

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 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>ANIXTER INC. 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>010</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1973</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>36-2361285</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>224-521-8000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>423600</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>010</u>	1c Effective date of plan <u>08/01/1973</u>		2b Employer Identification Number (EIN) <u>36-2361285</u>		2c Sponsor's telephone number <u>224-521-8000</u>		2d Business code (see instructions) <u>423600</u>	
1b Three-digit plan number (PN) ▶	<u>010</u>										
1c Effective date of plan <u>08/01/1973</u>											
2b Employer Identification Number (EIN) <u>36-2361285</u>											
2c Sponsor's telephone number <u>224-521-8000</u>											
2d Business code (see instructions) <u>423600</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ANIXTER INC.</u> <u>2301 PATRIOT BLVD</u> <u>GLENVIEW, IL 60026-8020</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	10/14/2014 Date	BOB FRUEH Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
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 ANIXTER INC. 2301 PATRIOT BLVD GLENVIEW, IL 60026-8020		3b Administrator's EIN 36-2361285 3c Administrator's telephone number 224-521-8000
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 7289
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 4405
b Retired or separated participants receiving benefits		6b 786
c Other retired or separated participants entitled to future benefits		6c 1969
d Subtotal. Add lines 6a , 6b , and 6c		6d 7160
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 235
f Total. Add lines 6d and 6e		6f 7395
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 250
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: 1A 3H		
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) (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) ☐ 0 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 2013 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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>ANIXTER INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</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>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>183773537</u>
b Actuarial value	2b <u>183773537</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>997</u> <u>52815406</u>
b For terminated vested participants.....	3b <u>1874</u> <u>25509408</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>693151</u>
(2) Vested benefits	3c(2) <u>77526756</u>
(3) Total active.....	3c(3) <u>4418</u> <u>78219907</u>
d Total.....	3d <u>7289</u> <u>156544721</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.42</u> %
6 Target normal cost	6 <u>6115106</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>10/09/2014</u>
	Signature of actuary	Date
<u>CINDY FRATERIGO</u>	Type or print name of actuary	<u>14-06229</u>
		Most recent enrollment number
<u>PRICEWATERHOUSECOOPERS LLP</u>	Firm name	<u>312-298-4320</u>
		Telephone number (including area code)
<u>ONE NORTH WACKER</u> <u>CHICAGO, IL 60606</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) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.61</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		28928677
b Interest on (a) using prior year's effective interest rate of <u>5.60</u> % except as otherwise provided (see instructions)		1620006
c Total available at beginning of current plan year to add to prefunding balance		30548683
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	117.39 %
15 Adjusted funding target attainment percentage	15	117.39 %
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	82.32 %
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
04/15/2013	1529000	0	09/12/2014	2250000	0
07/15/2013	1529000	0			
10/15/2013	1529000	0			
01/15/2014	1529000	0			
04/22/2014	2250000	0			
07/16/2014	2250000	0			
			Totals ►	18(b)	12866000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12014774
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	6115106										
b Excess assets, if applicable, but not greater than line 31a	31b	6115106										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	12014774										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	12014774										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan ANIXTER INC. PENSION PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 ANIXTER INC.	D Employer Identification Number (EIN) 36-2361285	

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

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

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

(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 disclosures on eligible indirect compensation

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

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

MERCER

155 NORTH WACKER DRIVE
15TH FLOOR
CHICAGO, IL 60606

36-2336943

(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	RECORDKEEPER	895844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS HORSTMANN & BRYANT, INC

PARK 80 WEST/ PLAZA ONE
SADDLE BROOK, NE 07663

22-3508647

(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?
28 15 21	INVESTMENT MANAGEMENT	372977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ICAP

225 WEST WACKER, SUITE 2400
CHICAGO, IL 60606

03-0598064

(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?
28 21	INVESTMENT MANAGEMENT	344090	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)

NORTHERN TRUST COMPANY

50 S. LASALLE STREET
CHICAGO, IL 60603

35-1561860

(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?
28	INVESTMENT MANAGEMENT	313382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK

500 GRANT STREET SUITE 0625
PITTSBURGH, PA 15258

13-5160382

(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?
21	TRUSTEE	222304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS

PO BOX 75647
CHICAGO, IL 60675

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	ACTUARIAL	215075	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)

WASHINGTON, PITTMAN & MCKEEVER, LLC

819 S. WABASH AVENUE
SUITE 600
CHICAGO, IL 60605

36-4189747

(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?
10	AUDITOR	13800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOLENTURE, INC

TWO GATEWAY CENTER, SUITE 1600
603 STANWIX STREET
PITTSBURGH, PA 15222-1402

25-1614236

(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	CONSULTANT	12000	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

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
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) <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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ANIXTER INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</u>	

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
	(2) Participant contributions.....	1b(2)	8279000
	(3) Other.....	1b(3)	395124
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	7672475
	(2) U.S. Government securities	1c(2)	33920917
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other.....	1c(3)(B)	16805190
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common.....	1c(4)(B)	94566647
	(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)	30130941
	(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)	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
	(15) Other.....	1c(15)	302649
			10

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	183793943	222479355

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	20405	348845
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20405	348845

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	183773538	222130510
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12866000	
(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)		12866000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-1867	
(B) U.S. Government securities	2b(1)(B)	97036	
(C) Corporate debt instruments	2b(1)(C)	720560	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7675	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		823404
(2) Dividends: (A) Preferred stock	2b(2)(A)	998	
(B) Common stock	2b(2)(B)	1906032	
(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)		1907030
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	81488770	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	73691779	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7796991
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24128856	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		24128856

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		316
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		47522597

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6379554	
(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)		6379554
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)	134235	
(2) Contract administrator fees	2i(2)	990484	
(3) Investment advisory and management fees	2i(3)	1264753	
(4) Other	2i(4)	396599	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2786071
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9165625

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		38356972
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: **WASHINGTON, PITTMAN & MCKEEVER, LLC**

(2) EIN: **36-4189747**

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	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
4e	X		15000000
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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>ANIXTER INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</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>36-2361285</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>117</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)
----------------	--

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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: 51.0% Investment-Grade Debt: 28.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 21.0%

- 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):



Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

*Years ended December 31, 2013 and 2012
with Report of Independent Auditors*

**Employer Identification #36-2361285
Plan #010**

Anixter Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2013 and 2012

Contents

Report of Independent Auditors	1
 <i>Financial Statements:</i>	
Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2013 and 2012	4
Notes to Financial Statements	5
 <i>Supplemental Schedules:</i>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013	15
Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2013	21

WASHINGTON, PITTMAN & McKEEVER, LLC

*CERTIFIED PUBLIC ACCOUNTANTS AND
MANAGEMENT CONSULTANTS*

819 South Wabash Avenue
Suite 600
Chicago, Illinois 60605-2184

Ph. (312) 786-0330
Fax (312) 786-0323
www.wpmck.com

Report of Independent Auditors

The Board of Directors of Anixter Inc. and the
Trustees of the Anixter Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Anixter Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; 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 audits 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 3, which was certified by BNY Mellon Trust Company of Illinois, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules.

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 and for the years ended December 31 2013 and 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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2013, and schedule of reportable transactions for the year ended December 31, 2013, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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 schedules, 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.

Washington, Pittman & McKeever, LLC
WASHINGTON, PITTMAN & McKEEVER, LLC

Chicago, Illinois

October 10, 2014

Anixter Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2013	2012
Assets		
Investments, at fair value:		
Collective short term investment funds	\$ 7,991,809	\$ 7,672,475
Common collective trust	37,701,892	30,130,941
Common stock	121,118,697	94,566,647
Corporate bonds	14,044,462	16,805,190
Government bonds	32,895,002	33,920,917
State and local obligations	10	302,649
Total investments	<u>213,751,872</u>	<u>183,398,819</u>
Receivable for employer contributions	8,279,000	—
Receivable for securities sold	76,074	43,722
Accrued investment income	372,409	351,402
Total assets	<u>222,479,355</u>	<u>183,793,943</u>
Liabilities		
Payable for securities purchased	348,845	20,405
Net assets available for benefits	<u>\$ 222,130,510</u>	<u>\$ 183,773,538</u>

See accompanying notes to financial statements.

Anixter Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	December 31, 2013	2012
Additions		
Interest and dividend income	\$ 2,730,750	\$ 2,782,602
Net realized and unrealized appreciation in fair value of investments	31,925,847	19,159,007
Contributions from employer	12,866,000	44,623,000
Total additions	<u>47,522,597</u>	<u>66,564,609</u>
Deductions		
Benefit payments	6,379,554	40,803,731
Administrative fees	2,786,071	2,527,826
Total deductions	<u>9,165,625</u>	<u>43,331,557</u>
Net increase	38,356,972	23,233,052
Net assets available for benefits at beginning of year	183,773,538	160,540,486
Net assets available for benefits at end of year	<u>\$ 222,130,510</u>	<u>\$ 183,773,538</u>

See accompanying notes to financial statements.

Anixter Inc. Pension Plan

Notes to Financial Statements

Note 1. Description of Plan

General

The Anixter Inc. Pension Plan (the “Plan”) is a defined-benefit plan providing retirement benefits to substantially all non-union domestic employees of Anixter Inc., Anixter International Inc. and participating subsidiaries (collectively, the “Employer”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants should refer to the Summary Plan Description and Plan agreement for a complete description of the Plan’s provisions.

In the fourth quarter of 2012, the Employer took two actions related to the Plan that will reduce future expenses and contributions. First, the Employer offered a one-time lump sum payment option to terminated vested participants that resulted in \$34,000,000 of additional contributions by the Employer to fund \$36,192,999 of benefit payments. Second, the Employer made changes to the Plan, which were effective as of December 31, 2013 that froze benefits provided to employees hired before June 1, 2004. As a result of the pension change, all non-union domestic employees now earn a benefit under a personal retirement account (hypothetical account balance). As part of the transition to the new pension plan, the Employer provided a one-time transition credit equal to five percent of pay for employees at least 50 years old as of December 31, 2013 and whose combined age and years of service equals 70 or more. The amount of the transition credit for employees eligible was funded in the first quarter of 2014 to the employee’s individual 401(K) account. The changes to the pension plan are further described in both Note 2 and Note 7.

Contributions

Contributions to the Plan by the Employer for the funding of current and past service cost of benefits are determined by the Plan’s actuary. In 2014, the Employer made contributions of \$8,279,000 related to the 2013 plan year. In 2013, the Employer made cash contributions of \$4,587,000 to the Plan, related to the 2013 plan year. The contributions made in 2014 relating to the 2013 plan year are included as a receivable for employer contributions in the Statement of Net Assets Available for Benefits as of December 31, 2013.

In 2012, the Employer made cash contributions of \$47,125,000 to the Plan, of which \$44,623,000 related to the 2012 plan year and \$2,502,000 related to the 2011 plan year. There was a one-time funding contribution of \$34,000,000 made in 2012 to fund payments of \$36,192,999 to terminated and vested employees, as described above. The Plan has met the minimum funding requirements of ERISA during 2013 and 2012.

Vesting

Participants who were hired prior to June 1, 2004 vested after five years of service and participants hired thereafter vest after three years of service only if they terminated after January 1, 2011. Previously, employees hired after June 1, 2004 needed to have five years of service.

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

Note 1. Description of Plan (continued)

Plan Fees and Expenses

Management and trustee fees, actuarial fees, certain legal and consulting fees related to the administration of the Plan and Pension Benefit Guaranty Corporation (“PBGC”) premiums are paid by the Plan.

Plan Termination

While the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth under ERISA. In the event the Plan terminates, the assets of the Plan will be liquidated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits under the Plan. There are limits on the amount of this priority.
- b. Other vested benefits insured by the PBGC up to the applicable limit.
- c. All other vested benefits.
- d. All nonvested benefits.

In the event of liquidation, each affected participant shall have a fully vested and nonforfeitable right to their benefits then accrued under the Plan. Participants should refer to the Plan agreement for details regarding Plan termination.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

Note 2. Summary of Significant Accounting Policies (continued)

Recently issued accounting pronouncements

No recently issued, but not yet effective accounting pronouncements, if adopted, would have a material impact on the Plan's financial results.

Fair Value Measurements of Investments

The following presents information about the Plan's assets measured at fair value on a recurring basis for the Plan years 2013 and 2012, and the valuation techniques used by the Plan to determine those fair values. The inputs used in the determination of these fair values are categorized according to the fair value hierarchy as being Level 1, Level 2 or Level 3.

In general, fair values determined by Level 1 inputs use unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access. The majority of the Plan's assets valued by Level 1 inputs are comprised of United States equity and fixed income securities, which are traded actively on public exchanges and valued at quoted prices at the end of the fiscal year.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. The Plan's assets valued by Level 2 inputs are comprised of the following:

- a. Common/collective funds, which are not exchange traded. These assets are valued at their Net Asset Values ("NAV") based on inputs that are directly or indirectly observable.
- b. Equity securities that are not exchange traded, and which values are based on quoted prices for identical or similar assets in inactive markets.
- c. Fixed income securities (corporate bonds and U.S. Treasury notes and other government bonds) are valued using pricing models maximizing the use of observable inputs for similar securities.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. The Plan does not have any pension assets valued by Level 3 inputs.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

Note 2. Summary of Significant Accounting Policies (continued)

The Plan presents, in the statements of changes in assets, the net realized and unrealized appreciation or depreciation in fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments. See Note 3. "Investments" for more information regarding the Plan's fair value measurement of its investments.

Purchases and sales of securities are recorded on the trade date. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Actuarial Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. For those employees hired before June 1, 2004, benefits for active, retired, or terminated employees or their beneficiaries are generally based on employees' highest average annual compensation from any 60 consecutive months out of the 120 months before termination of employment. For employees hired on or after June 1, 2004, a benefit is earned under a cash balance account. Each year, a participant's account receives a credit equal to 2.0% of the participant's salary (2.5% if the participant's years of service at the beginning of the Plan year are five or more). Interest earned on the credited amount is not credited to the cash balance account, but is contributed to the participant's account in the Employee Savings Plan. Benefits payable in circumstances such as retirement, death, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date. Effective December 31, 2013, all employees hired before June 1, 2004 will also accrue future pension benefits the same as those employees hired after June 1, 2004.

Payment of Benefits

Benefit payments to participants are recorded upon distributions. In the fourth quarter of 2012, the Employer paid an additional \$36,192,999 to terminated vested employees, as described above.

Note 3. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2013 and 2012, and net realized and unrealized appreciation or depreciation in fair value of investments, interest, and dividends for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, BNY Mellon Trust Company of Illinois.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 3. Investments (continued)

During 2013 and 2012, the Plan's investments, including investments bought, sold, and held during the year, appreciated (depreciated) as follows:

	2013	Year ended December 31, 2012
Common collective trusts	\$ 7,664,183	\$ 4,602,823
Common stocks	30,884,433	11,823,723
Corporate bonds	(1,742,432)	1,204,558
Government bonds	(4,883,456)	1,522,165
State and local obligations	3,120	5,738
	<u>\$ 31,925,848</u>	<u>\$ 19,159,007</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	2013	2012
Northern Trust Global Investments International Weekly Fund	\$ 37,606,245	\$ 30,130,941
US Treasury Bond Stripped Principal Payment due February 15, 2029	12,952,488	15,005,421
US Treasury Bond Stripped Principal Payment due November 14, 2026	—	10,479,701

Fair Value Measurements of Investments

Disclosures concerning assets measured at fair value on a recurring basis at December 31, 2013 and 2012, which have been categorized under the fair value hierarchy by the Employer and BNY Mellon Trust Company of Illinois, the Plan's Trustee, are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)*	Significant Other Observable Inputs (Level 2)*	Balance at December 31, 2013
Investment assets:			
Collective short term investments	\$ 7,989,046	\$ 2,773	\$ 7,991,819
Equity securities	121,230,197	37,606,245	158,836,442
Fixed income securities	—	46,923,611	46,923,611
Total assets at fair value	<u>\$ 129,219,243</u>	<u>\$ 84,532,629</u>	<u>\$ 213,751,872</u>

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 3. Investments (continued)

	Quoted Prices in Active Markets for Identical Assets (Level 1)*	Significant Other Observable Inputs (Level 2)*	Balance at December 31, 2012
Investment assets:			
Collective short term investments	\$ 7,665,123	\$ 7,352	\$ 7,672,475
Equity securities	94,566,647	30,130,941	124,697,588
Fixed income securities	—	51,028,756	51,028,756
Total assets at fair value	<u>\$ 102,231,770</u>	<u>\$ 81,167,049</u>	<u>\$ 183,398,819</u>

** See Note 2. "Summary of Significant Accounting Policies" for information regarding the valuation techniques used by the Plan.*

Note 4. Information Certified by the Trustee

The Plan administrator has elected the method of reporting permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from the trustee that the following data included in the accompanying financial statements and schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for Plan benefits as of December 31, 2013 and 2012.
- Investment income, as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2013 and 2012.
- The schedule of assets (held at end of year) as of December 31, 2013, and schedule of reportable transactions for the year ended December 31, 2013.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedules.

Note 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuaries as of January 1, 2013. The present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 5. Accumulated Plan Benefits (continued)

	<u>January 1, 2013</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	\$ 63,023,798
Active and terminated employees not receiving	162,688,904
Non-vested benefits	<u>957,989</u>
Total actuarial present value of accumulated plan	\$ 226,670,691

	<u>Year Ended January 1, 2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 236,312,934
Increase (decrease) during the year attributed to:	
Change in assumptions	15,672,885
Increase for interest due to the decrease in the discount period	9,466,481
Benefits accumulated (including actuarial gains and losses)	6,022,122
Benefits paid	(40,803,731)
Net Increase	<u>(9,642,243)</u>
Total actuarial present value of accumulated plan benefits	\$ 226,670,691

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of January 1, 2013 and 2012, are as follows:

Rate of return on investments:	6.5%
Discount rate:	3.95% – 2013 and 4.38% – 2012
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2013 Static Mortality Table
Actuarial Cost Method	Projected Unit Credit Cost Method

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 5. Accumulated Plan Benefits (continued)

Termination and mortality prior to retirement:

Attained Age	Termination	Mortality			
		Males		Females	
		Non-annuitant	Annuitant(a)	Non-annuitant	Annuitant(a)
20	14%	0.0202%	0.0202%	0.0122%	0.0122%
25	12%	0.0284%	0.0284%	0.0139%	0.0139%
30	8%	0.0386%	0.0386%	0.0199%	0.0199%
40	7%	0.0862%	0.0862%	0.0462%	0.0462%
50	6%	0.1286%	0.3718%	0.1037%	0.1664%

(a) Annuitant: a participant who is receiving benefits under the Plan.

These actuarial assumptions are based on the presumption that the Plan will continue. Although the Employer has not expressed any intent to do so, were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 13, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Note 7. Personal Retirement Accounts

As a result of the pension change discussed in Note 1, all non-union domestic employees now earn a benefit under a personal retirement account (hypothetical account balance). Each year, a participant's account receives a credit equal to 2.0% of the participant's salary (2.5% if the participant's years of service at August 1 of the plan year are 5 years or more). Active participants become fully vested in their hypothetical personal retirement account after 3 years of service. Interest earned on the credited amount is not credited to the personal retirement account but is contributed to the participant's account in the Anixter Inc. Employee Savings Plan. The interest contribution equals the interest earned on the personal retirement account balance as of January 1st in the Domestic Plan and is based on the 10 year Treasury note rate as of the last business day of December. The contribution is invested consistent with the participants' deferral elections in the Savings Plan.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 8. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 Benefits.

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

Note 9. Subsequent Events

The Employer has evaluated these annual financial statements for disclosure of subsequent events through October 10, 2014, the date on which the financial statements were available to be issued, and has identified the following event:

The Employer adopted a revised Investment Policy Statement (the "Policy"), effective January 2014. The main change in the Policy is an update to the target asset allocations. To meet the new target asset allocations, and better optimize the return on assets, the Employer transitioned during 2014 from utilizing Northern Trust as the sole fund manager to utilizing four fund managers: Kalmar, Clarivest, Loomis, and Columbia. The asset values have been transitioned from Northern Trust to the four fund managers in a two phase process during 2014.

The Employer made contributions to the 2013 Plan year during 2014 which amounted to \$8,279,000.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 26 – Schedule of Active Participant Data

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2013

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25	82	31,309	103	31,303	6																191	30,638
25-29	95	34,571	227	40,047	103	41,163	6														431	39,159
30-34	66	40,899	188	43,672	262	49,286	57	53,879	2												575	46,935
35-39	47	44,979	148	48,434	157	53,322	174	66,298	55	72,910	1										582	57,246
40-44	75	58,628	144	54,173	198	56,399	164	69,773	146	78,657	38	82,878	2								767	64,640
45-49	41	60,837	115	57,908	141	60,493	101	71,823	101	86,480	91	88,664	30	79,508	5						625	70,603
50-54	41	56,515	92	58,702	124	57,253	100	64,642	90	79,717	60	91,064	48	98,967	22	104,795	3				580	71,117
55-59	28	41,564	55	50,466	78	55,698	72	64,977	55	67,908	44	72,618	22	93,751	26	110,993	7		1		388	66,535
60-64	4		27	49,552	50	50,922	34	53,416	36	63,224	25	74,067	18		9		6		3		212	62,476
65-69			6		12		12		14		4		4		3				2		57	65,944
70&Up							1		4		1		2		1				1		10	62,506
Total	479	44,433	1,105	46,821	1,131	52,986	721	65,802	503	76,088	264	83,608	126	91,111	66	100,711	16	110,151	7	115,387	4,418	59,174

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Assumptions

Valuation Date January 1, 2013

Employees Included in Valuation All participants as of January 1, 2013.

Funding Mortality IRS 2013 Static Mortality Table

Termination For termination after three years of employment, illustrative rates for termination are shown below:

<u>Attained Age</u>	<u>Annual Rates of Termination</u>
20	14%
25	12%
30	8%
40	7%
50	6%

The following table represents the percentage of employees who are assumed to terminate employment during the first three years of employment:

<u>Completed Years of Service</u>	<u>Percentage of Employees Terminating Employment</u>
0	40%
1	20%
2	15%

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Assumptions (continued)

Valuation Interest Rate January 2013 segment rates (4.94%, 6.15%, 6.76%)

Valuation Salary Actual salary and bonus (if applicable) prior to 2013
Employees hired before June 1, 2004: 2013 Base salary plus 2013 actual bonus.

Employees hired after May 31, 2004: 2013 Base salary

Salary Scale Salaries increase at rates that vary by attained age, as illustrated below:

<u>Attained Age</u>	<u>Salary Scale</u>
30	5.75%
35	4.75%
40	4.75%
45	4.25%
50	3.75%
55	3.50%
60+	3.00%

Social Security Wage Base Increase The Social Security wage base is assumed to increase 4% per year to determine covered compensation.

Provision for Expenses Normal cost is increased by \$1,500,000 to provide for administrative expenses.

<u>Age</u>	<u>Rate</u>
55 – 60	7%
61 - 62	10%
63	6%
64	15%
65	30%
66 - 69	25%
70+	100%

Marital Status 80% of participants are assumed to be married, with the female spouse two years younger than the male spouse.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Assumptions (continued)

Annual Benefit for Terminated Vested Participants	For those terminated vested participants who had not had their final accrued benefit calculated, an estimated accrued benefit was used.
IRC Section 401(a)(17) Salary Cap Increases	\$255,000 in 2013. This limit is assumed to remain constant in the future for funding purposes.
IRC Section 415(b) Maximum Benefit Limit	\$205,000 in 2013. This limit is assumed to remain constant in the future for funding purposes.
Lump Sum Election Rate	For pre 6/1/04 hires, 100% of participants with lump sums less than \$10,000 will elect the lump sum.
Changes Since the Prior Valuation	<p>The interest rate was updated from January 2012 segment rates to the January 2013 MAP-21 segment rates.</p> <p>The mortality was updated to the 2013 IRS Static Mortality Table.</p> <p>The provision for administrative expenses was increased from \$1,410,000 to \$1,500,000.</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Methods

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

The normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year.

2. Asset Valuation Method

Assets are valued at market value.

Anixter Inc. Pension Plan
Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2013

EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) – There were no single transactions in excess of 5% of plan assets</u>						
<u>Category (ii) – There were no series of transactions with the same person in excess of 5% of plan assets</u>						
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>						
BNY Mellon Trust Company of Illinois	Collective Short-Term Investment Fund Held at Northern Trust	\$ 44,471,325	\$ —	\$ 44,471,325	\$ 44,471,325	\$ —
	Collective Short-Term Investment Fund Held at Northern Trust	\$ —	\$ 44,147,413	\$ —	\$ 44,147,413	\$ —
<u>Category (iv) – There were no transactions with the same person in excess of 5% of plan assets</u>						

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2013 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ 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 ANIXTER INC. PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">010</td> </tr> </table>	B Three-digit plan number (PN) ▶	010
B Three-digit plan number (PN) ▶	010		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ANIXTER INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 36-2361285</td> </tr> </table>	D Employer Identification Number (EIN) 36-2361285	
D Employer Identification Number (EIN) 36-2361285			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"> E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B </td> <td style="width: 55%;"> F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500 </td> </tr> </table>		E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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>01</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		183773537
b Actuarial value	2b		183773537
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	997	52815406
b For terminated vested participants	3b	1874	25509408
c For active participants:			
(1) Non-vested benefits	3c(1)		693151
(2) Vested benefits	3c(2)		77526756
(3) Total active	3c(3)	4418	78219907
d Total	3d	7289	156544721
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		6.42%
6 Target normal cost	6		6115106

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="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> <u>10/2/14</u> Date 1406229 Most recent enrollment number 312-298-4320 Telephone number (including area code) </div>
CINDY FRATERRIGO Type or print name of actuary PRICEWATERHOUSECOOPERS LLP Firm name ONE NORTH WACKER CHICAGO IL 60606 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) 2013

Part II	Beginning of Year Carryover Prefunding Balances
---------	---

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.61%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		28928677
b	Interest on (a) using prior year's effective interest rate of <u>5.60%</u> except as otherwise provided (see Instructions).....		1620006
c	Total available at beginning of current plan year to add to prefunding balance		30548683
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	117.39 %
15	Adjusted funding target attainment percentage	15	117.39 %
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	82.32 %
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	
04/15/2013	1529000	0					
07/15/2013	1529000	0					
10/15/2013	1529000	0					
01/15/2014	1529000	0					
04/22/2014	2250000						
07/16/2014	2250000						
09/12/2014	2250000						
			Totals ►	18(b)	12866000	18(c)	0

19 Discounted employer contributions – see Instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	12014774

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: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	6115106
b Excess assets, if applicable, but not greater than line 31a		31b	6115106
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	12014774
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	12014774
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB Attachments

I. Discounted Employer Contributions

Attached.

II. Description of Weighted Average Retirement Age

Attached.

III. Statement of Actuarial Assumptions/Methods

Attached.

IV. Summary of Plan Provisions

Attached.

V. Change in Actuarial Assumptions

Attached.

VI. Schedule of Active Participant Data

Attached.

VII. Schedule of Amortization Bases

None.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age

Age	Retirement Rates	Lives Remaining	Retired	Weighted Age
55	7%	93.00	7.000	385.00
56	7%	86.49	6.510	364.56
57	7%	80.44	6.054	345.08
58	7%	74.81	5.631	326.60
59	7%	69.57	5.236	308.92
60	7%	64.70	4.870	292.20
61	10%	58.23	6.470	394.67
62	10%	52.41	5.823	361.03
63	6%	49.26	3.144	198.07
64	15%	41.87	7.389	472.90
65	30%	29.31	12.562	816.53
66	25%	21.98	7.328	483.65
67	25%	16.49	5.496	368.23
68	25%	12.37	4.122	280.30
69	25%	9.27	3.091	213.28
70	100%	0.00	<u>9.274</u>	<u>649.18</u>
Total Average			100.00	6,260.19 63

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Name of Plan	Anixter Inc. Pension Plan.
Effective Date	<p>Originally effective August 1, 1973. Amended June 1, 2004 and July 1, 2004 to provide supplemental benefits for certain employees and a revised retirement benefit formula for new employees hired or rehired after May 31, 2004. Amended and restated effective January 1, 2011.</p> <p>Effective December 31, 2013, the benefit formula will be frozen for employees hired prior to June 1, 2004 and they will participate in the benefit formula for participants hired after May 31, 2004.</p>
Plan Year	January 1 to December 31.
Eligibility for Participation	Each employee who was a participant in the plan prior to December 31, 1988 shall remain a participant. Each employee hired or rehired on or after January 1, 1989 shall become a participant on the day in which one hour of service is completed.
Continuous Service	<p>For plan years beginning before January 1, 2006, each year of continuous service shall be a plan year in which the employee has at least 1,000 hours of service. For plan years in which an employee is hired or terminated, one month of continuous service will be counted for each 83-1/3 hours of service to a maximum of 1,000 hours of service for that plan year.</p> <p>Effective January 1, 2006, years of Continuous Service for Vesting purposes shall equal the aggregate of (i) the Employee's years of Continuous Service as of July 31, 2005 determined under 1) above, (ii) for the period beginning August 1, 2005 and ending July 31, 2006, the greater of (A) Continuous Service for such period determined as described under (1) above (i.e., based on the hours of service method) and (B) the number of days elapsed during such period divided by 365.25 (i.e. based on the elapsed time method) and (iii) for the period beginning August 1, 2006, the number of days elapsed prior to the Employee's Severance Date (as defined in Plan Section 1.08(f)) divided by 365.25.</p> <p>For purposes of vesting service, continuous service includes all periods of uninterrupted employment with the employer or related employer. For purposes of benefit accrual, only periods of employment with the employer are considered.</p> <p>Special provisions exist for employees of the following acquired companies:</p> <p>Employees of Ohm Electrical Supply Corporation; Automated Equipment Development; RotelCom, Inc.; Colonial Wire and Cable; Delphi Electronics; Telewire Supply Corporation; Cable TV Industries; American Cable and Electronic Connector Corporation who became participants in the plan as of the acquisition date of the respective company shall have service credited as follows:</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Continuous Service (continued from previous page)	<p>For each year of continuous service earned by the employee after the acquisition date, he shall be credited with an additional two years of continuous service attributable to his period of employment by the acquired company before the acquisition date. The years of continuous service credited under the preceding sentence shall not exceed his total years of employment by the acquired company.</p> <p>Each hourly Anixter Mark employee who is in the employ of the employer on August 1, 1981 is credited with continuous service from his date of employment with Anixter Inc.</p> <p>For purposes of benefit accrual, IAM employees are credited with continuous service from no earlier than August 1, 1973.</p>
Salary	<p>For employees hired before June 1, 2004, remuneration paid during a plan year, including overtime and 100% of all bonuses, and excluding commissions and other extraordinary payments. For employees hired or rehired after May 31, 2004, salary includes regular pay and overtime but excludes all bonuses.</p>
Final Average Salary	<p>The average of salary in the 60 consecutive months chosen from the 120-month period prior to the month of termination of employment for any reason. If the participant has completed fewer than 60 calendar months of employment, the average shall be based upon all calendar months of service prior to the month of termination.</p>
Covered Compensation	<p>For each participant, the 35-year average of Social Security wage bases ending in the year of the participant's Social Security normal retirement age.</p>
Eligibility for Benefits:	
Normal	<p>The first of the month coincident with or next following the attainment of age 65.</p>
Deferred	<p>The first day of any month after the participant's normal retirement date.</p>
Early	<p>For employees hired before June 1, 2004, the first day of the month coincident with or next following the attainment of age 55 and 5 years of continuous service, provided that the plan administrator has received a request for early retirement.</p> <p>For employees hired after May 31, 2004, the first day of the month following completion of 5 years of continuous service, provided that the plan administrator has received a request for early retirement.</p>
Vested Termination	<p>Five years of continuous service or age 65. For participants entitled to a benefit under Plan Section 7.01(c)(1), three years of continuous service or age 65 for terminations after January 1, 2011. Age 55 if hired before January 1, 1995.</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Retirement and
Termination Benefits:

Normal Retirement

An annual benefit equal to the product of (A) and (B) plus (C):

(Participants hired
before June 1,
2004)

- A. 0.65% of the participant's final average salary up to covered compensation, plus 1.3% of his final average salary in excess of covered compensation.
- B. The participant's continuous service not exceeding 30 years; but not less than December 31, 1988 accrued benefit under the prior plan.
- C. Benefit specified in Supplement 3.

For former Itel Corporation participants their benefit will be the sum of their December 31, 1993 accrued benefit under the Itel Plan and the Anixter formula above for service on or after January 1, 1994.

Normal Retirement

An annual benefit equal to the sum of (A) and (B):

(Participants hired
on or after June 1,
2004; all
participants after
January 1, 2014)

- A. 0.15% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year is fewer than five;
- B. 0.20% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year five or greater;

but not less than the annual benefit provided by a single sum equal to (A) plus (B) below:

- A. 2.0% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year is fewer than five;
- B. 2.5% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year five or greater.

but not less than \$20 per month at age 65.

Deferred Retirement

The benefit calculated using the normal retirement benefit formula. Members who are age 65 before April 1, 1988 will receive the greater of this benefit and the actuarial equivalent of the benefit they would have received at the normal retirement date, determined as of the earlier of April 1, 1988 or date of retirement.

Early Retirement

The benefit calculated using the normal retirement benefit formula; if payments begin prior to the participant's normal retirement date, then the benefit will be actuarially reduced. The minimum single sum benefit for participants hired after May 31, 2004 is not reduced for early commencement.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Early Retirement (continued from previous page)	<p>For participants who were covered under the Itel Plan as of December 31, 1993, their benefits shall be determined using:</p> <ol style="list-style-type: none">(1) The Itel Plan's factors for the accrued benefit as of December 31, 1993, and(2) The actuarially reduced benefit that accrued on or after January 1, 1994.
Vested Termination	<p>The benefit calculated using the normal retirement benefit formula and the continuous service and final average salary at the date of termination.</p>
Survivor's Benefit Prior to Early Retirement Eligibility	<p>If a married participant dies prior to his early retirement date after he is vested but before benefit payments have begun, his spouse is eligible for a monthly life annuity. The benefit payable to the surviving spouse will be the same benefit that would have been payable if the participant had:</p> <ol style="list-style-type: none">A. Terminated on his date of death;B. Survived to his early retirement date;C. Begun receiving benefits in the form of a qualified joint and survivor annuity on his early retirement date; andD. Died on the day after his early retirement date, but based only on the benefit accrued by the participant to his date of termination. <p>The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the minimum normal retirement benefit single sum.</p>
Survivor's Benefit After Early Retirement Eligibility	<p>If a participant dies after becoming eligible for early Retirement Eligibility retirement either while employed or after termination of employment but before benefit payments have begun, his beneficiary is eligible for a monthly life annuity. The amount of benefit would be the same payable as if the participant had retired and begun receiving benefits in the form of a qualified joint and 50% contingent annuity on the day before his death.</p> <p>The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the minimum normal retirement benefit single sum.</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Normal Form of
Benefit Payment

Married Members

The normal form of payment is a Joint and 50% survivor annuity. Optional forms for employees hired before June 1, 2004 are a life annuity, joint and 75% or 100% survivor annuity, joint and 50% or 75% or 100% contingent annuity, and ten-year certain and life annuity; all are actuarially equivalent to a life annuity. If the value of the benefit is less than \$10,000 a single sum is also available.

For employees hired after May 31, 2004, the normal form is a Joint and 50% contingent annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.

Other Members

The normal form of payment is a life annuity. Optional forms for employees hired before June 1, 2004 are a joint and 50%, 75% or 100% contingent annuity with a named beneficiary, and ten-year certain and life annuity; all are actuarially equivalent to a life annuity. If the value of the benefit is less than \$10,000 a single sum is also available.

For employees hired after May 31, 2004, the normal form is a life annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.

Supplemental Schedules

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2012
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
BNY Mellon Trust Company of Illinois*			
Cash equivalents:			
Collective Short Term Investment Fund	7,989,035	\$7,989,035	\$7,989,035
Cash In Account	2,783	2,783	2,773
Total cash equivalents		7,991,808	7,991,808
Common collective trust:			
CF NTGI International Weekly	1,536,517	29,963,611	37,606,245
Host Hotels & Resorts Inc	95,000	96,288	95,646
Total common collective trusts		30,059,900	37,701,891
Common stocks:			
General Electric Co	134,550	2,898,955	3,771,437
Exxon Mobil Corp	36,700	3,219,428	3,714,040
Pfizer Inc	108,700	2,772,325	3,329,481
Vodafone Group Plc	82,600	2,092,509	3,247,006
Capital One Financial Corp	30,850	1,789,819	2,363,419
Viacom Inc	26,400	1,424,466	2,305,776
Time Warner Inc	32,941	1,575,568	2,296,647
Bank Of America Corp	147,500	2,089,190	2,296,575
Citigroup Inc	43,250	1,777,431	2,253,758
Ace Limited	21,450	1,761,767	2,220,719
Texas Instruments Inc	50,250	1,552,223	2,206,478
PNC Financial Services Group	27,850	1,902,754	2,160,603
Baxter International Inc	30,900	2,074,290	2,149,095
Unitedhealth Group Inc	27,100	1,534,247	2,040,630
Monsanto Co	17,500	1,670,452	2,039,625
Johnson Controls Inc	39,000	1,196,130	2,000,700
Halliburton Co	39,200	1,505,462	1,989,400
Ford Motor Co	128,100	1,815,746	1,976,583
Oracle Corporation	51,500	1,813,242	1,970,390
Honeywell International Inc	21,350	1,355,085	1,950,750
JPMorgan Chase & Co	33,200	1,459,771	1,941,536
Marathon Oil Corp	51,050	1,627,742	1,802,065

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2012
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
The Boeing Company	12,400	1,372,432	1,692,476
CVS Caremark Corp	22,950	1,260,752	1,642,532
Cisco Systems Inc	70,550	1,396,726	1,582,437
Darling International Inc	75,462	1,294,994	1,575,647
Dollar General Corp	25,050	1,238,946	1,511,016
PacWest Bancorp	34,600	918,501	1,460,812
BCE Inc	33,100	1,424,049	1,432,899
Coca-Cola Co	34,550	1,337,684	1,427,261
Exelon Corp	51,400	1,793,038	1,407,846
Jack In The Box Inc	27,700	792,220	1,385,554
ViewPoint Financial Group Inc.	48,518	991,245	1,331,819
Covidien Plc	19,550	1,057,384	1,331,355
Johnson & Johnson	14,400	1,023,285	1,318,896
Southwestern Energy Co	30,100	1,014,556	1,183,833
Intrepid Potash Inc	73,330	1,148,796	1,161,547
McDonald's Corp	11,900	1,091,946	1,154,657
Air Methods Corp	19,700	739,858	1,147,722
Novartis Ag	14,050	889,365	1,129,339
Cubist Pharmaceuticals Inc	16,300	825,185	1,122,581
Symantec Corp	44,400	1,000,092	1,046,952
Toro Co	16,200	760,891	1,030,320
RBC Bearings Inc	14,300	734,878	1,011,725
Salix Pharmaceuticals LTD	10,900	614,348	980,346
WD-40 Company	13,021	746,391	972,408
The Cheesecake Factory Inc	20,000	654,200	965,400
Commvault Systems Inc	12,600	931,350	943,261
NetApp, Inc.	22,650	937,385	931,821
Cameron International Corp	15,050	891,418	895,927
Altra Industrial Motion Corp	25,770	698,985	881,849
Stifel Financial Corp	18,200	585,646	872,144
Dresser-Rand Group Inc	14,600	853,184	870,598
Micros Systems Inc	14,910	748,289	855,387
Allergan Inc	7,700	750,838	855,316
Encana Corp	46,600	916,727	841,130
First Busey Corp	140,255	652,186	813,479
De Brunswick Corp	17,600	511,984	810,656
Carbo Ceramics Inc	6,900	529,124	804,057

Anixter Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2012

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Landstar System Inc	13,800	726,474	792,810
Deckers Outdoor Corp	9,250	372,639	781,255
FEI Co	8,701	514,967	777,521
Maximus Inc	17,600	582,785	774,224
Mosaic Co	16,100	934,475	761,047
Clarcor Inc	11,030	590,563	709,781
Steven Madden LTD	19,350	569,095	708,017
Chefs' Warehouse Holdings LLC	23,568	389,773	687,243
United Natural Foods Inc	9,000	484,976	678,510
Coherent Inc	8,700	467,004	647,193
SPS Commerce Inc	9,360	616,245	611,208
Guess? Inc	19,130	469,450	594,369
Aeropostale Inc	65,200	827,007	592,668
AptarGroup Inc	8,590	519,508	582,488
McKesson Corp	3,600	353,956	581,040
Jones Lang Lasalle Inc	5,400	453,276	552,906
Qualys Inc	23,800	435,117	550,018
Kraton Performance Polymers Inc	23,700	533,387	546,285
Owens-Illinois Inc	15,257	324,516	545,895
HMS Holdings Corp	23,900	635,102	542,530
Treehouse Foods Inc	7,810	439,661	538,265
Atmel Corporation	66,700	515,397	522,261
Genesee & Wyoming Inc	5,400	453,119	518,670
Innospec Inc	11,054	407,466	510,916
Technique Corp	5,340	457,898	505,538
Emulex Corp	70,200	543,612	502,632
Energy XXI (Bermuda) Limited	18,210	534,937	492,763
Qlik Technologies Inc	18,160	575,893	483,601
Teledyne Technologies Inc	5,200	346,805	477,672
Terreno Realty Corp	26,210	511,584	463,917
Contango Oil & Gas Co	9,703	405,850	458,564
Bio-Rad Laboratories Inc	3,600	411,245	444,996
Nuvasive Inc	13,600	210,256	439,688
Arctic Cat Inc	7,650	369,949	435,897
Texas Industries Inc	6,230	317,792	428,499
Pool Corporation	7,320	371,857	425,585
Actuant Corp	11,500	385,991	421,360

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2012
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
WEX Inc	4,200	379,213	415,926
Fox Factory Holding Corp	22,200	387,660	391,164
UTi Worldwide Inc	20,060	281,243	352,254
Sirona Dental Systems Inc	5,000	322,300	351,000
MKS Instruments Inc	11,600	298,132	347,072
Seacor Holdings Inc	3,800	239,662	346,560
Cognex Corp	8,934	286,563	341,100
WellCare Health Plans Inc	4,500	237,763	316,890
Cyberonics Inc	4,800	255,400	314,026
Northfield Bancorp Inc	22,180	254,184	292,776
First NBC Bank Holding Co	8,800	212,432	284,240
Old Dominion Freight Line Inc	5,320	247,339	282,066
Iberiabank Corp	3,560	173,992	223,746
First Financial Holdings Inc	3,200	128,576	212,832
Chico's FAS Inc	11,230	191,852	211,573
Luminex Corp	9,700	193,211	188,180
First Midwest Bancorp	9,860	123,447	172,846
Aaon Inc	4,766	67,072	152,274
C&J Energy Services Inc	5,600	129,763	129,360
Cullen/Frost Bankers Inc	1,300	71,395	96,759
Dril-Quip Inc	800	91,973	87,944
Barnes Group Inc	1,800	66,169	68,958
Vitamin Shoppe Inc	800	38,978	41,608
Merrill Lynch & Co	1	0	0
Total common stock		98,775,430	121,118,697
Corporate bonds:			
JPMorgan Chase & Co	630,000	780,217	683,708
Philip Morris International Inc	380,000	517,454	450,410
ConocoPhillips	350,000	448,469	392,861
AT&T Inc	380,000	442,529	375,983
Simon Property Group LP	380,000	407,102	367,654
Comcast Corp	340,000	396,812	365,515
CVS Caremark Corp	315,000	392,194	343,782
Wal-Mart Stores Inc	300,000	392,874	340,641
Merck & Co Inc	290,000	390,871	337,105
Hsbc Holdings Plc	275,000	365,907	327,616

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2012
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
AstraZeneca plc	370,000	374,240	321,782
Novartis Capital Corp	370,000	368,398	316,417
Protective Life Corp	220,000	286,915	280,047
Kinder Morgan Energy Partners	300,000	317,934	277,068
Berkshire Hathaway Finance Corp	240,000	293,806	265,486
FMR LLC	230,000	286,778	262,559
Union Pacific Corp	290,000	306,170	262,415
Cisco Systems Inc	245,000	311,380	259,217
Intel Corp	290,000	290,774	256,305
Norfolk Southern Corp	300,000	297,177	252,423
CSX Corp	285,000	286,266	247,147
ERAC USA Finance LLC	200,000	253,966	236,684
Metlife Inc	260,000	260,034	226,101
Bunge LTD Finance Corp	180,000	231,604	221,126
Time Warner Inc	200,000	242,144	218,274
Wells Fargo & Co	200,000	218,826	217,360
General Dynamics Corp	255,000	245,310	208,315
Morgan Stanley	176,000	203,310	203,144
Directv Holdings LLC	200,000	216,865	193,496
Verizon Communications Inc	220,000	216,848	189,696
CBS Corp	185,000	216,740	187,610
WellPoint Inc	200,000	190,818	186,551
Suncor Energy Inc	150,000	200,070	174,621
Goldman Sachs Group Inc	155,000	168,649	172,445
Gilead Sciences Inc	150,000	186,344	166,986
McDonald's Corp	130,000	183,284	158,417
Altria Group Inc	99,000	165,610	154,461
Walgreen Co	170,000	172,999	151,105
Encana Corp	150,000	161,243	140,625
Enterprise Products Operating	120,000	150,695	138,156
Statoil Asa	150,000	161,385	137,495
Seagate Technology LLC	145,000	140,650	135,575
BHP Billiton Finance (USA) Limited	150,000	159,252	133,289
Freeport-McMoRan Copper & Gold	140,000	139,640	133,188
Weatherford International LTD	120,000	132,239	128,911
Ecolab Inc	120,000	143,165	128,504
Borgwarner Inc	120,000	132,048	126,851

Anixter Inc. Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2012

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
America Movil Sab De Cv	150,000	155,870	124,622
American International Group Inc	100,000	120,970	121,000
Bank Of America Corp	105,000	118,016	120,087
Humana Inc	130,000	118,026	117,178
News Corp	100,000	117,201	116,726
Reynolds American Inc	130,000	131,154	115,547
National-Oilwell Varco Inc	130,000	119,683	114,761
Unitedhealth Group Inc	135,000	134,432	114,488
Macy's Retail Holdings Inc	135,000	117,052	113,933
United Technologies Corp	100,000	118,814	113,598
PNC Financial Services Group	125,000	115,801	111,938
Anadarko Petroleum Corp	100,000	115,967	110,613
The Home Depot Inc	95,000	115,428	110,303
Prudential Financial Inc	100,000	113,992	107,771
Exelon Corp	100,000	112,505	99,137
Ford Motor Co	80,000	98,089	97,974
Citigroup Inc	100,000	91,209	93,179
Energy Transfer Partners LP	85,000	104,069	91,354
Plains All American Pipeline LP	100,000	100,089	86,648
Agrium Inc	75,000	71,407	69,450
Oracle Corporation	65,000	72,639	69,406
Apple Inc	80,000	69,982	66,834
Jersey Central Power & Light	65,000	64,663	64,337
Celgene Corp	60,000	59,488	60,493
Campbell Soup Co	60,000	58,498	46,569
Time Warner Cable Inc	50,000	55,634	41,431
SLM Corp	30,000	30,961	31,013
eBay Inc	35,000	34,087	29,640
Travelers Companies Inc	30,000	29,923	29,312
Total corporate bonds		15,613,649	14,044,462
Government bonds:			
U S Treasury Bd Prin Strip	56,469,000	33,663,161	29,685,808
U S Treasury Bond	3,575,000	3,424,221	3,115,734
U S Treasury Note	95,000	94,838	93,460
Total government bonds		37,182,219	32,895,002
Total Investments		\$189,623,006	\$213,751,860

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 24 - Change in Actuarial Assumptions

The following is a summary of the assumptions updated from the assumptions used in the 2012 Plan Year valuation to the assumptions used in the 2013 Plan Year valuation.

The administrative expense load was increased from \$1,410,000 to \$1,500,000 to better reflect management's expectations.