

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>12/01/2010</u> and ending <u>11/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THOMAS & BETTS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THOMAS & BETTS CORPORATION</u> <u>8155 TNB BOULEVARD</u> <u>MEMPHIS, TN 38125</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-1326940</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>901-252-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-1326940</u>	2c Sponsor's telephone number <u>901-252-5000</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>22-1326940</u>					
2c Sponsor's telephone number <u>901-252-5000</u>					
2d Business code (see instructions) <u>335900</u>					

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.	09/17/2012	WILLIAM E. WEAVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2012	WILLIAM E. WEAVER
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WILLIAM E. WEAVER 8155 TNB BOULEVARD MEMPHIS, TN 38125	3b Administrator's EIN 22-1326940 3c Administrator's telephone number 901-252-5000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 10983
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 2270
b Retired or separated participants receiving benefits.....	6b 4277
c Other retired or separated participants entitled to future benefits.....	6c 3133
d Subtotal. Add lines 6a , 6b , and 6c	6d 9680
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 820
f Total. Add lines 6d and 6e	6f 10500
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 27
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 1G 3H 3J	
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

▶ **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 <u>THOMAS & BETTS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>340547518</u>
b Actuarial value	2b <u>340547518</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>5066</u> <u>195747690</u>
b For terminated vested participants	3b <u>3378</u> <u>80060753</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>3818817</u>
(2) Vested benefits	3c(2) <u>93057815</u>
(3) Total active	3c(3) <u>2539</u> <u>96876632</u>
d Total	3d <u>10983</u> <u>372685075</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.29</u> %
6 Target normal cost	6 <u>1743379</u>

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	<u>09/13/2012</u>
Signature of actuary	Date
<u>JONATHAN M. WILLIAMS</u>	<u>11-07625</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114</u>	
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	39335577	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	9027263	0
9	Amount remaining (Item 7 minus item 8).....	30308314	0
10	Interest on item 9 using prior year's actual return of <u>10.95</u> %	3318760	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.63</u> %		0
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.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	33627074	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	82.35 %
15	Adjusted funding target attainment percentage.....	15	82.35 %
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	95.57 %
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
12/14/2011	24000000				
Totals ►			18(b)	24000000	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 contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	22530050

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 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: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1743379
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	50857228	8393293
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	10136672
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	6552011	0
36 Additional cash requirement (item 34 minus item 35).....	36	3584661
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	22530050
38 Interest-adjusted excess contributions for current year (see instructions).....	38	18945389
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan THOMAS & BETTS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS & BETTS CORPORATION	D Employer Identification Number (EIN) 22-1326940	

Part I	Service Provider Information (see instructions)
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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

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

(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 ☐

(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 ☐

(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 ☐

(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 ☐

(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 ☐

(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: CHAD M. GREENWALT	b EIN: 53-0181291
c Position: ENROLLED ACTUARY	
d Address: 1001 LAKESIDE AVENUE SUITE 1900 CLEVELAND, OH 44114	e Telephone: 216-937-4000
Explanation: THE ACTUARY WAS CHANGED DUE TO AN INTERNAL REASSIGNMENT AFFECTING CHAD GREENWALT. MR. GREENWALT HAS BEEN REPLACED BY JONATHAN M. WILLIAMS.	

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

A Name of plan THOMAS & BETTS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THOMAS & BETTS CORPORATION	D Employer Identification Number (EIN) 22-1326940

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: T&B CORP. MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): THOMAS & BETTS CORPORATION

c EIN-PN 36-3191387-050	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323958000
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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)
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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)
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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)
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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)
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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)
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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)

(Complete as many entries as needed to report all participating plans)

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**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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan THOMAS & BETTS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS & BETTS CORPORATION	D Employer Identification Number (EIN) 22-1326940	

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)	0	24000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(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)		
(11) Value of interest in master trust investment accounts	1c(11)	340129000	323958000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	340129000	347958000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	340129000	347958000
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	24000000	
(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)		24000000

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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		8025000
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32025000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24196000	
(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)		24196000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24196000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7829000
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....		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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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 section 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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

A Name of plan <u>THOMAS & BETTS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>

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	<u>0</u>
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): <u>36-3193187</u>		
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	<u>74</u>

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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 60% Investment-Grade Debt: 25% High-Yield Debt: 4% Real Estate: 0% Other: 11%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



**THE THOMAS & BETTS PENSION PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE**

November 30, 2011 and 2010

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 900
50 North Front Street
Memphis, TN 38103-1194

Independent Auditors' Report

The Retirement Plans Committee of Thomas & Betts Corporation
The Thomas & Betts Pension Plan:

We were engaged to audit the accompanying statements of net assets available for pension benefits of The Thomas & Betts Pension Plan as of November 30, 2011 and 2010, the related statements of changes in net assets available for pension benefits for the years then ended, and the supplemental Schedule H, line 4i — schedule of assets (held at end of year) as of November 30, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized or referred to in Note 4, which was certified by Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended November 30, 2011 and 2010 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Memphis, Tennessee
September 11, 2012

THE THOMAS & BETTS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS

	November 30,	
	2011	2010
	(In thousands)	
ASSETS		
Investments, at fair value — Interest in Master Trust.....	\$ 323,958	\$340,129
Employer contribution receivable.....	10,137	—
NET ASSETS AVAILABLE FOR PENSION BENEFITS.....	<u>\$ 334,095</u>	<u>\$340,129</u>

See accompanying notes to financial statements.

THE THOMAS & BETTS PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS

	Years Ended November 30,	
	2011	2010
	(In thousands)	
Interest in net investment income (loss) of Master Trust.....	\$ 10,963	\$ 37,029
Employer contribution	10,137	50,000
Pension benefits paid	(24,196)	(24,232)
Administrative expenses	(2,938)	(3,144)
Net increase (decrease) in net assets available for pension benefits.....	(6,034)	59,653
Net assets available for pension benefits:		
Beginning of year	340,129	280,476
End of year	<u>\$334,095</u>	<u>\$340,129</u>

See accompanying notes to financial statements.

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

(1) Plan Description and Benefits

The following summary discussion of The Thomas & Betts Pension Plan (“Plan”) is provided for informational purposes only. Participants should refer to the Plan document for information regarding eligibility, vesting and the determination of Plan benefits.

The Plan is a defined benefit pension plan sponsored by Thomas & Betts Corporation (“Corporation”). Participants in this Plan include substantially all U.S. employees of the Corporation hired before January 2008 and not covered by a collective bargaining agreement. It is the responsibility of the Plan administrator to maintain records of Plan participants, authorize benefit payments and determine employee eligibility and benefit amounts. Northern Trust Company (“Trustee”) holds the Plan’s investment assets, executes investment transactions and makes benefit payments.

The Plan is divided into seven parts (Parts A through G). Part A of the Plan covers active employees hired before 2008. Part B (Elastimold division hourly), Part C (Amerace Corporation), Part D (Augat Inc.) and Parts E, F and G (LMS) represent merged plans. There are no active participants in Parts B, C, D, F and G. Part E was closed to new entrants effective January 1, 2003.

The Plan was amended effective December 31, 2010 to preclude the future accrual of benefits for any participant in the Plan after December 31, 2010.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan. Thomas & Betts Corporation is the Plan sponsor. The Board of Directors of the Corporation has delegated responsibility for the administration of the Plan to the Corporation’s Retirement Plans Committee.

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (“U.S. GAAP”). The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

(b) Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

The Master Trust, as defined below, invests in various types of investment securities and in various companies and/or funds within various markets. The Plan’s investment in the Master Trust is exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments in the Master Trust, 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 the amounts reported in the statements of net assets available for pension benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions including interest rates and employee demographics, 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.

(c) Trust Fund

The Trustee serves as custodial trustee of a trust fund on behalf of the Plan. The Plan’s investments are held in the Thomas & Betts Corporation Master Retirement Trust (the “Master Trust”) for the Corporation’s U.S. pension plans. At November 30, 2011 and 2010, the assets of the Master Trust consisted principally of investments in collective trust funds, fixed income investments, equity securities and a hedge fund.

Investment managers have been granted discretionary authority concerning all purchases and sales of investments in the Master Trust within the investment guidelines established by the Corporation’s Retirement Plans Committee. The Plan’s interest in the Master Trust and the interest in the net investment income of the Master Trust has been reported to the Plan administrator by Northern Trust Company. Fair values of investments are determined by the Trustee and allocated to the participating plans based upon each plan’s proportionate interest in the Master Trust.

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

(d) Cash and Cash Equivalents

Cash equivalents held in the Master Trust consist of high-quality money market investments and other investments with maturities at the date of purchase of less than 90 days that have a low risk of change in value.

(e) Interest in Master Trust

The Plan's interest in the Master Trust is stated at fair value as described in Note 5. Purchases and sales of securities by the Master Trust are recorded on a trade date basis.

(f) Investment Income

Investment income of the Master Trust is retained by the Trustee for reinvestment purposes. Investment income is recorded when earned.

(g) Funding Policy

The Corporation generally contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the minimum funding requirements of ERISA. The Corporation made an approximate \$10.1 million required contribution to the Plan for the year ended November 30, 2011. This contribution was funded subsequent to November 30, 2011 and has been reflected as an employer contribution receivable in the accompanying financial statements. The Corporation was not required under ERISA to make contributions to the Plan for the year ended November 30, 2010. In December 2009, the Corporation made a voluntary contribution of \$50 million to the Plan.

(h) Payment of Pension Benefits

Benefit payments to participants are recorded upon distribution.

(3) Financial Information Certified by Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from the Trustee of the Plan, Northern Trust Company, that all information relating to the Plan's investment and related investment income (loss) is complete and accurate. Information as to the value of the interest in the Master Trust, the Plan's interest in the net investment income (loss) of the Master Trust, and all information in the supplemental schedule is presented in reliance solely upon those certifications.

(4) Interest in the Master Trust

The Plan's assets are held in the Master Trust established for the investment of assets of the Corporation's U.S. pension plans. Each participating plan has an undivided interest in the Master Trust. At November 30, 2011 and 2010, the Plan's interest in the net assets of the Master Trust was approximately 91.5% and 91.7%, respectively. Investments, investment income (loss) and certain related accounts are allocated to the participating plans based upon each plan's proportionate interest in the Master Trust.

The following information presents the net assets of the Master Trust:

	November 30,	
	2011	2010
	(In thousands)	
ASSETS		
Investments at fair value:		
Collective trust funds	\$237,419	\$250,251
Fixed income investments:		
Fixed income mutual fund	31,970	32,133
Other fixed income securities.....	14,065	16,610
Equity securities, primarily U.S.....	29,076	30,364
Hedge fund.....	35,318	35,961
Other alternative investments.....	3,368	2,673
Cash and cash equivalents	1,270	1,260
Total investments	352,486	369,252
Receivable for investments sold	2,293	2,332
Accrued income	248	261
Total assets.....	355,027	371,845
LIABILITIES		
Payable for investments purchased.....	(95)	(546)
Accrued expenses	(812)	(470)
MASTER TRUST NET ASSETS	\$354,120	\$370,829

Investment income (loss) of the Master Trust is as follows:

	Years Ended	
	November 30,	
	2011	2010
	(In thousands)	
Net appreciation (depreciation) in fair value of investments:		
Collective trust funds	\$ 8,668	\$ 29,743
Fixed income investments:		
Fixed income mutual fund	(497)	1,704
Other fixed income securities	299	515
Equity securities, primarily U.S.	1,117	5,094
Hedge fund	(644)	1,260
Other alternative investments	695	(188)
	9,638	38,128
Interest	1,686	1,778
Dividends	461	455
Miscellaneous income (loss)	(9)	(8)
Investment income (loss)	<u>\$11,776</u>	<u>\$ 40,353</u>

(5) Fair Value Measurements

The Master Trust values its investments at fair value. Fair value is the price received to transfer an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Measuring fair value involves a hierarchy of valuation inputs used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows: Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly; and, Level 3 inputs are unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own valuation assumptions.

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

The following table sets forth by level, within the fair value hierarchy, the fair value of the investments held by the Master Trust as of November 30, 2011:

	Investments at Fair Value			
	Investments at Fair Value as Determined by Quoted Prices in Active Markets	Valuation Techniques Based on Observable Market Data	Valuation Techniques Incorporating Information Other Than Observable Market Data	
	(Level 1)	(Level 2)	(Level 3)	Total
	(In thousands)			
Collective trust funds	\$ —	\$237,419	\$ —	\$237,419
Fixed income investments:				
Fixed income mutual fund	31,970	—	—	31,970
Other fixed income securities.....	10,631	3,434	—	14,065
Equity securities, primarily U.S.	29,076	—	—	29,076
Hedge fund.....	—	35,318	—	35,318
Other alternative investments.....	—	—	3,368	3,368
Cash and cash equivalents	1,270	—	—	1,270
Total investments at fair value	<u>\$72,947</u>	<u>\$276,171</u>	<u>\$3,368</u>	<u>\$352,486</u>

The following table sets forth by level, within the fair value hierarchy, the fair value of the investments held by the Master Trust as of November 30, 2010:

	Investments at Fair Value			
	Investments at Fair Value as Determined by Quoted Prices in Active Markets	Valuation Techniques Based on Observable Market Data	Valuation Techniques Incorporating Information Other Than Observable Market Data	
	(Level 1)	(Level 2)	(Level 3)	Total
	(In thousands)			
Collective trust funds	\$ —	\$250,251	\$ —	\$250,251
Fixed income investments:				
Fixed income mutual fund	32,133	—	—	32,133
Other fixed income securities.....	12,476	4,134	—	16,610
Equity securities, primarily U.S.	30,364	—	—	30,364
Hedge fund.....	—	35,961	—	35,961
Other alternative investments.....	—	—	2,673	2,673
Cash and cash equivalents	1,260	—	—	1,260
Total investments at fair value	<u>\$76,233</u>	<u>\$290,346</u>	<u>\$2,673</u>	<u>\$369,252</u>

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

The following is a description of the valuation methodologies used for investments measured at fair value.

Collective trust funds: Collective trust funds are comprised of units in commingled funds that are not publicly traded. The underlying assets in these funds (57% domestic equity securities, 20% foreign equity securities and 23% fixed income securities) are publicly traded on national securities exchanges and price quotes for the assets held by these funds are readily available. The investment strategies of these funds are to invest in specific sectors or securities consistent with the overall investment policy of the Plan, as set forth by the Corporation. A significant portion of the underlying assets in these funds are invested in domestic large-cap, mid-cap and small-cap equity securities. The collective trust funds are valued at the net asset value per unit as determined by the collective trusts as of the valuation date. The Plan has elected as a practical expedient to reflect the collective trust fund balances on the basis of net asset value. Collective trust funds have been classified as a Level 2 investment.

Fixed income investments: Fixed income investments include an open-ended bond mutual fund comprised principally of U.S. government bonds. Fixed income investments also reflect directly held domestic and foreign government bonds and corporate bonds. Such investments are measured using quoted market prices which are readily available. These fixed income investments have been classified as a Level 1 investment. Fixed income investments also include asset and mortgage backed securities. The fair value of these investments is estimated using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. These fixed income securities have been classified as a Level 2 investment.

Equity securities: Equity securities represent directly held domestic and foreign common stocks. Such securities are publicly traded on national securities exchanges and price quotes for these assets are readily available. Equity securities have been classified as a Level 1 investment.

Hedge fund: The Northern Trust Alpha Strategies Fund (“Fund”) operates as a “fund of funds” investing in a group of funds or other pooled investment vehicles (“sub-funds”) and the Fund’s investment objective is to seek attractive risk-adjusted rates of return through investment in a diversified portfolio of assets. The Fund is valued based on net asset values (“NAV”) determined by the sub-fund managers, as well as other considerations of the Fund manager. This information is generally not publicly available. Due to the Fund having a redemption period of 90 days or less, the Plan has elected as a practical expedient to reflect the Fund fair value on the basis of NAV and has classified it as a Level 2 investment.

Other alternative investments: Other alternative investments include a private equity partnership fund and a real estate partnership fund. The valuation of the private equity and real estate partnership funds requires significant judgment due to the absence of quoted market prices, the inherent lack of liquidity and the long-term nature of such assets. These assets are initially valued by Plan management at cost, which approximates fair value, and are reviewed periodically utilizing available and relevant market data to determine if the carrying value of these assets should be adjusted. These investments are classified as a Level 3 investment.

The table below sets forth a summary of changes in the fair value of the Master Trust’s Level 3 assets for the year ended November 30, 2011.

	Level 3 Investments
	Year Ended November 30, 2011
	Other Alternative Investments
	(In thousands)
Balance as of beginning of year	\$ 2,673
Unrealized gain (loss).....	695
Balance as of end of year	<u>\$ 3,368</u>

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

The table below sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended November 30, 2010.

	Level 3 Investments
	Year Ended November 30, 2010
	Other
	Alternative
	Investments
	(In thousands)
Balance as of beginning of year.....	\$2,746
Net purchases (sales)	115
Unrealized gain (loss)	(188)
Balance as of end of year	<u>\$2,673</u>

(6) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those periodic payments, including lump sum distributions, that are expected to be made in the future pursuant to the Plan's provisions for the years of service employees have rendered through the valuation date.

Towers Watson & Company is responsible for the administrative, consulting and actuarial functions for the Plan. The actuarial present value of the accumulated plan benefits as determined by Towers Watson & Company is that 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 the expected date of payment. The significant actuarial assumptions used in the valuations for the plan years beginning December 1, 2010 and December 1, 2009 were: (a) mortality rate based on the RP-2000 Combined Healthy Participant Mortality Table projected 20 years for 2011 and projected 10 years for 2010; (b) moderate rate of employee withdrawal; (c) assumed rate of return on investments (funding interest rate) of 8.0% in 2011 and 2010; and (d) a weighted average assumed retirement age at 60 in 2011 and 2010. Assumption changes totaling \$5.2 million, which were the result of changes in the mortality rate projection assumption, increased the actuarial value of accumulated plan benefits as of November 30, 2010. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present values of accumulated plan benefits as of the beginning of the Plan year are presented below.

	December 1,	
	2010	2009
	(In thousands)	
Vested:		
Currently receiving payments	\$ 173,481	\$ 167,547
Other participants	139,054	128,903
	<u>312,535</u>	<u>296,450</u>
Non-vested	3,758	5,850
Total actuarial value of accumulated plan benefits	<u>\$ 316,293</u>	<u>\$ 302,300</u>

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

Accumulated plan benefits changed during the Plan year ended November 30, 2010 as a result of the following:

	Year Ended November 30, 2010
	(In thousands)
Actuarial value of accumulated plan benefits as of beginning of year	\$302,300
Interest, due to decrease in discount period	23,215
Benefits accumulated (including plan experience)	6,417
Actuarial (gains)/losses	3,370
Assumption changes	5,223
Pension benefits paid	(24,232)
Actuarial value of accumulated plan benefits as of end of year	<u>\$316,293</u>

(7) Plan Termination

Although the Corporation has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions set forth in ERISA. Upon termination of the Plan, each affected participant's accrued benefit as of the date of termination becomes fully vested to the extent funded. Under provisions of ERISA, if the Plan is terminated, the Corporation may be obligated to make termination payments to the Plan, and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation ("PBGC").

Refer to the Plan document for a detailed description of the order of allocation of Plan net assets among participants and beneficiaries of the Plan in the event of the termination of the Plan.

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 pensions. However, the PBGC does not guarantee all types of benefits 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. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees that is adjusted periodically. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(8) Federal Income Taxes

The Internal Revenue Service has issued a determination letter dated April 16, 2003 to the effect that the Plan is a qualified plan in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receipt of the determination letter. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC. The Plan administrator and the Plan's outside tax counsel believe that the Plan is properly designed to be in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. As of November 30, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for plan years prior to and including the year ended November 30, 2008.

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

(9) Related-Party Transactions

The Trustee of the Plan, Northern Trust Company, manages certain Plan investments. Therefore, transactions involving Northern Trust funds qualify as party-in-interest transactions. Fees paid by the Plan for administrative services to Northern Trust amounted to \$1.1 million for both the years ended November 30, 2011 and 2010, respectively. An incidental amount of the Master Trust's investments represent shares of Thomas & Betts Corporation common stock, which were acquired without specific directive of the Plan sponsor. The Master Trust held 4,000 shares of Thomas & Betts Corporation common stock at November 30, 2011 and 2010 valued at \$208,040 and \$177,800, respectively. This investment and transactions in this investment qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

(10) Subsequent Events

During December 2011, the Corporation made a contribution of \$24 million to the Plan. As discussed in Note 2, approximately \$10.1 million of this amount has been reflected as a required contribution and corresponding contribution receivable for the plan year ended November 30, 2011. The entire \$24 million contribution has been reflected in the 2011 Form 5500.

Plan management evaluated subsequent events through September 11, 2012, which is the date these Plan financial statements were available to be issued, and has concluded that other than the funding discussed above, there were no significant subsequent events requiring recognition or disclosure in these financial statements.

(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of employer contribution receivable per the financial statements to the Form 5500:

	Years Ended November 30,	
	2011	2010
	(In thousands)	
Employer contribution receivable per the financial statements	\$10,137	\$ —
Add: net contribution receivable recognized for Form 5500	13,863	—
Employer contribution receivable per Form 5500	<u>\$24,000</u>	<u>\$ —</u>

The following is a reconciliation of the Plan's interest in the net investment income (loss) of the Master Trust per the financial statements to the Form 5500:

	Years Ended November 30,	
	2011	2010
	(In thousands)	
Interest in net investment income (loss) of Master Trust per the financial statements	\$10,963	\$ 37,029
Deduct: administrative expenses reported at the Plan level	(2,938)	(3,144)
Interest in net investment income (loss) of Master Trust per Form 5500	<u>\$ 8,025</u>	<u>\$ 33,885</u>

The following is a reconciliation of the employer contribution per the financial statements to the Form 5500:

	Years Ended November 30,	
	2011	2010
	(In thousands)	
Employer contribution per the financial statements	\$10,137	\$ 50,000
Add (deduct): net employer contribution recognized for Form 5500	13,863	(50,000)
Employer contribution per Form 5500	<u>\$24,000</u>	<u>\$ —</u>

THE THOMAS & BETTS PENSION PLAN
NOTES TO FINANCIAL STATEMENTS — (Continued)

The following is a reconciliation of administrative expenses per the financial statements to the Form 5500:

	Years Ended November 30,	
	2011	2010
	(In thousands)	
Administrative expenses per the financial statements.....	\$ 2,938	\$ 3,144
Deduct: administrative expenses reported at the Plan level	(2,938)	(3,144)
Administrative expenses per Form 5500.....	<u>\$ —</u>	<u>\$ —</u>

THE THOMAS & BETTS PENSION PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

November 30, 2011

<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	(In thousands)	
*Interest in the Thomas & Betts Corporation Master Retirement Trust	\$298,762	\$323,958

* Represents a party-in-interest to the Plan.

See accompanying independent auditors' report.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
EIN/PN	22-1326940/001
Plan Name	Thomas & Betts Pension Plan
Valuation Date	December 1, 2010
Enrolled Actuary	Jonathan M. Williams
Enrollment Number	11-07625

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

▶ 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 Thomas & Betts Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Thomas & Betts Corporation	D Employer Identification Number (EIN) 22-1326940	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	340,547,518	
b Actuarial value.....	2b	340,547,518	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	5,066	195,747,690
b For terminated vested participants	3b	3,378	80,060,753
c For active participants:			
(1) Non-vested benefits.....	3c(1)		3,818,817
(2) Vested benefits.....	3c(2)		93,057,815
(3) Total active	3c(3)	2,539	96,876,632
d Total.....	3d	10,983	372,685,075
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.29 %	
6 Target normal cost.....	6	1,743,379	

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	<div style="font-size: 2em; font-family: cursive;">JMW</div> Signature of actuary Jonathan M. Williams Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	<div style="font-size: 1.5em;">9/13/12</div> Date 11-07625 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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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 (Item 13 from prior year)	39,335,577	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	9,027,263	0
9 Amount remaining (Item 7 minus item 8)	30,308,314	0
10 Interest on item 9 using prior year's actual return of <u>10.95%</u>	3,318,760	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.63%</u>		0
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		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	33,627,074	0

Part III Funding percentages

14 Funding target attainment percentage	14	82.35 %
15 Adjusted funding target attainment percentage	15	82.35 %
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	95.57 %
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
12/14/2011	24,000,000				
Totals ▶			18(b)	24,000,000	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 contribution from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 22,530,050

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 60
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) 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 contribution for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....			30 0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions).....			31 1,743,379
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	50,857,228	8,393,293	
	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 0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....			34 10,136,672
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	6,552,011	0	6,552,011
36 Additional cash requirement (item 34 minus item 35).....			36 3,584,661
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....			37 22,530,050
38 Interest-adjusted excess contributions for current year (see instructions).....			38 18,945,389
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....			39 0
40 Unpaid minimum required contribution for all years			40 0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 1, 2010

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
50	5.00%	5.00%	2.5000
51	5.00%	4.75%	2.4225
52	5.00%	4.51%	2.3465
53	5.00%	4.29%	2.2720
54	5.00%	4.07%	2.1992
55	5.00%	3.87%	2.1279
56	5.00%	3.68%	2.0583
57	5.00%	3.49%	1.9903
58	5.00%	3.32%	1.9239
59	5.00%	3.15%	1.8592
60	10.00%	5.99%	3.5924
61	5.00%	2.69%	1.6435
62	25.00%	12.80%	7.9348
63	10.00%	3.84%	2.4188
64	10.00%	3.46%	2.2115
65	100.00%	31.10%	20.2144

Retirement Age =====>

60

Plan Name:	Thomas & Betts Pension Plan
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Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Pension Plan

EIN/PN

22-1326940/001

Discount Rates

Current plan year PPA effective interest rate: 6.29%

Prior plan year PPA effective interest rate: 6.63%

3-Segment Rates

Applicable month: August

Transition election: No

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant in the plan.

Plan-related Expenses

The amount included this year for plan-related expenses is \$864,650.

Mortality

The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

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SCHEDULE SB ATTACHMENTS

Retirement

All terminated vested participants are assumed to commence at age 65. However, terminated vested participants at YSD Industries, Inc. with 15 or more years of vesting service are assumed to commence benefit at age 62.

Employees at the Lamson Carlon locations are assumed to retire at age 65. The rates at which all other employees are assumed to retire are shown below:

Percentage retiring during the year	
Age	Percentage
50 - 59	5%
60	10%
61	5%
62	25%
63	10%
64	10%
65 and older	100%

Disability Rates

The rates at which participants from the Elastimold Division and the former Lamson Salaried Plan become disabled by age and gender are shown below. There is no disability assumption for other participants.

Percentage becoming disabled during the year		
Age	Males	Females
20	0.03 %	0.03%
25	0.03	0.03
30	0.03	0.04
35	0.04	0.07
40	0.08	0.13
45	0.16	0.24
50	0.33	0.40
55	0.69	0.64
60	1.15	0.90
65 and later	0.00	0.00

Compensation Increases

None

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SCHEDULE SB ATTACHMENTS

Future Increases in Social Security

Not Applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates (not due to Disability, Retirement or Mortality)

Percentage leaving during the year			
Attained Age	<=1 Year of Service	2 Years of Service	3 or More Years of Service
20	47.97%	33.84%	23.45%
25	39.00	27.19	18.81
30	30.03	20.54	14.18
35	11.32	11.32	11.32
40	8.46	8.46	8.46
45	6.87	6.87	6.87
50	5.30	5.30	5.30
51 and later	0.00	0.00	0.00

Form of Payment

The form of payment assumed is shown below:

Form of Payment Assumed for Current Employees		
Group	Single Employees	Married Employees
Former Lamson Salaried Plan	Single Life Annuity	100% Joint & Survivor Annuity
All other participants	10 Year Certain & Life Annuity	10 Year Certain & Life Annuity

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be three years older than female spouses.

Plan Name:	Thomas & Betts Pension Plan
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SCHEDULE SB ATTACHMENTS

Employees

It was assumed there will be no new or rehired employees.

Asset Method

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2009 plan year, discounted using the effective interest rate for the 2009 plan year.

Participant Data

Participant data were supplied by the plan administrator as of December 1, 2010. Data for former Lamson & Sessions participants were supplied by CHAMPS via electronic files and data for all other participants were supplied by Hewitt Associates.

Tax Policy

The actuarial valuation performed for the plan year ending November 30, 2011 is used to determine the maximum deductible contribution for the tax year ending December 31, 2011.

Benefits not Included in Valuation

We believe all significant Plan provisions are reflected in this valuation.

Plan Name:	Thomas & Betts Pension Plan
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Plan Sponsor:	Thomas & Betts Corporation
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SCHEDULE SB ATTACHMENTS

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Changes in Assumptions and Methods Since Last Actuarial Valuation

The asset method has been changed from a smoothed 2-year asset value (with three points) to the market value of assets.

Plan Name:	Thomas & Betts Pension Plan
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Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V - Summary of Principal Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Pension Plan

EIN/PN

22-1326940/001

Structures

The following represent the various distinct structures of the Plan.

- Part A contains the main provisions for the Thomas & Betts Pension Plan and the provisions are detailed below in the Part A section.
- Part B contains the provisions for hourly participants of the Elastimold Division prior to February 1, 2005. The benefits for these participants for service on or after February 1, 2005 are based on Part A. The accrued benefits prior to February 1, 2005 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.
- Part C contains the provisions of the pension plan formerly known as the Amerace Corporation Merged Pension Plan prior to March 1, 1996. The benefits for these participants for service on or after March 1, 1996 are based on Part A of the plan. The accrued benefits prior to March 1, 1996 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid).
- Part D contains the provisions of the pension plan formerly known as the Augat Inc. Retirement Plan prior to December 1, 1997. The benefits for these participants for service on or after December 1, 1997 are based on Part A. The accrued benefits prior to December 1, 1997 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.

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- Part E contains provisions of the former Lamson & Sessions Co. Salaried Employees' Retirement Plan, which was merged into the plan December 1, 2008 and still has employees accruing benefits under the Lamson Salaried Plan formula and provisions until December 31, 2010. The provisions for this plan are described in the Previously Accrued Benefit section.
- Parts F and G contain provisions of The Combined Carlon Hourly, Valley-Todeco Hourly, Combined YSD and Zimmer Hourly Retirement Plan that were merged into the plan December 1, 2008, but participants from this plan had their accruals frozen prior to the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).
- Part F contains The Lamson & Sessions Co. Combined Midland Steel Retirement Plan, which was merged into the plan December 1, 2008, but this plan contains only frozen benefits as of the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).

Plan Year

The twelve-month period ending November 30.

PROVISIONS FOR PARTICIPANTS WITH PREVIOUSLY ACCRUED BENEFITS (PART B, PART C, PART D, PART F AND PART G)

Early Retirement Eligibility

Participants who are still active but are now accruing under Part A or the Lamson Salaried Plan are eligible to retire as outlined below:

Group	Early Retirement Eligibility
T&B Part B - Elastimold	Age 55 with 10 years of Vesting Service
T&B Part C – Amerace	N/A – No current employees with Part C benefit
T&B Part D – Augat	Age 55 with 20 years of Vesting Service or Age 60 with 10 years of Vesting Service
Lamson Carlon (Part F and G)	Age 60 with 5 years of Vesting Service
Lamson Midland (Part F)	N/A – No current employees with Midland benefit

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Early Retirement Benefit

T&B Part B – Elastimold: the frozen monthly accrued benefit as of February 1, 2005 reduced by 0.4167% for each month by which commencement of benefits precedes normal retirement date.

T&B Part D – Augat: the frozen monthly accrued benefit as of December 1, 1997 reduced by 0.25% for each month by which commencement of benefits precedes normal retirement date.

Lamson Carlon (Parts F and G): the monthly accrued benefit actuarially reduced to commencement date.

Elastimold Disability

Part B unreduced benefits are available on the 1st day of the 7th month following Total and Permanent Disability for participants with 15 years of continuous services (or 10 years for Hackettstown employees) and approval for Social Security Disability Benefits.

Form of Payment

The benefit is payable on a single life basis.

Former Hourly Elastimold (Part B) participants are eligible to receive their entire benefit as a lump sum.

THOMAS & BETTS PENSION PLAN PARTICIPANTS (PART A)

Effective Date and Most Recent Amendment

The plan was originally effective December 16, 1941. The merger of three Lamson & Sessions pension plans was effective December 1, 2008, and the last amendment adopted in December 2010 provides vesting to participants affected by the sale to Belden, Inc.

Coverage and Participation

All salaried and non-union hourly employees with one year of service who were hired prior to January 1, 2008.

Credited Service

One year of Credited Service is earned for each calendar year in which the participant completes 1,000 or more hours of service. Partial years of Credited Service are granted when the participant works less than 1,000 hours in the year of termination only. No credited service will be earned after December 31, 2010.

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Vesting Service

One year of service is credited for each calendar year during which the participant works at least 1,000 hours.

Compensation (Prior to December 31, 2010)

Base pay plus Section 401(k) and Section 125 contributions plus 60% of the following items:

- Sales commissions;
- Executive Profit Sharing bonuses; and
- Management Incentive Plan bonuses.

Deferrals under the Supplemental Executive Investment Plan are excluded.

Average Monthly Compensation

An average of the highest consecutive 60 months of compensation during the last 120 months. If the employee has less than 60 consecutive months of compensation, the average will be computed over the number of consecutive months. Average Monthly Compensation has been frozen on December 31, 2010.

Normal Retirement Benefit

Normal Retirement Date: Age 65 with 5 years of participation.

Benefit Formula: Monthly benefit, to be frozen on December 31, 2010, equal to the greater of:

- A. \$10 per year of Credited Service; and
- B. 1.50% of Average Monthly Compensation multiplied by years of Credited Service (up to a maximum of 35 years) less 50% of the primary Social Security benefit (proportionately reduced for less than 35 years of Credited Service).

No future accruals will occur after December 31, 2010.

Participants with a FL Industries frozen benefit receive such benefit in addition to the amount described above for service under the Part A formula.

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Early Retirement Benefit

Eligibility: Age 55 with 5 years of Credited Service for those who commenced employment after November 30, 1997. Age 50 with 5 years of Credited Service for those who commenced employment prior to December 1, 1997 at a non-Augat location.

Benefit: Monthly benefit equal to the monthly accrued benefit from calculated above, reduced by 0.3% for each month by which commencement of benefits precedes normal retirement date.

For participants who terminated prior to retirement eligibility, the benefit accrued after November 30, 1997 is actuarially reduced for Early Retirement using 7.0% interest and the UP84 mortality table. The benefit accrued prior to December 1, 1997 is reduced 0.3% per month by which commencement of benefit precedes normal retirement date.

FL Industries participants have frozen accrued benefits as of December 31, 1990 reduced by 0.4167% for each month by which commencement of benefits precedes normal retirement date.

Disability Benefit

Eligibility: 5 years of Vesting Service.

Benefit: The monthly accrued Normal Retirement or Early Retirement benefit assuming the employee continued in active service at the same rate of compensation as of the date of disability. No additional service will accrue after December 31, 2010.

Vested Benefits upon Termination of Service

Vesting: 5 years of Vesting Service.

Termination Benefit: The monthly accrued benefit as of the date of termination with payments beginning at age 65.

Death Benefits for Participants in Active Service

Eligibility: Death with vested benefit and eligible spouse.

Benefit: The eligible spouse will be entitled to a monthly lifetime pension equal to 100% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 100% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.

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Valuation Date:	December 1, 2010

SCHEDULE SB ATTACHMENTS

Normal Form of Payment

The normal form of payment for single participants is a 10 year certain and life annuity. The normal form of payment for married participants is an actuarially reduced 100% joint & survivor annuity with a 10 year period certain.

Optional Forms of Retirement Income in Lieu of Normal Form

A participant may elect one of the following forms of payment of equivalent value:

- Life Annuity
- Joint and Survivor Annuity (66 2/3%, 75% and 100%) with a 10 year Period Certain
- Period Certain and Life Benefit (5 years, 10 years and 15 years)
- 10 year Period Certain Benefit
- Lump Sum (if under \$10,000)

Changes in Plan Provisions since Last Actuarial Valuation

None.

THE LAMSON & SESSIONS CO. SALARIED EMPLOYEES' RETIREMENT PLAN (Part E)

Effective Date and Most Recent Amendment

The plan was originally effective October 1, 1984 and was merged into this plan effective December 1, 2008. The last amendment reflected herein is to freeze the plan effective December 31, 2010.

Coverage and Participation

All salaried employees of Lamson & Sessions Company hired prior to January 1, 2003.

Credited Service

Credited Service is the elapsed time in covered employment from most recent date of hire plus any prior periods of reinstated service. No additional credited service will be earned after December 31, 2010.

Vesting Service

Vesting Service is the elapsed time from most recent date of hire plus any periods of reinstated service.

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Valuation Date:	December 1, 2010

SCHEDULE SB ATTACHMENTS

Final Average Compensation

Average of compensation during five highest consecutive years out of the last ten. Final Average Compensation has been frozen on December 31, 2010.

Normal Retirement Benefit

Eligibility: Age 65.

Benefit: A monthly benefit, to be frozen on December 31, 2010, if paid on a straight-life basis equal to 50% of Final average monthly compensation less 50% of Primary Insurance Amount (PIA), reduced proportionately if Credited Service is under 30 years.

The benefit payable from this Plan is reduced by any insured benefit payable under the terms of the former Salaried Employees' Retirement Plan which was terminated on September 30, 1984.

No future benefit accruals will occur after December 31, 2010.

Accrued Benefits

The benefit determined as of a given date of determination using the compensation history and service to date reduced proportionally if Credited Service is under 30 years. It is an amount payable at Normal Retirement Date on a straight-life basis.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: The pension is equal to either:

- (i) a deferred pension payable at age 65 equal to the accrued normal retirement pension (using Credited Service and average monthly compensation at time of early retirement and assuming the employee continued to receive compensation until age 65 at the same rate as on his retirement date to calculate his PIA) or
- (ii) for employees with less than 30 years of service an immediate pension equal to (i) but further reduced by 3% per year for the first 5 years and 7% per year in excess of 5 years, that early retirement precedes normal retirement or
- (iii) for employees with 30 or more years of service an immediate pension equal to (i) but further reduced by 8% for the first year and 7% per year for each additional year that early retirement precedes age 62.

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SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: On total and permanent disability prior to age 65.

Benefit: The normal retirement pension payable at age 65, or if the employee has 10 years of vesting service, he may elect an early retirement pension at or after age 55. The pension is based on credited service earned before and during disability (for those disabled before December 31, 2010) and average monthly compensation at time of disability. No future accruals will occur after December 31, 2010.

Vested Benefits Upon Termination of Service

Vesting: Any age and 5 years of Vesting Service.

Termination Benefit: The accrued normal retirement pension payable at age 65 or, alternatively for an employee who has completed 10 years of Vesting Service, an actuarially reduced pension payable as early as age 55.

Death Benefits for Participants in Active Service

Eligibility: On death of an employee after completion of 5 years of Vesting Service or on death of a vested former employee.

Benefit: The surviving spouse will receive the benefit which would have been paid if the employee had terminated on the day of his death if not yet terminated, survived to his earliest possible retirement age, retired, elected a 50% Joint and Survivor option and then died.

Optional Forms of Retirement Income in Lieu of Normal Form

An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid:

- (i) on an actuarially reduced 50% or 75% Joint and Survivor basis, if the employee has been married to his current spouse for at least one year; or
- (ii) on a straight-life basis otherwise.

Subsidized Spouse's Annuity Form – A married participant who is eligible for Normal, Early or Disability retirement may elect this form of benefit. This form of payment provides benefits on a 100% Joint and Survivor Basis, but using factors that are approximately half an actuarial reduction.

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SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions since Last Actuarial Valuation

None.

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Schedule SB, Line 25 – Change in Method

The asset method has been changed from a smoothed 2-year asset value (with three points) to the market value of assets.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2010

Attained Age	Years of Credited Service																			
	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	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		23	33,420	6		0		0		0		0		0		0		0	
25 - 29	0		48	33,285	58	38,938	5		0		0		0		0		0		0	
30 - 34	0		39	42,180	94	39,118	51	38,575	2		0		0		0		0		0	
35 - 39	0		38	47,095	107	46,312	91	50,560	47	36,279	3		0		0		0		0	
40 - 44	0		40	43,031	120	50,897	98	64,435	82	49,124	17		0		0		0		0	
45 - 49	1		47	49,598	137	49,535	96	61,053	79	47,615	42	67,258	8		1		0		0	
50 - 54	0		40	44,041	143	47,090	88	65,506	81	64,393	46	68,111	14		21	15,837	2		0	
55 - 59	0		19		118	46,346	68	58,738	80	55,104	36	67,687	8		12		28	64,846	1	
60 - 64	0		11		60	44,551	50	66,487	56	51,851	33	63,466	9		17		26	65,057	12	
65 - 69	0		0		15		18		15		5		0		4		2		2	
70 & Over	0		1		3		9		4		0		1		0		0		1	

Plan Name: Thomas & Betts Pension Plan
 EIN / PN: 22-1326940 / 001
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases as of December 1, 2010

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	12/01/2010	50,857,228	7	50,857,228	8,393,293
Total				50,857,228	8,393,293

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2010

**Notice to Terminated Enrolled Actuary
Thomas & Betts Pension Plan**

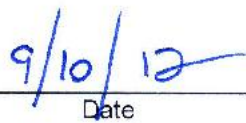
I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning Chad M. Greenwalt's termination reported on the Schedule C (Form 5500) attached to the 2010 Annual Return/Report Form 5500 for the Thomas & Betts Pension Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 22-1326940, and in line 1b by the three-digit PN 001.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and should be submitted to: Office of Enforcement, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

For the year 2010 Form 5500 filings, the prior actuary, Chad M. Greenwalt (enrollment number 11-07020), was changed due to an internal reassignment affecting Mr. Greenwalt. He has been replaced by Jonathan M. Williams (enrollment number 11-07625).



Plan Administrator



Date