

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), 6057(b), 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: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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 AND BETTS CORPORATION EMPLOYEES' INVESTMENT 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>008</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>008</u>	1c Effective date of plan <u>07/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>008</u>				
1c Effective date of plan <u>07/01/1984</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THOMAS AND BETTS CORPORATION</u> <u>8155 T AND B BOULEVARD</u> <u>MEMPHIS, TN 38125-0000</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>	
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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. Signature of plan administrator	09/06/2013 Date	DAVID ALYEA Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	09/06/2013 Date	DAVID ALYEA Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
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:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5 5183
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 4421
b Retired or separated participants receiving benefits.....		6b 45
c Other retired or separated participants entitled to future benefits.....		6c 1069
d Subtotal. Add lines 6a , 6b , and 6c		6d 5535
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 4
f Total. Add lines 6d and 6e		6f 5539
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 5493
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 449
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>THOMAS AND BETTS CORPORATION EMPLOYEES' INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS AND BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 37 52	NONE	134151	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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 ☐

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
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(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:	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:

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

Explanation:

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
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (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>	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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan THOMAS AND BETTS CORPORATION EMPLOYEES' INVESTMENT PLAN	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 THOMAS AND 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)		
(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)	5535365	6301132
(9) Value of interest in common/collective trusts.....	1c(9)	43287588	45470755
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	174203905	219091215
(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)	16567864	0
(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	239594722	270863102

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	239594722	270863102
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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)	16155210	
(B) Participants	2a(1)(B)	11788006	
(C) Others (including rollovers)	2a(1)(C)	1139961	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29083177

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)	247592	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		247592

(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)	5333820	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5333820

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22887653	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17659711	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5227942

(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1043962
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		20506779
c Other income.....	2c		134927
d Total income. Add all income amounts in column (b) and enter total.....	2d		61578199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30141502	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	61243	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		30202745
f Corrective distributions (see instructions)	2f		2276
g Certain deemed distributions of participant loans (see instructions).....	2g		6017
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)	98781	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		98781
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		30309819

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		31268380
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>THOMAS AND BETTS CORPORATION EMPLOYEES' INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS AND 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
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>23-2186884</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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



KPMG LLP
Suite 900
50 North Front Street
Memphis, TN 38103-1194
Independent Auditors' Report

The Retirement Plans Committee of Thomas & Betts Corporation
Thomas & Betts Corporation Employees' Investment Plan:

We were engaged to audit the accompanying financial statements of the Thomas & Betts Corporation Employees' Investment Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 in Note 4 to the financial statements, which was certified by Vanguard Fiduciary 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 a certification from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 5, 2013



**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

Financial Statements and Schedule

December 31, 2012 and 2011

(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
Thomas & Betts Corporation Employees' Investment Plan:

We were engaged to audit the accompanying financial statements of the Thomas & Betts Corporation Employees' Investment Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 in Note 4 to the financial statements, which was certified by Vanguard Fiduciary 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 a certification from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 5, 2013

THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2012</u>	<u>2011</u>
	(In thousands)	
PLAN ASSETS		
Investments at fair value:		
Mutual funds.....	\$ 219,091	\$ 174,204
Collective trust fund	47,823	45,379
Thomas & Betts Corporation stock fund	<u>—</u>	<u>16,568</u>
Total investments at fair value	<u>266,914</u>	<u>236,151</u>
Receivables:		
Notes receivable from participants	<u>6,301</u>	<u>5,536</u>
Total receivables	<u>6,301</u>	<u>5,536</u>
Net assets available for benefits before adjustment.....	273,215	241,687
Adjustment from fair value to contract value for fully benefit-responsive investment contracts.....	<u>(2,352)</u>	<u>(2,092)</u>
NET ASSETS AVAILABLE FOR BENEFITS.....	<u>\$ 270,863</u>	<u>\$ 239,595</u>

See accompanying notes to financial statements.

THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2012
	(In thousands)
Investment income:	
Interest and dividends.....	\$ 6,378
Net appreciation (depreciation) in fair value of investments.....	25,735
Total investment income	<u>32,113</u>
Interest income on notes receivable from participants	247
Contributions:	
Participants.....	12,928
Employer	16,159
Total contributions	<u>29,087</u>
Total additions.....	<u>61,447</u>
Administrative expenses	(101)
Withdrawals	<u>(30,078)</u>
Total reductions.....	<u>(30,179)</u>
Net increase.....	31,268
Net assets available for benefits:	
Beginning of year.....	<u>239,595</u>
End of year	<u>\$ 270,863</u>

See accompanying notes to financial statements.

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 1: Plan Description

The Board of Directors of Thomas & Betts Corporation (the "Corporation") adopted the Thomas & Betts Corporation Employees' Investment Plan (the "Plan") effective July 1, 1984. The participants in the Plan are eligible employees of the Corporation and its participating subsidiaries. Eligibility, participation, enrollment, contributions, vesting, forfeitures, loans, withdrawals, distributions, and other Plan provisions are described in detail in the Plan document.

Events Affecting the Corporation and the Plan

The Corporation was acquired by ABB, Ltd. on May 16, 2012. At the effective time of the merger, each outstanding share of common stock of the Plan Sponsor (the "Corporation") was converted into the right to receive \$72.00 in cash. As a result of the merger, the outstanding shares held within the Thomas & Betts Corporation stock fund were liquidated and reallocated to each participant's appropriate Life Cycle fund based on each participant's holdings.

On December 31, 2011, the Athens and Mercer Hourly 401(k) Plans were merged into the Plan, and the net asset balances of the Athens and Mercer 401(k) Plans of \$1.8 million and \$0.6 million, respectively, were transferred into the Plan.

Contributions by Participants and Employer

An eligible covered employee may elect to authorize before-tax contributions in an amount equal to up to 30% of their compensation in each payroll period subject to certain limitations; however, highly compensated employees ("HCEs"), as defined, are generally limited to before-tax contributions of 5% of their compensation in each payroll period.

New or rehired employees who have not made a voluntary deferral election will be automatically enrolled in the Plan. As part of automatic enrollment, the participant shall be deemed to have made a before-tax deferral election of 3% of compensation beginning with the first payroll period ending on or after the 60th day of employment. The deemed election may be changed or revoked by the covered employee at any time subsequent to automatic enrollment.

In general, for eligible covered employees, the Corporation matches 75% of a participant's before-tax contributions up to 3% of compensation and 50% of the amount of a participant's before-tax contributions over 3% and up to 5% of compensation, subject to regulatory limitations ("the general employer match").

Effective January 1, 2013, bargaining employees at the Mercer, PA facility will also receive a match of 75% of their before-tax contributions up to 3% of compensation and 50% of the amount of their before-tax contributions over 3% and up to 5% of compensation. During 2012, bargaining employees at this location received a match of 30% of their before-tax contributions up to 5% of compensation.

Bargaining employees formerly of Power Solutions ("PS") and Joslyn Hi-Voltage ("JHV") receive a match of 50% of their before-tax contributions up to 6% of compensation.

A participant who has attained age 50 before the end of a Plan year may also elect to make before-tax catch-up contributions. The Corporation does not make matching contributions with respect to any catch-up contributions.

Nonelective Contributions by Employer

Generally, non-bargained employees of the Corporation who are eligible to participate in the Plan will receive a nonelective employer contribution equal to 3% of compensation ("3% nonelective contribution") and an additional 2% of compensation in excess of the Social Security Taxable Wage Base in effect at the beginning of the calendar year.

During the second quarter of 2012, the Corporation and the union representing collectively bargained employees at its Mercer, PA facility approved a plan to discontinue the future accrual of benefits for participants in the Corporation's pension plan covering bargained employees at the Mercer facility (Part D of "The Thomas & Betts Pension Plan For Bargaining Unit Employees") after December 31, 2012. Part C of the Plan covering bargained employees at the Mercer facility was amended to provide a nonelective employer contribution of 2% to all eligible employees beginning January 1, 2013. In addition, the amendment provides certain employees an additional employer contribution ("transition benefit") during 2013 and 2014.

During the second quarter of 2011, the Corporation and the union representing collectively bargained employees at its Athens, TN facility approved a plan to discontinue the future accrual of benefits for participants in the Corporation's pension plan covering bargained employees at the Athens facility (Part C of "The Thomas & Betts Pension Plan For Bargaining Unit Employees") after December 31, 2011. Part B of the Plan covering bargained employees at the Athens facility was amended to provide a nonelective employer contribution equal to 2% of compensation to all eligible employees beginning January 1, 2012. In addition, the amendment provides certain employees an additional employer contribution ("transition benefit") during 2012 and 2013.

THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

During the fourth quarter of 2009, the Board of Directors of the Corporation approved a plan to discontinue the future accrual of benefits for participants in one of the Corporation's major domestic pension plans ("The Thomas & Betts Pension Plan") after December 31, 2010. The Plan was amended to provide a nonelective employer contribution equal to 3% of compensation ("3% nonelective contribution") and an additional 2% of compensation in excess of the Social Security Taxable Wage Base in effect at the beginning of the calendar year to all eligible employees beginning January 1, 2011. In addition, the Plan amendment provided certain employees an additional employer contribution ("transition benefit") during 2011 and 2012.

Participant Accounts

Each participant's separate account is credited with the participant's and employer contributions, allocations of earnings (loss) on the account, and allocations of administrative expenses. Allocations of earnings (loss) and expenses are based upon the market activity and fees of the investment options selected by the participant.

Vesting

A participant vests in employer contributions at the end of each year starting with the second year of vesting service, at the rate of 25% each year (fully vested after five years). A participant in the Plan whose employment terminates for any reason before his or her death, attainment of age 60, or total and permanent disability is entitled to receive the vested portion of his or her employer contribution account, adjusted for Plan earnings or losses thereon. A participant is entitled to receive 100% of the participant's own contributions, adjusted for Plan earnings or losses thereon.

Forfeitures

Employees of certain entities acquired by the Corporation have a 100% non-forfeitable right to the amounts in their accounts attributable to transferred contributions from the acquired entity's plan and, in certain cases, to the amount in their former employer contribution accounts.

Under the provisions of the Plan, unvested employer contributions are subject to forfeiture at the time a participant has a severance of employment. Unallocated forfeitures are invested in the Vanguard Prime Money Market Fund and such forfeitures and related earnings, if any, can reduce future employer contributions. Forfeitures used to offset employer contributions totaled \$0.8 million during the plan year ended December 31, 2012. The Plan held unallocated forfeitures of \$0.6 million and \$0.7 million at December 31, 2012 and 2011, respectively.

Investment Elections

Generally, each participant may direct contributions in any one or more of 24 funds. Each participant may change the amount and allocation of his or her contribution or reallocate existing balances among funds by notifying The Vanguard Group, Inc., the Plan's record keeper, on any business day. The appropriate Vanguard Target Retirement Fund is the default investment for participants who fail to make an investment election for contributions.

Participant Loans

The Plan permits active participants with vested accrued benefits, excluding nonelective employer contributions, of at least \$2 thousand to borrow directly from their account. Participants may borrow a minimum of \$1 thousand, up to a maximum of the lesser of \$50 thousand or 50% of their vested accrued benefit, after excluding nonelective employer contributions, for a period of up to 5 years. Participants may not have more than one outstanding loan at any time. The interest rate charged is generally one percentage point greater than the prime rate on the first business day of the month in which the loan is granted. This rate does not change for the life of the loan. Loan repayments credited to a particular account of a participant are reinvested in proportion to the participant's most recent investment directive. Participant loans are recorded at amortized cost and are presented as "Notes receivable from participants" on the statements of net assets available for benefits. There were 1,117 participants with loans outstanding as of December 31, 2012.

The Plan has outstanding loans with maturity dates in excess of 5 years as a result of two plan mergers into the Plan during 2008. After the Corporation acquired Homac Mfg. Company ("Homac") in January 2008, the Homac Mfg. Company Profit Sharing Retirement Plan (the "Homac Plan") was merged into the Plan in July 2008. The Lamson & Sessions Co. Deferred Savings Plan was merged into the Plan in December 2008, after the Corporation acquired The Lamson & Sessions Co. ("LMS") in November 2007. Participant loans outstanding in the Homac Plan and the LMS Plan on the date of the respective plan merger will continue to be subject to the loan provisions of those plans. The Homac Plan allowed loans for a period up to 10 years and the LMS Plan allowed loans for a period up to 15 years for purchase of a primary residence.

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

NOTES TO FINANCIAL STATEMENTS – (Continued)

Distributions of Benefits and Withdrawals

An employee who terminates employment for any reason other than death may elect to have his vested balance exceeding \$5 thousand distributed as a lump sum or in installments. A lump sum distribution is required if the vested balance is \$5 thousand or less. In-service distributions and hardship withdrawals are made in accordance with applicable Plan provisions.

Note 2: Accounting Policies

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 ("GAAP"), except for benefits which are recorded when paid.

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.

Payments of Benefits

Benefits are recorded when paid.

Adoption of New Accounting Standard

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (IFRS's)*. ASU 2011-04 includes common requirements for measurement of and disclosure about fair value between U.S. GAAP and IFRS. ASU 2011-04 requires reporting entities to disclose the following information for fair value measurements categorized within Level 3 of the fair value hierarchy: quantitative information about the unobservable inputs used in the fair value measurement, the valuation processes used by the reporting entity and a narrative description of the sensitivity of the fair value measurements to changes in unobservable inputs and the interrelationships between those unobservable inputs. In addition, ASU 2011-04 requires reporting entities to make disclosures about amounts and reasons for all transfers in and out of Level 1 and Level 2 fair value measurements. The new and revised disclosures are effective for interim and annual reporting periods beginning after December 15, 2011. The adoption in 2012 did not materially affect the Plan's financial statements or disclosures.

Note 3: Financial Information Certified by Trustee

For 2012, 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 a certification from the trustee of the Plan, Vanguard Fiduciary Trust Company, that all 2012 information relating to the Plan's investments and related investment income is complete and accurate. Information as to the value of the investments in the trust fund managed by the trustee, investment income, and all information in the supplemental schedule is presented in reliance solely upon those certifications.

Note 4: Fair Value Measurements

The Plan 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 a company to develop its own valuation assumptions.

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

NOTES TO FINANCIAL STATEMENTS – (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

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)			
Mutual funds:				
Domestic Equity.....	\$ 81,312	\$ —	\$ —	\$ 81,312
International Equity.....	13,273	—	—	13,273
Life Cycle/Target Date.....	71,782	—	—	71,782
Balanced.....	31,769	—	—	31,769
Fixed Income.....	20,343	—	—	20,343
Money Market.....	612	—	—	612
Collective trust fund.....	—	47,823	—	47,823
Total investments at fair value.....	<u>\$ 219,091</u>	<u>\$ 47,823</u>	<u>\$ —</u>	<u>\$266,914</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 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)			
Mutual funds:				
Domestic Equity	\$ 72,630	\$ —	\$ —	\$ 72,630
International Equity	11,775	—	—	11,775
Life Cycle/Target Date	41,518	—	—	41,518
Balanced	29,434	—	—	29,434
Fixed Income	18,104	—	—	18,104
Money Market	743	—	—	743
Collective trust fund	—	45,379	—	45,379
Thomas & Betts Corporation stock fund.....	16,568	—	—	16,568
Total investments at fair value	<u>\$190,772</u>	<u>\$ 45,379</u>	<u>\$ —</u>	<u>\$236,151</u>

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

Mutual funds: Fair value represents the net asset value, based on quoted market prices in active markets, of units held by the Plan at year end.

Collective trust fund: The collective trust fund is valued at the net asset value per unit as determined by the collective trust as of the valuation date. The Plan has elected as a practical expedient to reflect the collective trust fund on the basis of net asset

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

NOTES TO FINANCIAL STATEMENTS – (Continued)

value. The underlying assets owned by the Vanguard Retirement Savings Trust consist primarily of guaranteed investment contracts. Fair value of guaranteed investment contracts reflects the present value of expected future cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issue.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Accordingly, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis. Participant benefits could be paid at less than contract value if (1) fair value is less than contract value, (2) there is an event or condition that is outside the normal operation of the plan (for example, a plan termination resulting from a change in control transaction affecting the plan sponsor), (3) plan participants are required to liquidate their investment balances in the guaranteed investment contracts as a result of the event or condition, and (4) the Corporation does not provide 12 months' notice to Vanguard. The Plan administrator does not believe it is probable that such a sequence of events will occur.

Thomas & Betts Corporation stock fund: The stock fund was an available investment option to the participants in the Plan until the Corporation was acquired on May 16, 2012, at which time the outstanding shares held within the stock fund were liquidated and reallocated to each participant's appropriate Life Cycle fund based on each participant's holdings. The stock fund invested primarily in Thomas & Betts Corporation common stock, which was traded on the New York Stock Exchange (NYSE) and was valued at its quoted market price at the daily close of the NYSE. A small portion of the fund was invested in short-term money market instruments. Refer to Note 1 for further discussion.

Note 5: Investments

The following table presents investments that represent 5% or more of the Plan's net assets at December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
	<u>(In Thousands)</u>	
<i>Investments at fair value:</i>		
Thomas & Betts Corporation Stock Fund.....	\$ —	\$ 16,568
Vanguard 500 Index Fund	31,475	28,785
Vanguard Wellington Fund	31,769	29,434
Vanguard Total Bond Market Index Fund.....	20,343	18,104
Vanguard Retirement Savings Trust*	47,823	45,379

* The contract value for the Vanguard Retirement Savings Trust was \$45.5 million and \$43.3 million as of December 31, 2012 and 2011, respectively.

During the year ended December 31, 2012, the Plan's investments, including investments bought and sold, as well as held, during the year, appreciated (depreciated), as follows:

	<u>2012</u>
	<u>(In Thousands)</u>
Mutual funds:	
Domestic Equity	\$ 10,209
International Equity	2,034
Life Cycle/Target Date	5,779
Balanced	2,344
Fixed Income	141
Thomas & Betts Corporation stock fund	5,228
Net appreciation in fair value of investments	<u>\$ 25,735</u>

Security transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. The cost of securities sold is based on the average cost of those securities.

THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

Note 6: Related-Party Transactions

The trustee of the Plan (Vanguard Fiduciary Trust Company) manages the Plan's investments. Therefore, transactions involving Vanguard funds qualify as party-in-interest transactions. Fees paid by the Plan for recordkeeping services amounted to \$0.1 million for the year ended December 31, 2012.

Note 7: Risks and Uncertainties

Investments of the Plan are 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, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan investments include collective trust funds that invest in securities with contractual cash flows, which may include asset-backed and mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, and may be adversely affected by shifts in the market's perception of the issuers of these securities and changes in interest rates.

Note 8: Termination

Although it has not expressed any intent to do so, the Board of Directors of the Corporation may terminate the Plan, in whole or in part, or permanently discontinue contributions thereunder for any reason at any time. In the case of such termination or permanent discontinuance of contributions thereunder, the participants become fully vested in their accounts, except to the extent the law or regulations may preclude such vesting in order to prevent discrimination in favor of highly compensated employees.

Note 9: Income Taxes

The Internal Revenue Service has issued a determination letter dated September 10, 2012, stating that the Plan is a qualified plan under Section 401(a) of the Internal Revenue Code, as amended, and the trust established under the Plan is exempt from income tax under Section 501(c) of the Internal Revenue Code. Since the date of this letter, the Corporation has made amendments to the Plan. 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. The Plan administrator believes that the Plan is currently being operated 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 December 31, 2012, 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 2009.

Note 10: Collective Trust Fund

Plan investment options include the Vanguard Retirement Savings Trust, which is a collective trust fund that invests primarily in fully benefit-responsive investment contracts. The underlying assets owned by the Vanguard Retirement Savings Trust consist primarily of guaranteed investment contracts. The interest crediting rate of the guaranteed investment contracts is calculated based upon many factors, including current economic and market conditions, the general interest rate environment, and purchases and redemptions by unit holders. There is no relationship between future crediting rates and the adjustment to contract value reported in the statements of net assets available for benefits. The interest crediting rate resets every quarter based on the performance of the underlying investment portfolio.

The average market yield of the Vanguard Retirement Savings Trust was 2.2% during 2012 and 3.1% during 2011. The actual interest crediting rate to the Vanguard Retirement Savings Trust participants was 1.8% during 2012 and 2.7% during 2011.

Note 11: Subsequent Event

The Plan evaluated subsequent events through September 5, 2013, which is the date the financial statements were available to be issued, and has concluded that there are no significant subsequent events requiring recognition or disclosure in these financial statements.

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

<u>Identity of Issue</u>	<u>Description</u>	<u>Current Value</u>
	(In thousands)	
Mutual Funds and Collective Trust Funds:		
*Vanguard 500 Index Fund.....	240 units	\$ 31,475
*Vanguard Wellington Fund.....	939 units	31,769
*Vanguard Total Bond Market Index Fund	1,834 units	20,343
*Vanguard International Growth Fund	689 units	13,273
*Vanguard U.S. Growth Fund.....	635 units	13,493
*Vanguard Windsor II Fund	294 units	8,639
*Vanguard PRIMECAP Fund.....	97 units	6,729
*Vanguard Explorer Fund.....	70 units	5,535
*Vanguard Extended Market Index Fund	160 units	7,318
*Vanguard Capital Opportunity Fund	155 units	5,228
*Vanguard Growth Index Fund.....	79 units	2,895
*Vanguard Prime Money Market Fund.....	612 units	612
*Vanguard Target Retirement 2010 Fund.....	148 units	3,561
*Vanguard Target Retirement 2015 Fund.....	766 units	10,247
*Vanguard Target Retirement 2020 Fund.....	487 units	11,599
*Vanguard Target Retirement 2025 Fund.....	792 units	10,758
*Vanguard Target Retirement 2030 Fund.....	330 units	7,714
*Vanguard Target Retirement 2035 Fund.....	550 units	7,746
*Vanguard Target Retirement 2040 Fund.....	214 units	4,963
*Vanguard Target Retirement 2045 Fund.....	272 units	3,955
*Vanguard Target Retirement 2050 Fund.....	84 units	1,931
*Vanguard Target Retirement 2055 Fund.....	16 units	386
*Vanguard Target Retirement 2060 Fund.....	1 unit	12
*Vanguard Target Retirement Income	731 units	8,910
*Vanguard Retirement Savings Trust	45,471 units	45,471**
Total Funds		264,562
*Participant loans, maturity dates ranging from January 2013 to June 2021, and interest rates ranging from 4.25% to 10.5%		6,301
Total		<u>\$ 270,863</u>

* Represents parties-in-interest with respect to the Plan.

** Valued at contract value as the underlying guaranteed investment contracts are fully benefit-responsive.

See accompanying independent auditors' report.

**THOMAS & BETTS CORPORATION
EMPLOYEES' INVESTMENT PLAN**

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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See accompanying independent auditors' report.