compensation, plus 22.5 percent of their average excess compensation. Average excess compensation is defined as the excess of a participant's average annual compensation over their social security covered compensation level, as defined in the plan document. If their accrual years of service as a Farmers & Mechanics Bank participant are less than 35, their pension shall be adjusted by the ratio of such service to 35 years.

Beneficial Bank Participants

Effective for plan years beginning prior to July 1, 1994, Beneficial Bank active participants may retire on or after their normal retirement date and upon retirement, after 20 accrual years of service as a Beneficial Bank participant, and receive a monthly pension in the form of a straight life annuity equal to 50% (60% if any portion of their accrual years of service as a participant commenced prior to December 8, 1960) of their average monthly compensation. If their accrual years of service as a Beneficial Bank participant are less than 20, their pension shall be adjusted by the ratio of such service to 20 years.

Effective for plan years beginning on or after July 1, 1994, Beneficial Bank active participants may retire on or after their normal retirement date and upon retirement, after 25 accrual years of service as a Beneficial Bank participant, receive a monthly pension in the form of a straight life annuity equal to 50% of their average monthly compensation. If their accrual years of service as a Beneficial Bank participant are less than 25, their pension shall be adjusted by the ratio of such service to 25 years.

Prior First Penn Plan Participants

Prior to the plan freeze effective October 1, 1994, participants with 7 or more years of service were 100% vested and entitled to annual pension benefits beginning at their normal retirement date. A participant's normal pension benefit shall provide a monthly payment equal to the sum of 1/12th of 1.35 percent of a participant's average annual compensation plus 0.75 percent of their average excess compensation multiplied by their years of service to a maximum of 30 years.

Death Before Commencement of Benefits

If a participant dies before their benefit commencement date, an annuity would be payable to the participant's spouse or beneficiary which is equal to 50% of the participant's vested accrued benefit at age 65.

Death Benefit After Retirement

If a participant dies after their benefit commencement date, their spouse or beneficiary shall be entitled to receive any amount payable under the form of benefit that is in effect for such participant.

Disability Benefits

Any participant will be fully vested upon becoming totally disabled.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by its trustee. See Note 9 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' annualized average compensation as further described in Note 1. The accumulated plan benefits for active employees are based on their average compensation and credited years of service as of June 30, 2008. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered as of their separation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from CBIZ Retirement Plan Services and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The information is presented as of the end of the prior plan year. The significant actuarial assumptions used in the valuation as of December 31, 2024 were (a) life expectancy of participants was based on Pri-2012 Amount-Weighted Total Dataset Employee Mortality Tables using Mortality Improvement Scale MP-2021, (b) retirement age assumptions (the assumed weighted average retirement age was 64 for December 31, 2024), and (c) investment return. The December 31, 2024 valuation included an assumed average rate of return of 6.25%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computation for the actuarial present value of the accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material difference.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in *Net appreciation (depreciation) in fair value of investments* presented in the accompanying statement of changes in net assets available for benefits.

Accounting Guidance Adopted in 2025

No accounting guidance was adopted in 2025.

Accounting Guidance Pending Adoption at December 31, 2025

No accounting guidance pending adoption at December 31, 2025.

Note 3 FUNDING POLICY

The Plan Sponsor's funding policy is to make contributions to the Plan as needed in amounts that are determined by actuarial valuations to equal or exceed the minimum funding requirements of ERISA. The Plan's prefunded balance for the periods presented exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 4 PLAN TERMINATION

In the event the Plan terminates, after payment of any expenses of termination and liquidation, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 5 INVESTMENTS

The following is a summary of investments as of December 31, 2025 and 2024.

	December 31,	
	2025	2024
U.S. Government agencies	**$ 8,812,304**	$ 8,957,802
Mutual funds	**71,739,370**	68,865,612
Pooled separate accounts	**—**	13,432
	$ 80,551,674	$ 77,836,846

During the years ended December 31, 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the periods) appreciated in value by $4,568,556 and depreciated in value by $1,542,232, respectively.

Note 6 RELATED PARTY TRANSACTIONS

SEI Private Trust Company manages certain Plan investments and is an investment manager of the Plan; therefore, these transactions qualify as a "party in interest". The ERISA definition of "party in interest" includes fiduciaries or employees of the plan and any person who provides services to the plan. Fees paid by the Plan to SEI Private Trust Company for investment management and administrative services amounted to $468,654 and $470,015 for the years ended December 31, 2025 and 2024, respectively. CBIZ Retirement Plan Services provides administrative and actuarial services for the Plan; therefore, these transactions qualify as "party in interest". Fees paid by the Plan to CBIZ Retirement Plan Services for administrative and actuarial services were $21,200 for the years ended December 31, 2025 and 2024.

Note 7 TAX STATUS

The Plan received a favorable determination letter dated September 21, 2017, in which the Internal Revenue Service (IRS) stated that the plan, as designed, was in compliance with applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has reviewed and evaluated its tax positions taken in its previously filed annual reports and returns with the Internal Revenue Service and or Department of Labor, and those expected to be filed in the future, and has concluded that in the event of an examination by regulatory authorities, the Plan's positions would prevail based upon the technical merit of such positions. Therefore the Plan has concluded that no further benefits or liabilities are required to be recognized or disclosed in the financial statements.

The Plan is generally subject to routine audits by the Internal Revenue Service and or Department of Labor, however, there are currently no audits for any periods in progress.

Note 8 RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect account balances and the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level I — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level II — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level III — Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

US. Government Agencies: Valued using pricing model maximizing the use of observable inputs for similar securities.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Valued at the NAV of units of the pooled separate account. The NAV is derived from the fair value of the underlying investments. The NAV is the basis for current transactions and the separate accounts can be redeemed at NAV as of the measurement date. The NAV is available to current investors via investor online reporting.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Asset at Fair Value December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
U.S. Government agencies	**$ —**	**$ 8,812,304**	**$ —**	**$ 8,812,304**
Mutual funds	**71,739,370**	**—**	**—**	**71,739,370**
Total investments at fair value	**$ 71,739,370**	**$ 8,812,304**	**$ —**	**$ 80,551,674**

	Asset at Fair Value December 31, 2024			
	Level 1	Level 2	Level 3	Total
U.S. Government agencies	$ —	$ 8,957,802	$ —	$ 8,957,802
Mutual funds	68,865,612	—	—	68,865,612
Total investments in the fair value hierarchy	68,865,612	8,957,802	—	77,823,414
Pooled separate accounts[(1)]	—	—	—	13,432
Total investments at fair value	$ 68,865,612	$ 8,957,802	$ —	$ 77,836,846

(1) In accordance with U.S. GAAP, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient to fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table sets forth the fair value of investments that calculate NAV per share (or its equivalent) as of December 31, 2024:

Investment	Fair Value at December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 13,432	N/A	Daily	Daily

Note 10 SUBSEQUENT EVENTS

No subsequent events were identified through October 14, 2026, the date these financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(e)
Party In Interest	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate or Interest Collateral, Par or Maturity Value	Cost	Current Value
	U.S. Treasury Strips Z-CPN 8/15/32	U.S. Government Agency	$ 548,851	$ 587,154
	U.S. Treasury Strips Z-CPN 11/15/35	U.S. Government Agency	3,063,425	3,269,877
	U.S. Treasury Strips Z-CPN 11/15/40	U.S. Government Agency	2,364,611	2,455,837
	U.S. Treasury Strips Z-CPN 2/15/45	U.S. Government Agency	788,266	793,593
	U.S. Treasury Strips Z-CPN 11/15/53	U.S. Government Agency	1,939,329	1,705,843
	Total U.S. Government Agency		8,704,482	8,812,304
*	SEI Global Managed Volatility Fund	Equity Mutual Funds	5,932,541	6,035,384
*	SEI Large Cap Index Fund	Equity Mutual Funds	3,481,814	3,749,107
*	U.S. Managed Volatility Fund	Equity Mutual Funds	3,316,135	2,255,828
*	SEI World Equity Ex-US Fund	Equity Mutual Funds	6,024,811	6,806,992
*	SEI Intermediate Duration Credit Fund	Fixed Income Mutual Funds	22,747,637	22,094,695
*	SEI Long Duration Credit Fund A	Fixed Income Mutual Funds	39,662,428	30,797,364
	Total Mutual Funds		81,165,366	71,739,370
	Total Investments		$ 89,869,848	$ 80,551,674

See Independent Auditor's Report

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value								
SEI Long Duration Credit Fund A	Registered Investment Company	$ 132,235	—	—	—	$ 132,235	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	135,668	—	—	—	135,668	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	121,795	—	—	—	121,795	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	132,761	—	—	—	132,761	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,784	—	—	—	128,784	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	134,628	—	—	—	134,628	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	126,757	—	—	—	126,757	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	129,188	—	—	—	129,188	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,085	—	—	—	128,085	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	124,659	—	—	—	124,659	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	129,843	—	—	—	129,843	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,988	—	—	—	128,988	—	—
	Sub-total of reinvestments	1,553,391	—	—	—	1,553,391	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	—	$ 1,238,045	—	—	$ 1,622,219	—	(384,174)
SEI Long Duration Credit Fund A	Registered Investment Company	—	1,490,046	—	—	1,990,772	—	(500,726)
	Sub-total of sales	—	2,728,091	—	—	3,612,991	—	(884,900)
SEI World Equity Ex-US Fund	Registered Investment Company	$ 571,851	—	—	—	$ 571,851	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	221,020	—	—	—	221,020	—	—
	Sub-total of reinvestments	792,871	—	—	—	792,871	—	—

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value (cont.)								
SEI World Equity Ex-US Fund	Registered Investment Company	$ 10	—	—	—	$ 10	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	6	—	—	—	6	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	1,031,349	—	—	—	1,031,349	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	96	—	—	—	96	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	263	—	—	—	263	—	—
	Sub-total of purchases	1,031,724	—	—	—	1,031,724	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	—	$ 199,843	—	—	$ 185,567	—	$ 14,276
SEI World Equity Ex-US Fund	Registered Investment Company	—	24,160	—	—	22,399	—	1,761
SEI World Equity Ex-US Fund	Registered Investment Company	—	179,493	—	—	161,051	—	18,442
SEI World Equity Ex-US Fund	Registered Investment Company	—	123,182	—	—	112,158	—	11,024
SEI World Equity Ex-US Fund	Registered Investment Company	—	153,662	—	—	138,086	—	15,576
SEI World Equity Ex-US Fund	Registered Investment Company	—	198,262	—	—	178,438	—	19,824
SEI World Equity Ex-US Fund	Registered Investment Company	—	75,318	—	—	66,210	—	9,108
SEI World Equity Ex-US Fund	Registered Investment Company	—	143,531	—	—	122,495	—	21,036
SEI World Equity Ex-US Fund	Registered Investment Company	—	33,899	—	—	28,889	—	5,010
SEI World Equity Ex-US Fund	Registered Investment Company	—	76,107	—	—	65,167	—	10,940
SEI World Equity Ex-US Fund	Registered Investment Company	—	134,307	—	—	113,072	—	21,235
SEI World Equity Ex-US Fund	Registered Investment Company	—	155,673	—	—	129,253	—	26,420
SEI World Equity Ex-US Fund	Registered Investment Company	—	34,566	—	—	28,252	—	6,314
SEI World Equity Ex-US Fund	Registered Investment Company	—	136,010	—	—	110,939	—	25,071
SEI World Equity Ex-US Fund	Registered Investment Company	—	152,394	—	—	120,867	—	31,527
SEI World Equity Ex-US Fund	Registered Investment Company	—	31,820	—	—	25,608	—	6,212
SEI World Equity Ex-US Fund	Registered Investment Company	—	84,352	—	—	67,658	—	16,694

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value (cont.)								
SEI World Equity Ex-US Fund	Registered Investment Company	—	216,001	—	—	183,826	—	32,175
	Sub-total of sales	—	2,152,580	—	—	1,859,935	—	292,645
	Totals	$ 3,377,986	$ 4,880,671	$ —	$ —	$ 8,850,912	$ —	$ (592,255)

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Beneficial Bank Consolidated Pension Plan
EIN/PN: 51-0054940/004
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
25 to 29	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
30 to 34	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
35 to 39	- -	3 -	- -	- -	- -	- -	- -	- -	- -	- -	3 -
40 to 44	- -	5 -	4 -	- -	- -	- -	- -	- -	- -	- -	9 -
45 to 49	1 -	4 -	7 -	1 -	- -	- -	- -	- -	- -	- -	13 -
50 to 54	1 -	2 -	5 -	1 -	3 -	- -	- -	- -	- -	- -	12 -
55 to 59	- -	4 -	2 -	3 -	5 -	6 -	- -	- -	- -	- -	20 -
60 to 64	- -	1 -	3 -	2 -	2 -	6 -	2 -	- -	- -	- -	16 -
65 to 69	1 -	- -	1 -	1 -	1 -	1 -	- -	- -	- -	- -	5 -
70 & Over	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Total	3 -	19 -	22 -	8 -	11 -	13 -	2 -	- -	- -	- -	78 -

Schedule SB, Part V - SUMMARY OF ASSUMPTIONS/METHODS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.11%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Administrative Expenses

Administrative expenses of $600,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Salary Scale

None.

Inflation

None.

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

Distributions subject to §417(e) are valued in accordance with 1.430(d)-1(f)(4)(iii), and using the Applicable Mortality beginning with the expected date of benefit commencement.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age and gender. Below is a table of representative rates.

Age	Rate (M)	Rate (F)
25	15.00%	23.00%
30	9.00%	12.00%
35	6.10%	8.80%
40	4.40%	6.80%
45	3.40%	4.80%
50	1.80%	3.00%
55	0.00%	0.00%
60+	0.00%	0.00%

The current assumption has been selected based on observations of recent terminations from employment, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

First Penn and Farmers & Mechanics: Not applicable

Beneficial: Below is a table of representative rates.

Age	Rate (M)	Rate (F)
25	0.040%	0.060%
30	0.050%	0.070%
35	0.060%	0.100%
40	0.090%	0.140%
45	0.150%	0.200%
50	0.270%	0.310%
55	0.490%	0.470%
60	0.740%	0.590%
65+	0.000%	0.000%

The current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates Active Participants

Farmers & Mechanics: Age 65 and five years of service, or age on valuation date if greater.

Beneficial: Age-related retirement rates per the table below.

Age	Rate
57	1%
58	2%
59	3%
60	4%
61	5%
62	10%
63	10%
64	10%
65	60%
66	60%
67	70%
68	80%
69	90%
70	100%

The current assumption has been selected based on observations of recent retirements from active employment, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates Terminated Vested Participants	Age 65, or age on valuation date if greater. The current assumption has been selected based on observations of recent retirements from terminated vested status, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.
Spousal Assumptions	90% of males and 60% of females are assumed to be married. Females are assumed to be three years younger than males.
Form of Payment	Farmers & Mechanics: 100% of participants are assumed to elect a lump sum. Beneficial: 100% of participants are assumed to elect the normal form of annuity. First Penn: 100% of participants are assumed to elect a lump sum.
Lump Sum Conversion Basis	For PPA Funding purposes, the interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Funding Discount Rates. For ASC 960 purposes, the interest rate used to convert annuities into actuarially equivalent lump sums is 5.60%. The mortality table for developing lump sum factors is the IRS 2025 Applicable Mortality Table. The lump sum interest rate is assumed to be equal to the weighted average discount rate, reflecting current market conditions when lump sums are paid in the future. The lump sum mortality table is the IRS applicable mortality table with projected improvement.
Changes in funding assumptions since the prior valuation	In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above. The mortality table for developing lump sum factors was changed from the IRS 2024 Applicable Mortality Table to the IRS 2025 Applicable Mortality Table.

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Asset Method	Fair Value of Assets. We used financial data submitted by the trustee as of the valuation date without further audit. This information was not verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.
Funding Actuarial Value of Assets Method	Actuarial Value of Assets is equal to the Market Value of Assets. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value								
SEI Long Duration Credit Fund A	Registered Investment Company	$ 132,235	—	—	—	$ 132,235	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	135,668	—	—	—	135,668	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	121,795	—	—	—	121,795	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	132,761	—	—	—	132,761	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,784	—	—	—	128,784	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	134,628	—	—	—	134,628	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	126,757	—	—	—	126,757	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	129,188	—	—	—	129,188	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,085	—	—	—	128,085	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	124,659	—	—	—	124,659	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	129,843	—	—	—	129,843	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	128,988	—	—	—	128,988	—	—
	Sub-total of reinvestments	1,553,391	—	—	—	1,553,391	—	—
SEI Long Duration Credit Fund A	Registered Investment Company	—	$ 1,238,045	—	—	$ 1,622,219	—	(384,174)
SEI Long Duration Credit Fund A	Registered Investment Company	—	1,490,046	—	—	1,990,772	—	(500,726)
	Sub-total of sales	—	2,728,091	—	—	3,612,991	—	(884,900)
SEI World Equity Ex-US Fund	Registered Investment Company	$ 571,851	—	—	—	$ 571,851	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	221,020	—	—	—	221,020	—	—
	Sub-total of reinvestments	792,871	—	—	—	792,871	—	—

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value (cont.)								
SEI World Equity Ex-US Fund	Registered Investment Company	$ 10	—	—	—	$ 10	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	6	—	—	—	6	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	1,031,349	—	—	—	1,031,349	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	96	—	—	—	96	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	263	—	—	—	263	—	—
	Sub-total of purchases	1,031,724	—	—	—	1,031,724	—	—
SEI World Equity Ex-US Fund	Registered Investment Company	—	$ 199,843	—	—	$ 185,567	—	$ 14,276
SEI World Equity Ex-US Fund	Registered Investment Company	—	24,160	—	—	22,399	—	1,761
SEI World Equity Ex-US Fund	Registered Investment Company	—	179,493	—	—	161,051	—	18,442
SEI World Equity Ex-US Fund	Registered Investment Company	—	123,182	—	—	112,158	—	11,024
SEI World Equity Ex-US Fund	Registered Investment Company	—	153,662	—	—	138,086	—	15,576
SEI World Equity Ex-US Fund	Registered Investment Company	—	198,262	—	—	178,438	—	19,824
SEI World Equity Ex-US Fund	Registered Investment Company	—	75,318	—	—	66,210	—	9,108
SEI World Equity Ex-US Fund	Registered Investment Company	—	143,531	—	—	122,495	—	21,036
SEI World Equity Ex-US Fund	Registered Investment Company	—	33,899	—	—	28,889	—	5,010
SEI World Equity Ex-US Fund	Registered Investment Company	—	76,107	—	—	65,167	—	10,940
SEI World Equity Ex-US Fund	Registered Investment Company	—	134,307	—	—	113,072	—	21,235
SEI World Equity Ex-US Fund	Registered Investment Company	—	155,673	—	—	129,253	—	26,420
SEI World Equity Ex-US Fund	Registered Investment Company	—	34,566	—	—	28,252	—	6,314
SEI World Equity Ex-US Fund	Registered Investment Company	—	136,010	—	—	110,939	—	25,071
SEI World Equity Ex-US Fund	Registered Investment Company	—	152,394	—	—	120,867	—	31,527
SEI World Equity Ex-US Fund	Registered Investment Company	—	31,820	—	—	25,608	—	6,212
SEI World Equity Ex-US Fund	Registered Investment Company	—	84,352	—	—	67,658	—	16,694

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of Value (cont.)								
SEI World Equity Ex-US Fund	Registered Investment Company	—	216,001	—	—	183,826	—	32,175
	Sub-total of sales	—	2,152,580	—	—	1,859,935	—	292,645
	Totals	$ 3,377,986	$ 4,880,671	$ —	$ —	$ 8,850,912	$ —	$ (592,255)

SCHEDULE SB (Form 5500) 1	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning and ending 2/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	**B** Three-digit plan number (PN) ▶
Beneficial Bank Consolidated Pension Plan	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)
Wilmington Savings Fund Society, FSB	51-0054940

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	78,048,977
b Actuarial value	2b	78,048,977

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	296	39,091,281	39,091,281
b For terminated vested participants	449	23,693,206	23,693,206
c For active participants	78	5,822,208	5,822,208
d Total	823	68,606,695	68,606,695

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.35%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	600,000
c Target normal cost	6c	600,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	James D. Burke JDB	9/30/2026
	Signature of actuary	Date
James D. Burke		2606899
Type or print name of actuary		Most recent enrollment number
CBIZ		215-587-0700
Firm name		Telephone number (including area code)
1845 Walnut St. 10th Floor Philadelphia PA 19103		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20,668,819
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,610,710
9	Amount remaining (line 7 minus line 8)	0	19,058,109
10	Interest on line 9 using prior year's actual return of 1.81 %	0	344,952
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19,403,061

Part III Funding Percentages

14	Funding target attainment percentage	14	85.48 %
15	Adjusted funding target attainment percentage	15	113.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	600,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9,960,779	1,038,064
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,638,064

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,638,064	1,638,064

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Beneficial Bank Consolidated Pension Plan
EIN: 51-0054940 Plan: 004
Attachment to the 2025 Form 5500 Schedule SB

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Age	Percent Remaining	Retirement Rate	Percent Retiring	Weighted Average
57	100.0%	1.0%	1.0%	0.570
58	99.0%	2.0%	2.0%	1.160
59	97.0%	3.0%	2.9%	1.711
60	94.1%	4.0%	3.8%	2.280
61	90.3%	5.0%	4.5%	2.745
62	85.8%	10.0%	8.6%	5.332
63	77.2%	10.0%	7.7%	4.851
64	69.5%	10.0%	7.0%	4.480
65	62.5%	60.0%	37.5%	24.375
66	25.0%	60.0%	15.0%	9.900
67	10.0%	70.0%	7.0%	4.690
68	3.0%	80.0%	2.4%	1.632
69	0.6%	90.0%	0.5%	0.345
70	0.1%	100.0%	0.1%	0.070
Total				64.141
Rounded				64.000

SECTION A – FARMERS & MECHANICS

Effective Date	October 15, 1961
Eligibility for Participation	Each employee of the Company becomes a Participant on the January 1 coincident with or immediately preceding the attainment of age 21 with twelve months of employment during which the employee completed 1,000 hours of service. No employees become eligible to participate after January 1, 2008. Benefit accruals were frozen as of June 30, 2008.
Plan Year	Effective January 1, 2005, the Plan Year is January 1 to December 31.
Average Annual Compensation	Highest consecutive three-year average salary over all service.
Excess Compensation	Portion of the Average Annual Compensation that exceeds the Participant's Covered Compensation.
Covered Compensation	Average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35 year period ending with the Participant's Social Security Retirement Age.
Year of Service	A Plan Year in which a Participant is credited with 1,000 hours of service.
Vesting Schedule	A Participant is 100% vested after five Years of Service.
Normal Retirement Date	The later of age 65 and the fifth anniversary of plan participation.
Normal Retirement Benefit	An employee's annual Normal Retirement Benefit is the sum of (1) and (2), reduced by 1/35 for each Year of Service that total Years of Service at Normal Retirement Date is less than 35: (1) 65% of Average Annual Compensation (2) 22.5% of Excess Compensation Benefits were frozen as of June 30, 2008.
Normal Form of Pension	The Normal Form of Pension for a Participant who is not married at the time his benefits from the Plan commence is a single life annuity. The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is an actuarially reduced pension providing for continuation of one-half of the Participant's reduced pension to his spouse for the period, if any, that the spouse survives the Participant.

Optional Forms of Pension Benefits	In addition to the Normal Form of Pension, benefits can be payable as a lump sum, a 60, 120, 180, or 240 month certain and continuous annuity, or a 75% joint & survivor annuity.
Early Retirement Pension	The requirements for Early Retirement are attainment of age 55 and completion of ten Years of Service. The Early Retirement Pension amount is equal to the Participant's Normal Retirement Benefit determined on his Early Retirement Date, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months in the period between the pension commencement date and the Participant's Normal Retirement Date.
Deferred Vested Pension	The requirements for a Deferred Vested Pension are five Years of Service. The termination benefit is the Normal Retirement Benefit as of the date of termination, payable at Normal Retirement Date or on or after the attainment of age 55 and ten Years of Service with same reduction as for the Early Retirement Pension.
Disability Pension	A Disability Pension is available to active participants which have to terminate employment as a result of a total and permanent disability. The Disability Pension is equal to the Normal Retirement Benefit as of the date of termination, reduced in the same manner as the Early Retirement Pension, payable at disablement until death or recovery from total and permanent disablement, if prior to age 65.
Pre-retirement Death Benefit	Eligibility: A married participant who dies prior to his retirement and who has a vested right to his Accrued Benefit is automatically covered unless his spouse consents in writing to waiving this benefit. Spouse's Benefit: The benefit the spouse would have received if the Participant had retired on the day of death having elected a 50% Qualified Joint and Survivor annuity or, if the Participant was not yet eligible for early retirement, the benefit which the spouse would have been able to receive if the Participant had terminated employment on the date of death, had survived to his earliest retirement date and elected to retire on that date having elected a 50% Qualified Joint and Survivor annuity.
Post-retirement Death Benefit	None, except as provided by the election of an optional form of payment.
Cost of Plan	The Employer pays the full cost of the Plan.
Changes since the Prior Valuation	None.

SECTION B – BENEFICIAL

Effective Date	July 10, 1947.
Eligibility for Participation	Each employee of the Company becomes a Participant on the January 1 or July 1 coincident with or following the attainment of age 21 with twelve months of employment during which the employee completed 1,000 hours of service. No employees become eligible to participate after June 30, 2008, when benefit accruals were frozen.
Plan Year	Effective July 1, 1949, the Plan Year is July 1 to June 30. The final plan year before the plan merger was July 1, 2010 through December 31, 2010. Effective January 1, 2011, the Plan Year is January 1 to December 31.
Average Annual Compensation	Highest consecutive five-year average salary over all service.
Year of Service	A Plan Year in which a Participant is credited with 1,000 hours of service.
Accrual Year of Service	A Plan Year in which a Participant is credited with 1,950 hours of service, reduced proportionately if a Participant works at least 1,000 hours but fewer than 1,950 hours.
Vesting Schedule	A Participant is 100% vested after five Years of Service.
Normal Retirement Date	The later of age 65 and the fifth anniversary of plan participation.
Normal Retirement Benefit	An employee's annual Normal Retirement Benefit is equal to 50% of Average Annual Compensation, reduced by 1/25 for each Accrual Year of Service less than 25. This benefit is not less than the accrued benefit at June 30, 1994, multiplied by the ratio (not less than 1.0) of (a) average W-2 compensation at the earlier of date of retirement and June 30, 2008, over (b) average W-2 compensation at June 30, 1994. Benefits were frozen as of June 30, 2008.

Normal Form of Pension	The Normal Form of Pension for a Participant who is not married at the time his benefits from the Plan commence is a single life annuity. The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is an actuarially reduced pension providing for continuation of one-half of the Participant's reduced pension to his spouse for the period, if any, that the spouse survives the Participant.
Optional Forms of Pension Benefits	In addition to the forms of benefit described in the Normal Form of Pension, the Plan also offers the following optional forms that are actuarially equivalent to the single life annuity: 75% or 100% Joint and Survivor Annuity 120 Months Certain and Life Annuity
Early Retirement Pension	The requirements for Early Retirement are attainment of age 55 and completion of five Years of Service. The Early Retirement Pension amount is equal to the Participant's Normal Retirement Benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months in the period between the pension commencement date and the Participant's Normal Retirement Date.
Deferred Vested Pension	The requirements for a Deferred Vested Pension are five Years of Service. The termination benefit is the Normal Retirement Benefit as of the date of termination, payable at Normal Retirement Date or on or after the attainment of age 55, reduced in the same manner as the Early Retirement Pension.
Disability Pension	A Disability Pension is available to active participants who terminate employment as a result of a total and permanent disability. The Disability Pension is equal to the Normal Retirement Benefit as of the date of termination, payable without actuarial reduction at disablement and continuing until death or recovery from total and permanent disablement, if prior to age 65.

Pre-retirement Death Benefit	Eligibility: A married participant who dies prior to his retirement and who has a vested right to his Accrued Benefit is automatically covered unless his spouse consents in writing to waiving this benefit. Spouse's Benefit: The benefit the spouse would have received if the Participant had retired on the day of death having elected a 50% Qualified Joint and Survivor annuity or, if the Participant was not yet eligible for early retirement, the benefit which the spouse would have been able to receive if the Participant had terminated employment on the date of death, had survived to his earliest retirement date and elected to retire on that date having elected a 50% Qualified Joint and Survivor annuity.
Post-retirement Death Benefit	None, except as provided by the election of an optional form of payment.
Cost of Plan	The Employer pays the full cost of the Plan.
Changes since the Prior Valuation	None.

SECTION C – FIRST PENN PENSION PLAN AND TRUST

Effective Date May 7, 1963.

Plan Year Effective January 1, 2022, the Plan Year is January 1 to December 31.

Eligibility Requirements Each employee of the Company becomes a Participant on the January 1 coincident with or immediately preceding the attainment of age 21 and 1 Year of Service. No employees become eligible to participate after October 1, 1994. Benefit accruals were frozen October 1, 1994.

Average Annual Compensation Highest consecutive five-year average salary over all service occurring before October 1, 1994.

Excess Compensation Portion of the Average Annual Compensation that exceeds the Participant's Covered Compensation.

Covered Compensation Average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35 year period ending with the Participant's Social Security Retirement Age.

Year of Service A Plan Year in which a participant is credited with 1,000 Hours of Service.

Vesting Schedule A Participant's vested interest in his Accrued Benefit is based on the graded vesting schedule below:

Years of Service:	Vested Interest:
3	20%
4	40%
5	60%
6	80%
7	100%

Normal Retirement Date The later of age 65 and the fifth anniversary of plan participation.

Normal Retirement Benefit

An employee's annual Normal Retirement Benefit is equal to the sum of (1) and (2):

(1) 1.35% of Average Annual Compensation not greater than Covered Compensation multiplied by Years of Service.

(2) 0.75% of the Excess Compensation multiplied by Years of Service not greater than 30.

Benefits were frozen as of October 1, 1994.

Normal Form of Pension

The Normal Form of Pension for a Participant who is not married at the time his benefits from the Plan commence is a monthly annuity payable until the later of the death of the participant or until a period certain equal 120 monthly payments to the Participant or the Participant's beneficiary (120 Months Certain and Life Annuity).

The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is an actuarially reduced pension providing for continuation of one-half of the Participant's reduced pension to his spouse for the period, if any, that the spouse survives the Participant.

Optional Forms of Pension Benefits

In addition to the forms of benefit described in the Normal Form of Pension, the Plan also offers the following optional forms that are actuarially equivalent to the 120 Months Certain and Life Annuity:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Lump Sum

Early Retirement Pension

The requirements for Early Retirement are attainment of age 55 and completion of five Years of Service. The Early Retirement Pension amount is equal to the Participant's Accrued Monthly Pension determined on his Early Retirement Date, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months in the period between the pension Commencement date and the Participant's Normal Retirement Date.

Deferred Vested Pension

The requirements for a Deferred Vested Pension are five Years of Service. The termination benefit is the Normal Retirement Benefit as of the date of termination, payable at Normal Retirement Date, or on or after the attainment of age 55 and five years of service, with the same reduction as for the Early Retirement Pension.

Disability Pension	A Disability Pension is available to Active Participants who have to terminate employment as a result of a total and permanent disability. The Disability Pension is equal to the actuarial equivalent of the Normal Retirement Benefit as of the date of termination, payable at disablement until death or recovery from total and permanent disablement, if prior to age 65.
Cost of Plan	The Employer pays the full cost of the Plan.
Changes since the Prior Valuation	None.

WSFS Financial Corp
Beneficial Consolidated Pension Plan
EIN: 51-0054940
Plan Number: 004
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
Year Ended December 31, 2025

(a) Party In Interest	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate or Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	U.S. Treasury Strips Z-CPN 8/15/32	U.S. Government Agency	$ 548,851	$ 587,154
	U.S. Treasury Strips Z-CPN 11/15/35	U.S. Government Agency	3,063,425	3,269,877
	U.S. Treasury Strips Z-CPN 11/15/40	U.S. Government Agency	2,364,611	2,455,837
	U.S. Treasury Strips Z-CPN 2/15/45	U.S. Government Agency	788,266	793,593
	U.S. Treasury Strips Z-CPN 11/15/53	U.S. Government Agency	1,939,329	1,705,843
	Total U.S. Government Agency		8,704,482	8,812,304
*	SEI Global Managed Volatility Fund	Equity Mutual Funds	5,932,541	6,035,384
*	SEI Large Cap Index Fund	Equity Mutual Funds	3,481,814	3,749,107
*	U.S. Managed Volatility Fund	Equity Mutual Funds	3,316,135	2,255,828
*	SEI World Equity Ex-US Fund	Equity Mutual Funds	6,024,811	6,806,992
*	SEI Intermediate Duration Credit Fund	Fixed Income Mutual Funds	22,747,637	22,094,695
*	SEI Long Duration Credit Fund A	Fixed Income Mutual Funds	39,662,428	30,797,364
	Total Mutual Funds		81,165,366	71,739,370
	Total Investments		$ 89,869,848	$ 80,551,674

See Independent Auditor's Report

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Beneficial Bank Consolidated Pension Plan
EIN/PN: 51-0054940/004
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	293,372	27,354
1/1/2024	14.00	15 Year	(3,345,316)	(326,681)
1/1/2023	13.00	15 Year	13,012,723	1,337,391