

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
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>03/01/1971</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>03/01/1971</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THOMAS & BETTS CORPORATION</u> <u>8155 TNB BOULEVARD</u> <u>MEMPHIS, TN 38125</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-1326940</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>901-252-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-1326940</u>	2c Sponsor's telephone number <u>901-252-5000</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>22-1326940</u>					
2c Sponsor's telephone number <u>901-252-5000</u>					
2d Business code (see instructions) <u>335900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2015	STAN LOCKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1005
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	172
b Retired or separated participants receiving benefits		6b	441
c Other retired or separated participants entitled to future benefits		6c	177
d Subtotal. Add lines 6a , 6b , and 6c		6d	790
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	71
f Total. Add lines 6d and 6e		6f	861
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	3
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: 1B 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) ☐ <u>0</u> 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
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

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

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

A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2013</u>
2	Assets:
a	Market value 2a <u>46421302</u>
b	Actuarial value 2b <u>46421302</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>515</u> <u>24343780</u>
b	For terminated vested participants..... 3b <u>214</u> <u>3357313</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>501774</u>
(2)	Vested benefits 3c(2) <u>9480481</u>
(3)	Total active..... 3c(3) <u>276</u> <u>9982255</u>
d	Total..... 3d <u>1005</u> <u>37683348</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>6.27 %</u>
6	Target normal cost..... 6 <u>221397</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/02/2015</u>
	Signature of actuary	Date
<u>JONATHAN M. WILLIAMS</u>	Type or print name of actuary	<u>14-07625</u>
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	Most recent enrollment number
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114</u>	Address of the firm	<u>216-937-4000</u>
		Telephone number (including area code)

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	114591
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	114591
10 Interest on line 9 using prior year's actual return of <u>19.66</u> %	0	22529
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4635873
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		323120
c Total available at beginning of current plan year to add to prefunding balance		4958993
d Portion of (c) to be added to prefunding balance		4958993
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	5096113

Part III Funding Percentages		
14 Funding target attainment percentage	14	109.66 %
15 Adjusted funding target attainment percentage	15	123.18 %
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	102.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ 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

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 4
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	221397	
b Excess assets, if applicable, but not greater than line 31a	31b	221397	
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	0	
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	0	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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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		

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 12/01/2013 and ending 11/30/2014

A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>

Part I 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
TRILANTIC CAPITAL MANAGEMENT LLC

26-4600829

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
CAPITAL INTERNATIONAL, INC.

95-4154361

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

74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS VI-BUYOUT PSHP

04-3464299

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

OAKTREE CAPITAL MANAGEMENT, LP

26-0189082

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

HIPEP IV - PSHP ASSOC LLC

04-3541759

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

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

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

AON HEWITT

36-2235791

(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?
13 50 64	NONE	129315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

53-0181291

(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 17 50	NONE	56376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG

13-5565207

(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 50	NONE	40000	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)

PIMCO

33-0629048

(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?
27 28 51	NONE	30953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON ASSET MGMT

95-4328983

(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?
27 28 51	NONE	22867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

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 50	NONE	22230	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

OFI GLOBAL TRUST COMPANY

13-3459790

(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?
27 28 51	NONE	15176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

06-6275604

(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 50	NONE	10760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON RISK SERVICES

36-3871028

(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?
23 50	NONE	10327	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)

DODGE & COX

94-1441976

(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?
27 52 28 51	NONE	7588	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ABB BUSINESS SERVICES

36-3100018

(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?
27 50	PLAN SPONSOR	5813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARETO PARTNERS

57-7671687

(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?
27 28 51	NONE	5779	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)

SYSTEMATIC FINANCIAL MANAGEMENT

22-3367558

(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?
27 52 28 51	NONE	4714	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px;">2013</div> This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: T & B CORP. MASTER RETIREMENT TRUST

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

c EIN-PN <u>36-3191387-050</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42712000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ABB INC. MASTER TRUST

b Name of sponsor of entity listed in (a): ABB INC.

c EIN-PN <u>36-3100018-050</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>	
A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>

Part I 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)	<u>5000000</u>	<u>0</u>
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>41354000</u>	<u>42712000</u>
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	46354000	42712000

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	46354000	42712000
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2514000
(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		2514000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5720000	
(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)		5720000
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)	99383	
(2) Contract administrator fees	2i(2)	131058	
(3) Investment advisory and management fees	2i(3)	93932	
(4) Other	2i(4)	111627	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		436000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6156000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3642000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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.
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3193187</u> <u>04-3192613</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>134</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 12.0% Investment-Grade Debt: 30.0% High-Yield Debt: 21.0% Real Estate: 0.0% Other: 37.0%

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):



**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Financial Statements and Supplemental Schedule

November 30, 2014 and 2013

(With Independent Auditors' Report Thereon)



KPMG LLP
Triad Centre III
Suite 450
6070 Poplar Avenue
Memphis, TN 38119-3901

Independent Auditors' Report

The Retirement Plans Committee of Thomas & Betts Corporation
Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees:

We were engaged to audit the accompanying financial statements of the Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees (the Plan), which comprise the statements of net assets available for pension benefits as of November 30, 2014 and 2013, the related statements of changes in net assets available for pension benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3 to the financial statements, which was certified by Bank of New York Mellon and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Bank of New York Mellon held the Plan's investment assets and executed investment transactions from February 3, 2014 to November 30, 2014, and that The Northern Trust Company held the Plan's investment assets and executed investment transactions from December 1, 2012 to February 2, 2014. The plan administrator has obtained certifications from the trustees as of and for the years ended November 30, 2014 and 2013, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of November 30, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the



Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Memphis, Tennessee
September 15, 2015

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Statements of Net Assets Available for Pension Benefits

November 30, 2014 and 2013

Assets	2014	2013
	(In thousands)	
Investments, at fair value:		
Interest in ABB Master Trust	\$ 42,712	—
Interest in Thomas & Betts Corporation Master Retirement Trust	—	41,354
Net assets available for pension benefits	\$ 42,712	41,354

See accompanying notes to financial statements.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Statements of Changes in Net Assets Available for Pension Benefits

Years ended November 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
	(In thousands)	
Interest in net investment income (loss) of Master Trusts	\$ 2,514	7,238
Employer contribution	5,000	—
Pension benefits paid	(5,720)	(2,651)
Administrative expenses	<u>(436)</u>	<u>(419)</u>
Net increase in net assets available for pension benefits	1,358	4,168
Net assets available for pension benefits:		
Beginning of year	<u>41,354</u>	<u>37,186</u>
End of year	<u>\$ 42,712</u>	<u>41,354</u>

See accompanying notes to financial statements.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

(1) Plan Description and Benefits

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

The Plan is a defined benefit pension plan sponsored by Thomas & Betts Corporation (the Corporation). Participants in this Plan include substantially all employees of the Corporation covered by a collective bargaining agreement at its Athens, Tennessee and Mercer, Pennsylvania locations. It is the responsibility of the Plan administrator to maintain records of Plan participants, authorize benefit payments and determine employee eligibility and benefit amounts.

The Corporation was acquired by ABB, Ltd. on May 16, 2012. The Northern Trust Company (Northern Trust) acted as trustee and held the Plan's investment assets and executed investment transactions in the Thomas and Betts Corporation Master Retirement Trust through February 2, 2014. Effective February 3, 2014, the Plan's investment assets were transferred to the ABB Master Trust with Bank of New York Mellon (BNY Mellon) as trustee. Northern Trust continues to make benefit payments.

The Plan is divided into six parts (Parts A through F), each representing a previously merged plan. There are no active participants in Parts A, B, E or F. Part C of the Plan covers employees who are members of Local 175 of the International Brotherhood of Electrical Workers at the Corporation's Athens, Tennessee plant. Part D of the Plan covers employees who are members of Local 5306 of the United Steelworkers of America, AFL-CIO Technical Unit, Production and Maintenance Unit or Clerical Unit at the Corporation's Mercer, Pennsylvania plant.

During the second quarter of 2012, the Corporation and the union representing collectively bargained employees at the Mercer facility approved a plan to discontinue the future accrual of benefits for participants under Part D of the Plan after December 31, 2012. In connection with this plan to discontinue the accrual of future benefits, the Thomas & Betts Employees' Investment Plan, Part C for Mercer Bargaining Unit Employees, was amended to provide a nonelective employer contribution to all eligible employees, beginning January 1, 2013, and to provide certain employees an additional employer contribution (transition benefit), based on age and service, during 2013 and 2014.

During the second quarter of 2011, the Corporation and the union representing collectively bargained employees at the Athens facility approved a plan to discontinue the future accrual of benefits for participants under Part C of the Plan after December 31, 2011. In connection with this plan to discontinue the accrual of future benefits, the Thomas & Betts Employees' Investment Plan, Part B for Athens Bargaining Unit Employees, was amended to provide a nonelective employer contribution to all eligible employees, beginning January 1, 2012, and to provide certain employees an additional employer contribution (transition benefit), based on age and service, during 2012 and 2013.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan. The Corporation is the Plan Sponsor. The Board of Directors of the Corporation has delegated responsibility for the administration of the Plan to the Corporation's Retirement Plans Committee.

(a) Basis of Presentation

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

(b) Use of Estimates in Preparation of Financial Statements

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

The Master Trust, as defined below, invests in various types of investment securities and in various companies and/or funds within various markets. The Plan's interest in the Master Trust is exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments in the Master Trust, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for pension benefits.

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

(c) Trust Fund

BNY Mellon, and prior thereto Northern Trust, serves as custodial trustee of a trust fund (the Master Trust) on behalf of the Plan. At November 30, 2014, the assets of the ABB Master Trust consisted principally of investments in fixed income investments, collective trust funds, and equity securities. At November 30, 2013, the assets of the Thomas & Betts Master Retirement Trust consisted principally of investments in collective trust funds, fixed income investments, equity securities and a hedge fund.

Investment managers have been granted discretionary authority concerning all purchases and sales of investments in the Master Trust within the investment guidelines established by the Corporation's Retirement Plans Committee. The Plan's interest in the Master Trust and the interest in the net investment income of the Master Trust has been reported to the Plan administrator by BNY Mellon for the period from February 3, 2014 to November 30, 2014 and by Northern Trust for the year ended

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

November 30, 2013 and the period from December 1, 2013 to February 2, 2014. Fair values of investments are determined by the trustee and allocated to the participating plans based upon each plan's proportionate interest in the Master Trust.

(d) Cash and Cash Equivalents

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

(e) Interest in Master Trust

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

(f) Investment Income

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

(g) Funding Policy

The Corporation generally contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the minimum funding requirements of ERISA.

(h) Payment of Pension Benefits

Benefit payments to participants are recorded upon distribution.

(3) Financial Information Certified by Trustees

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from BNY Mellon and Northern Trust that all information relating to the Plan's investments and related investment income (loss) as of and for the years ended November 30, 2013 and 2014 is complete and accurate. Information as to the value of the interest in the Master Trust, the Plan's interest in the net investment income of the Master Trust, and all information in the supplemental schedule is presented in reliance solely upon this certification.

(4) Interest in the Master Trust

The Plan's investment assets were held in the ABB Master Trust for the period from February 3, 2014 to November 30, 2014 and in the Thomas & Betts Corporation Master Retirement Trust for the period from December 1, 2012 to February 2, 2014. These Master Trusts were established for the investment of the assets of the Plan and other retirement plans sponsored by ABB, and prior thereto Thomas & Betts Corporation. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans,

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

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in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust.

At November 30, 2014, the Plan had a 2.8% interest in the net assets of the ABB Master Trust, and at November 30, 2013, the Plan had a 9.4% interest in the Thomas & Betts Master Trust.

The following information presents the net assets of the ABB Master Trust as of November 30, 2014:

	November 30, 2014
	<u>(In thousands)</u>
Assets:	
Cash	\$ 162,802
Fixed income	900,942
U.S. equities	134,614
International equities	231,072
Securities on loan against collateral	62,063
Adjustment for securities lending loss	—
Alternative investments	<u>100,408</u>
Total assets	1,591,901
Liabilities:	
Liability for collateral deposits	(60,156)
Due to collateral borrower	<u>(1,907)</u>
Net assets	<u><u>\$ 1,529,838</u></u>

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

The following information presents the net assets of the Thomas & Betts Corporation Master Retirement Trust as of November 30, 2013:

	November 30, 2013
	<u>(In thousands)</u>
Assets:	
Investments at fair value:	
Collective trust funds	\$ 309,736
Fixed income securities:	
Fixed income mutual fund	36,855
Other fixed income securities	9,933
Equity securities, primarily U.S.	32,820
Hedge fund	40,216
Other alternative investments	3,679
Cash and cash equivalents	<u>2,761</u>
Total investments	436,000
Receivable for investments sold	5,820
Accrued income	<u>176</u>
Total assets	441,996
Liabilities:	
Payable for investments purchased	(69)
Accrued expenses	<u>(774)</u>
Net assets	<u><u>\$ 441,153</u></u>

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

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

	Year ended November 30, 2014
	<u>(In thousands)</u>
Net appreciation (depreciation) in fair value of investments:	
Fixed income securities	\$ 27,711
U.S. equities	20,412
International equities	9,065
Other investments	7
Alternative investments	<u>19,277</u>
	76,472
Interest	18,784
Dividends	8,484
Miscellaneous income (loss)	<u>36</u>
Investment income (loss)	<u>\$ 103,776</u>
	Year ended November 30, 2013
	<u>(In thousands)</u>
Net appreciation (depreciation) in fair value of investments:	
Collective trust funds	\$ 63,223
Fixed income securities:	
Fixed income mutual fund	(2,424)
Other fixed income securities	347
Equity securities, primarily U.S.	10,591
Hedge fund	3,582
Other alternative investments	<u>406</u>
	75,725
Interest	1,656
Dividends	671
Miscellaneous income (loss)	<u>(57)</u>
Investment income (loss)	<u>\$ 77,995</u>

(5) Fair Value Measurements

Investments held by the Master Trust are stated at fair value. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, requires enhanced disclosures about investments that are measured and reported at fair value. ASC 820 clarifies the

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

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definition of fair value for financial reporting, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements.

The hierarchy established under ASC 820 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by ASC 820, the Master Trust investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820, and its applicability to the Master Trust's investments, are described below:

- Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
- Level 2** Quoted prices for similar assets or liabilities, or inputs that are observable, either directly or indirectly, for substantially the full term through corroboration with observable market data. Level 2 includes investments valued at quoted prices adjusted for legal and contractual restrictions specific to the security.
- Level 3** Pricing inputs are unobservable for the asset or liability, that is, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability. Level 3 includes private investments that are supported by little or no market activity.

The determination of where an asset falls in the hierarchy requires significant judgment. The Plan evaluates its hierarchy disclosures each year and changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. However, the Plan expects changes in classifications between levels will be rare. In such instances, the transfer is reported at the beginning of the reporting period.

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

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at November 30, 2014 and 2013.

- U.S. fixed income securities consisting primarily of U.S. corporate bonds, U.S. government securities, and short term investments, are valued at the closing price reported on the active market on which the individual securities are traded.
- International fixed income securities consisting primarily of international corporate bonds and international government securities are valued at the net asset value, based on quoted market prices in international markets.
- U.S. equities consisting primarily of U.S. corporate stocks are valued at the closing price reported on the active market on which the individual securities are traded.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

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- International equities and foreign exchange contracts are valued at the net asset value, based on quoted market prices in international markets.
- The various asset classes listed above may be in either pooled or separate accounts. Pooled account investors receive their prorated share of gains and losses, as well as any interest earned. Separate accounts receive all gains and losses as well as interest earned within the portfolio.
- Mutual funds and registered investment companies are valued at the net asset value, based on quoted market prices in active markets, of shares held by the Plan at year end.
- Collective trusts are valued at net asset value as determined by the Trustee.
- Alternative investments are valued at net asset value as reported by the respective fund manager.

The following table sets forth by level, within the fair value hierarchy, the ABB Master Trust's financial instruments at fair value as of November 30, 2014:

		Instruments at fair value			
		(Level 1)	(Level 2)	(Level 3)	Total
		(In thousands)			
Assets:					
Short-term investments (a)	\$	—	162,802	—	162,802
Fixed income (b)		327,651	569,410	3,881	900,942
U.S. equities (c)		50,567	84,047	—	134,614
International equities (d)		99,685	131,387	—	231,072
Alternative investments (e)		—	—	100,408	100,408
Total assets	\$	477,903	947,646	104,289	1,529,838
Liabilities:					
Securities on loan (f)	\$	62,064	—	—	62,064
Total liabilities	\$	62,064	—	—	62,064

- a. This category consists of cash in an interest bearing checking account.
- b. This category includes investments in mutual funds and highly diversified pooled and separate accounts that invest in U.S. and internationally issued bonds. There are currently no redemption restrictions on the Level 1 and Level 2 investments; however, in 2014, the Level 3 fixed income investment was released by the U.K. bankruptcy courts and was liquidated by the manager by 2014 year end.
- c. This category includes investments in mutual funds and highly diversified pooled and separate accounts that invest in U.S. common stocks via direct purchases. There are currently no redemption restrictions on these investments.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

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- d. This category includes investments in mutual funds and diversified pooled, collective trusts and separate accounts that invest in international common stocks. A currency overlay strategy is also employed to add value and reduce currency risk.
- e. This category includes investments in private equity, distressed debt and fund of funds. The alternative investments include varying redemption restrictions that are dependent upon related market conditions which may dictate timing and redemption amount.
- f. This category includes equities and fixed income securities out on loan supported by cash collateral with value in excess of the value of the securities loaned out.

The following table sets forth by level, within the fair value hierarchy, the Thomas & Betts Corporation Master Retirement Trust's financial instruments at fair value as of November 30, 2013:

	Investments at fair value			Total
	(Level 1)	(Level 2)	(Level 3)	
	(In thousands)			
Collective trust funds	\$ —	309,736	—	309,736
Fixed income securities:				
Fixed income mutual fund	36,855	—	—	36,855
Other fixed income securities	8,099	1,834	—	9,933
Equity securities, primarily U.S.	32,820	—	—	32,820
Hedge fund	—	40,216	—	40,216
Other alternative investments	—	—	3,679	3,679
Cash and cash equivalents	2,761	—	—	2,761
Total investments at fair value	\$ 80,535	351,786	3,679	436,000

The following is a description of the valuation methodologies used for investments measured at fair value at November 30, 2013.

Collective trust funds: Collective trust funds are comprised of units in commingled funds that are not publicly traded. The underlying assets in these funds (58% domestic equity securities, 21% foreign equity securities and 21% fixed income securities) are publicly traded on national securities exchanges and price quotes for the assets held by these funds are readily available. The investment strategies of these funds are to invest in specific sectors or securities consistent with the overall investment policy of the Master Trust. A significant portion of the underlying assets in these funds are invested in domestic large-cap, mid-cap and small-cap equity securities. The collective trust funds are valued at the net asset value per unit as determined by the collective trusts as of the valuation date. The Plan has elected as a practical expedient to reflect the collective trust fund balances on the basis of net asset value. Collective trust funds have been classified as a Level 2 investment.

Fixed income securities: Fixed income securities include an open-ended bond mutual fund comprised principally of U.S. government bonds. Fixed income securities also reflect directly held domestic and foreign

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

government bonds and corporate bonds. Such investments are measured using quoted market prices which are readily available. These fixed income securities have been classified as a Level 1 investment. Fixed income securities also include asset and mortgage backed securities. The fair value of these investments is estimated using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. These fixed income securities have been classified as a Level 2 investment.

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

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

Other alternative investments: Other alternative investments include a private equity partnership fund and a real estate partnership fund. The valuation of the private equity and real estate partnership funds require significant judgment due to the absence of quoted market prices, the inherent lack of liquidity and the long-term nature of such assets. These assets are initially valued by Plan management at cost, which approximates fair value, and the carrying values of these assets are reviewed and adjusted as needed periodically utilizing available and relevant market data. These investments are classified as a Level 3 investment. The valuation of Level 3 investments requires significant judgment due to the absence of quoted market prices, the inherent lack of liquidity, and the long-term nature of such assets. Certain Level 3 investments are valued based upon recommendations of the Company’s investment managers incorporating factors such as contributions and distributions, market transactions, market comparables, and performance multiples. As the Company relies on fair values as determined by its investment managers for these Level 3 investments, significant unobservable inputs, including valuation techniques and other key inputs, for these items may not be reasonably available. The Company has not provided quantitative information about the significant unobservable inputs as these inputs are not developed by the Company when measuring fair value.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

The table below sets forth a summary of changes in the fair value of the ABB Master Trust's Level 3 financial instruments for the year ended November 30, 2014.

	November 30, 2014
	(In thousands)
Balance, beginning of year	\$ 129,283
Net realized gains	15,555
Changes in unrealized appreciation (depreciation)	6,644
Net sales	(47,176)
Return of capital	—
Transfers in	—
Transfers out	(17)
Balance, end of year	<u>\$ 104,289</u>

The table below sets forth a summary of changes in the fair value of the Thomas & Betts Corporation Master Retirement Trust's Level 3 assets for the year ended November 30, 2013.

	Change in Level 3 investments for year ended November 30, 2013			
	Private equity funds	Real estate funds	Other commingled funds	Total
	(In thousands)			
Beginning balance	\$ 1,557	1,556	160	3,273
Unrealized gain (loss)	311	95	—	406
Purchases (sales)	(140)	—	140	—
Ending Balance	<u>\$ 1,728</u>	<u>1,651</u>	<u>300</u>	<u>3,679</u>

The Thomas & Betts Corporation Master Retirement Trust has elected to use a practical expedient to estimate the fair value of the investments in fixed income securities and alternative investments. The net asset value (NAV), including member units or an ownership interest in partners' capital to which a proportionate share of net assets is attributed, is used for each investment as of the reporting date.

In determining the reasonableness of the valuation methodology for the investments in fixed income securities and alternative investments, the Company obtains audited financial statements at the respective year end for each investment manager to support the reported NAV. In addition, the Company, upon consultation with an external investment advisor, regularly evaluates a variety of factors to determine the reasonableness of the valuation methodology, including review of the underlying investments of each fund, comparison of expected performance to actual results, review of the fund manager's investment strategy, and the current economic and capital market environment.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

(6) Actuarial Present Value of Accumulated Plan Benefits

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

Towers Watson & Company is responsible for the administrative, consulting and actuarial functions for the Plan. The actuarial present value of the accumulated plan benefits as determined by Towers Watson & Company is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations for the plan years beginning December 1, 2013 and December 1, 2012 were: (a) mortality rate based on the Blue Collar RP-2014 Mortality Tables with Scale MP-2014 generational projection; (b) moderate rate of employee withdrawal; (c) assumed rate of return on investments (funding interest rate) of 6.0% in 2014 and 7.0% in 2013; and (d) a weighted average assumed retirement age at 63 in 2013 and 2012. Assumption changes totaling \$5.3 million, which were primarily the result of changes in the discount rate used to determine the present value of accumulated benefits, increased the actuarial value of accumulated plan benefits as of December 1, 2012.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present values of accumulated plan benefits as of the beginning of the Plan year, which is the Plan's measurement date, are presented below.

		December 1	
		2013	2012
		(In thousands)	
Vested:			
Currently receiving payments	\$	25,601	23,100
Other participants		14,226	12,419
		39,827	35,519
Nonvested		484	523
Total actuarial value of accumulated plan benefits	\$	40,311	36,042

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

Accumulated plan benefits changed during the Plan year ended November 30, 2013 as a result of the following:

	Year ended November 30, 2013
	<u>(In thousands)</u>
Actuarial value of accumulated plan benefits as of beginning of year	\$ 36,042
Interest	2,431
Actuarial (gains)/losses	(775)
Benefits accumulated (including plan experience)	11
Assumption changes	5,253
Pension benefits paid	<u>(2,651)</u>
Actuarial value of accumulated plan benefits as of end of year	<u>\$ 40,311</u>

(7) Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees which is adjusted periodically. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

(8) Federal Income Taxes

The Internal Revenue Service has issued a determination letter dated December 21, 2012, stating that the Plan is a qualified plan in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receipt of the determination letter as was instructed. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC. The Plan administrator and the Plan's outside tax counsel believe that the Plan is properly designed to be in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. As of November 30, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for plan years prior to and including the year ended November 30, 2011.

(9) Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

(10) Subsequent Events

The Plan evaluated subsequent events through September 15, 2015, which is the date the financial statements were available to be issued, and has concluded that other than the items discussed above, there are no significant subsequent events requiring recognition or disclosure in these financial statements.

(11) Reconciliation of Financial Statements to Form 5500

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

	Year ended November 30	
	2014	2013
	(In thousands)	
Employer contribution receivable per the financial statements	\$ —	—
Add net contribution receivable recognized for Form 5500	—	5,000
Employer contribution receivable per Form 5500	\$ —	5,000

**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

Notes to Financial Statements

November 30, 2014 and 2013

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

	Year ended November 30	
	2014	2013
	(In thousands)	
Interest in net investment income (loss) of Master Trust per the financial statements	\$ 2,514	7,238
Deduct administrative expenses reported at the Plan level	<u>—</u>	<u>(419)</u>
Interest in net investment income (loss) of Master Trust per Form 5500	<u>\$ 2,514</u>	<u>6,819</u>

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

	Year ended November 30	
	2014	2013
	(In thousands)	
Employer contribution per the financial statements	\$ 5,000	—
Add (deduct) net employer contribution recognized for Form 5500	<u>(5,000)</u>	<u>5,000</u>
Employer contribution per Form 5500	<u>\$ —</u>	<u>5,000</u>

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

	Year ended November 30	
	2014	2013
	(In thousands)	
Administrative expenses per the financial statements	\$ 436	419
Deduct administrative expenses reported at the Plan level	<u>—</u>	<u>(419)</u>
Administrative expenses per Form 5500	<u>\$ 436</u>	<u>—</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2013

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 - 29					1															
30 - 34	1		1		10		4													
35 - 39			2		5		3		6											
40 - 44					4		5		11		3									
45 - 49			1		8		2		17		5		12							
50 - 54			2		7		8		10		5		16		11		1			
55 - 59			4		7		6		9		3		7		14		5		3	
60 - 64					4		9		5		4		7		10		1		5	
65 - 69									2		1		2		1		1		5	
70 & Over	1						37													

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
 EIN / PN: 22-1326940 / 003
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

Thomas & Betts Corporation

EIN/PN

22-1326940 / 003

Discount Rates

3-Segment Rates

Applicable month: August

Funding interest rates reflecting MAP-21 corridors

• First segment rate	4.94%
• Second segment rate	6.15%
• Third segment rate	6.76%
• Effective interest rate	6.27%

Funding interest rates not reflecting MAP-21 corridors

• First segment rate	1.39%
• Second segment rate	4.05%
• Third segment rate	5.08%
• Effective interest rate	4.30%

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Prior plan year PPA effective interest rate: 6.97%

Assumed Cost of Living Adjustments

None.

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is \$221,397.

Mortality

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

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by location are shown below.

Percentage retiring during the year		
Age	Athens	Mercer (Reznor)
60	10%	2%
61	5%	5%
62	50%	60%
63	10%	20%
64	10%	20%
65	100%	100%

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Disability Rates

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	.03%	.03%
25	.03	.03
30	.03	.04
35	.04	.07
40	.08	.13
45	.16	.24
50	.33	.40
55	.69	.64
60	1.15	.90
65 and later	.00	.00

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

Athens

Percentage leaving during the year - Athens		
Attained Age	Males	Females
20	9.90%	14.90%
25	9.90	14.90
30	6.90	6.49
35	4.85	7.40
40	2.80	4.90
45	1.60	3.30
50	.40	1.70
55	.00	.40
60	.00	.20
65	.00	.00

Mercer (Reznor)

Percentage leaving during the year – Mercer (Reznor)	
Attained Age	
20	11.01%
25	8.36
30	6.30
35	4.77
40	3.76
45	3.00
50	2.35
55	2.05
60 and later	.00

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Form of Payment

The form of payment assumed is shown below:

Form of Payment Assumed	
Location	All Employees
Athens	Life Annuity
Mercer (Reznor)	10 year Certain & Life Annuity

Marriage

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

Employees

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

Plan Compensation

Not applicable.

Asset Method

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2012 plan year, discounted using the effective interest rate for the 2012 plan year.

Participant Data

Participant data were supplied by the plan administrator (AonHewitt) as of the census date, December 1, 2013.

Tax Policy

The actuarial valuation performed for the plan year ending November 30, 2014 is used to determine the maximum deductible contribution for the tax year ending December 31, 2014.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

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

For the Athens participants, we have not valued the offsets for Workers Compensation that may apply to the plan's disability benefits. For the Reznor participants, we have not valued the public disability benefits that may offset the plan's disability benefits. Additionally, we have not reflected in our valuation an offset to the QPSA employer cost for the charge for the QPSA benefits that applies for Reznor participants. Each of these items was deemed to be insignificant for valuation purposes.

Changes in Assumptions and Methods Since Last Actuarial Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of August 2012 to August 2013.

The PPA static mortality tables with separate mortality rates for annuitants and non-annuitants were updated from 2012 to 2013.

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form Is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

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

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

A Name of plan THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THOMAS & BETTS CORPORATION	D Employer Identification Number (EIN) 22-1326940	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		46421302
b Actuarial value	2b		46421302
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	515	24343780
b For terminated vested participants.....	3b	214	3357313
c For active participants:			
(1) Non-vested benefits	3c(1)		501774
(2) Vested benefits	3c(2)		9480481
(3) Total active.....	3c(3)	276	9982255
d Total.....	3d	1005	37683348
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		6.27%
6 Target normal cost.....	6		221397

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>Jonathan M. Williams</u> <u>JMW</u> Signature of actuary	<u>9/2/15</u> Date
	Jonathan M. Williams Type or print name of actuary	<u>1407625</u> Most recent enrollment number
	Towers Watson Delaware Inc. Firm name	<u>216-937-4000</u> Telephone number (including area code)
	1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114 Address of the firm	

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

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	114591
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	114591
10 Interest on line 9 using prior year's actual return of <u>19.66%</u>	0	22529
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4635873
b Interest on (a) using prior year's effective interest rate of <u>6.97%</u> except as otherwise provided (see instructions)		323120
c Total available at beginning of current plan year to add to prefunding balance		4958993
d Portion of (c) to be added to prefunding balance		4958993
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	5096113

Part III Funding Percentages

14 Funding target attainment percentage	14	109.66 %
15 Adjusted funding target attainment percentage	15	123.18 %
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	102.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ 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

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 4
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	221397	
b Excess assets, if applicable, but not greater than line 31a	31b	221397	
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	0	
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	0	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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
EIN/PN	22-1326940 / 003
Plan Name	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
Valuation Date	December 1, 2013
Enrolled Actuary	Jonathan M. Williams
Enrollment Number	14-07625

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

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

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2013

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

<u>Athens Location</u>			
Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
60	10.00%	10.00%	6.0000
61	5.00%	4.50%	2.7450
62	50.00%	42.75%	26.5050
63	10.00%	4.28%	2.6933
64	10.00%	3.85%	2.4624
65	100.00%	34.63%	22.5079

Retirement Age =====> 63

<u>Mercer (Reznor) Location</u>			
Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
60	2.00%	2.00%	1.2000
61	5.00%	4.90%	2.9890
62	60.00%	55.86%	34.6332
63	20.00%	7.45%	4.6922
64	20.00%	5.96%	3.8134
65	100.00%	23.83%	15.4918

Retirement Age =====> 63

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2013

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25														
25 - 29					1									
30 - 34	1		1		10		4							
35 - 39			2		5		3		6					
40 - 44					4		5		11		3			
45 - 49			1		8		2		17		5		12	
50 - 54			2		7		8		10		5		16	1
55 - 59			4		7		6		9		3		7	5
60 - 64					4		9		5		4		7	1
65 - 69									2		1		2	1
70 & Over	1						37							

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
 EIN / PN: 22-1326940 / 003
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

Thomas & Betts Corporation

EIN/PN

22-1326940 / 003

Discount Rates

3-Segment Rates

Applicable month: August

Funding interest rates reflecting MAP-21 corridors

- | | |
|---------------------------|-------|
| • First segment rate | 4.94% |
| • Second segment rate | 6.15% |
| • Third segment rate | 6.76% |
| • Effective interest rate | 6.27% |

Funding interest rates not reflecting MAP-21 corridors

- | | |
|---------------------------|-------|
| • First segment rate | 1.39% |
| • Second segment rate | 4.05% |
| • Third segment rate | 5.08% |
| • Effective interest rate | 4.30% |

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
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Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Prior plan year PPA effective interest rate: 6.97%

Assumed Cost of Living Adjustments

None.

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is \$221,397.

Mortality

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

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by location are shown below.

Percentage retiring during the year		
Age	Athens	Mercer (Reznor)
60	10%	2%
61	5%	5%
62	50%	60%
63	10%	20%
64	10%	20%
65	100%	100%

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Disability Rates

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	.03%	.03%
25	.03	.03
30	.03	.04
35	.04	.07
40	.08	.13
45	.16	.24
50	.33	.40
55	.69	.64
60	1.15	.90
65 and later	.00	.00

Compensation Increases

Not applicable.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

Athens

Percentage leaving during the year - Athens		
Attained Age	Males	Females
20	9.90%	14.90%
25	9.90	14.90
30	6.90	6.49
35	4.85	7.40
40	2.80	4.90
45	1.60	3.30
50	.40	1.70
55	.00	.40
60	.00	.20
65	.00	.00

Mercer (Reznor)

Percentage leaving during the year – Mercer (Reznor)	
Attained Age	
20	11.01%
25	8.36
30	6.30
35	4.77
40	3.76
45	3.00
50	2.35
55	2.05
60 and later	.00

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Form of Payment

The form of payment assumed is shown below:

Form of Payment Assumed	
Location	All Employees
Athens	Life Annuity
Mercer (Reznor)	10 year Certain & Life Annuity

Marriage

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

Employees

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

Plan Compensation

Not applicable.

Asset Method

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2012 plan year, discounted using the effective interest rate for the 2012 plan year.

Participant Data

Participant data were supplied by the plan administrator (AonHewitt) as of the census date, December 1, 2013.

Tax Policy

The actuarial valuation performed for the plan year ending November 30, 2014 is used to determine the maximum deductible contribution for the tax year ending December 31, 2014.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

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

For the Athens participants, we have not valued the offsets for Workers Compensation that may apply to the plan's disability benefits. For the Reznor participants, we have not valued the public disability benefits that may offset the plan's disability benefits. Additionally, we have not reflected in our valuation an offset to the QPSA employer cost for the charge for the QPSA benefits that applies for Reznor participants. Each of these items was deemed to be insignificant for valuation purposes.

Changes in Assumptions and Methods Since Last Actuarial Valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of August 2012 to August 2013.

The PPA static mortality tables with separate mortality rates for annuitants and non-annuitants were updated from 2012 to 2013.

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees

Five different bargaining agreement benefit structures have been merged to form The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees and are referred to as Parts A, B, C, D and E. Parts A, B and E cover only former employees from these bargaining agreements.

Former employees from Parts A, B and E are valued using their previously determined accrued benefits (or actual benefits being paid). The deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

Plan provisions for Parts C and D are outlined below. Part C applies to employees at the Athens, Tennessee plant and Part D applies to employees at the Mercer, Pennsylvania plant, also referred to as Reznor participants.

ATHENS HOURLY PARTICIPANTS (PART C)

A. BASIC PROVISIONS

1. **Effective Date:** January 1, 1973 as amended through April 2011 resulting in a freeze of benefit accruals on December 31, 2011.
2. **Plan Year:** The twelve-month period ending November 30.
3. **Coverage and Participation:** Employees represented by Local 175, International Brotherhood of Electrical Workers at the plant in Athens, Tennessee prior to the participation freeze date. Participation was frozen for all employees effective July 17, 2006.
4. **Vesting:** 5 years of Vesting Service.
5. **Normal Retirement Date:** Age 65 with 5 years of Credited Service.
6. **Early Retirement Benefit Eligibility:** Age 60 with 10 years of Vesting Service.
7. **Disability Benefit Eligibility:** Age 50 with 15 years of Vesting Service and the occurrence of total and permanent disability prior to age 65.
8. **Death Benefit Eligibility:** Death with vested benefit and eligible spouse.

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

B. BENEFIT PROVISIONS

1. **Retirement Benefit Formula:** \$24.00 per month per year of Credited Service up to a maximum of 40 years of Credited Service.
2. **Credited Service:** One year of Credited Service is earned for each calendar year prior to 2012 in which the participant completes 1,000 or more hours of service. No partial years of Credited Service are granted for a calendar year in which the participant works less than 1,000 hours. No Credited Service provided after 2011.
3. **Vesting Service:** One year of service is credited for each calendar year during which the participant works at least 1,000 hours
4. **Payment of Benefits:**
 - a. **Early Retirement:** The monthly accrued benefit as of Early Retirement, reduced by 5/8 of 1% for each month by which commencement of benefits precedes normal retirement date. If a participant has at least 30 years of Credited Service, the benefit is reduced by 5/8 of 1% for each month by which commencement of benefits precedes age 62. If a participant's age plus Credited Service is at least 100, the normal retirement benefit is unreduced.
 - b. **Disability Retirement:** The monthly accrued benefit as of the date of disablement unreduced for early retirement. Offsets for Workers Compensation benefits may apply if they are not already deducted from Social Security Disability benefits payable.
 - c. **Vested Termination:** The monthly accrued benefit as of the date of termination with payments beginning at age 65. The benefit is available for early retirement with 10 years of service.
 - d. **Death:** The eligible spouse will be entitled to a monthly lifetime pension equal to 50% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 50% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.
5. **Normal Form of Benefit:** The calculation formula is based on a monthly life annuity. However, a married participant shall normally receive an actuarially reduced joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.
6. **Optional Forms of Retirement Income in Lieu of Normal Form:** A participant may elect one of the following forms of payment of equivalent value:
 - Life Annuity
 - Joint and Survivor Annuity (50%, 66 2/3%, 75%, and 100%)
 - Period Certain and Life Benefit (5 years, 10 years and 15 years)

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

7. **Changes Since the Prior Valuation:** the deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

MERCER (REZNOR) HOURLY PARTICIPANTS (PART D)

A. BASIC PROVISIONS

1. **Effective Date:** March 1, 1966. The last plan change reflected herein is the agreement to freeze benefit accruals on December 31, 2012.
2. **Plan Year:** The twelve-month period ending November 30.
3. **Coverage and Participation:** Employees represented by Local 5306 of the United Steelworkers of America, AFL-CIO (Technical Unit, Production and Maintenance Unit and Clerical Unit) become participants in the plan upon attaining age 21 and completing at least one year of service. Participation was frozen effective May 21, 2008 for these union employees.
4. **Vesting:** 5 years of Vesting Service.
5. **Normal Retirement Date:** Age 65 with 5 years of Vesting Service.
6. **Early Retirement Eligibility:** Age 60 with 20 years of Vesting Service.
7. **Disability Retirement Eligibility:** Age 50 with 15 years of Vesting Service and the occurrence of total and permanent disability prior to age 65.
8. **Death Benefit Eligibility:** Death with vested benefit and eligible spouse.

B. BENEFIT PROVISIONS

1. **Retirement Benefit Formula:** Participants receive an accrual based on a multiplier per month per year of Credited Service. The multipliers for each year of Credited Service are shown below.

Credited Service	Multiplier for Terminations on or After June 1, 2008
Prior to May 31, 1963	\$5.00
June 1, 1963 – June 30, 1990	16.25
July 1, 1990 and Later	23.00

2. **Vesting Service:** One year of service is credited for each calendar year during which the participant works at least 1,000 hours or is on an authorized leave of absence

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

3. **Credited Service:** For employment after June 1, 1973, one year of Credited Service is earned for each calendar year prior to 2013 in which the participant completes 1,680 or more hours of service. Participants receive one tenth of a year of Credited Service for each 168 hours that are worked during a calendar year in which they complete less than 1,680 hours of service. Prior to June 1, 1973, one year of Credited Service was granted for each year of employment. No Credited Service is provided after 2012.

4. **Payment of Benefits:**

- a. **Early Retirement:** The monthly accrued benefit as of Early Retirement, reduced by $1/180^{\text{th}}$ for each month by which commencement of benefits precedes the earlier of normal retirement date or the attainment of age 62 with 40 years of service. If a participant is at least age 62 with at least 40 years of service, the monthly accrued benefit is unreduced.
- b. **Disability:** The monthly accrued benefit as of the date of disablement unreduced for early commencement. If a participant is awarded an Employer-provided Public Disability benefit, then the disability benefit under the plan is reduced by the Public Disability benefit.
- c. **Vested Termination:** The monthly accrued benefit as of the date of termination with payments beginning at age 65. The benefit is available for early retirement as described above with 20 years of Vesting Service at termination.
- d. **Death:** The eligible spouse will be entitled to a monthly lifetime pension equal to 50% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 50% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.

Charge for Coverage: Active participants are charged 1% for each year that death benefit coverage is in effect beginning at age 60. Terminated vested participants are charged for each year coverage is in effect after their termination date based on the following table. Coverage can be waived with spousal consent for each year that a charge applies.

Age	Reduction Per Year
40 and earlier	.10%
40 – 49	.20
50 – 54	.30
55 – 59	.50
60 and later	1.00

5. **Normal Form of Benefit:** The normal form of payment is a monthly 10 year certain and life annuity. However, a married participant shall normally receive an actuarially equivalent joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

6. **Optional Forms of Retirement Income in Lieu of Normal Form:** A participant may elect one of the following forms of payment of equivalent value:
- Life Annuity
 - Joint and Survivor Annuity (50%, 75% and 100%)
 - 10 year Certain and Life Annuity
7. **Changes Since the Prior Valuation:** The deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2013

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

<u>Athens Location</u>			
Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
60	10.00%	10.00%	6.0000
61	5.00%	4.50%	2.7450
62	50.00%	42.75%	26.5050
63	10.00%	4.28%	2.6933
64	10.00%	3.85%	2.4624
65	100.00%	34.63%	22.5079

Retirement Age =====> 63

<u>Mercer (Reznor) Location</u>			
Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
60	2.00%	2.00%	1.2000
61	5.00%	4.90%	2.9890
62	60.00%	55.86%	34.6332
63	20.00%	7.45%	4.6922
64	20.00%	5.96%	3.8134
65	100.00%	23.83%	15.4918

Retirement Age =====> 63

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
EIN/PN	22-1326940 / 003
Plan Name	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
Valuation Date	December 1, 2013
Enrolled Actuary	Jonathan M. Williams
Enrollment Number	14-07625

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

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

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees

Five different bargaining agreement benefit structures have been merged to form The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees and are referred to as Parts A, B, C, D and E. Parts A, B and E cover only former employees from these bargaining agreements.

Former employees from Parts A, B and E are valued using their previously determined accrued benefits (or actual benefits being paid). The deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

Plan provisions for Parts C and D are outlined below. Part C applies to employees at the Athens, Tennessee plant and Part D applies to employees at the Mercer, Pennsylvania plant, also referred to as Reznor participants.

ATHENS HOURLY PARTICIPANTS (PART C)

A. BASIC PROVISIONS

1. **Effective Date:** January 1, 1973 as amended through April 2011 resulting in a freeze of benefit accruals on December 31, 2011.
2. **Plan Year:** The twelve-month period ending November 30.
3. **Coverage and Participation:** Employees represented by Local 175, International Brotherhood of Electrical Workers at the plant in Athens, Tennessee prior to the participation freeze date. Participation was frozen for all employees effective July 17, 2006.
4. **Vesting:** 5 years of Vesting Service.
5. **Normal Retirement Date:** Age 65 with 5 years of Credited Service.
6. **Early Retirement Benefit Eligibility:** Age 60 with 10 years of Vesting Service.
7. **Disability Benefit Eligibility:** Age 50 with 15 years of Vesting Service and the occurrence of total and permanent disability prior to age 65.
8. **Death Benefit Eligibility:** Death with vested benefit and eligible spouse.

Plan Name:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2013

SCHEDULE SB ATTACHMENTS

B. BENEFIT PROVISIONS

1. **Retirement Benefit Formula:** \$24.00 per month per year of Credited Service up to a maximum of 40 years of Credited Service.
2. **Credited Service:** One year of Credited Service is earned for each calendar year prior to 2012 in which the participant completes 1,000 or more hours of service. No partial years of Credited Service are granted for a calendar year in which the participant works less than 1,000 hours. No Credited Service provided after 2011.
3. **Vesting Service:** One year of service is credited for each calendar year during which the participant works at least 1,000 hours
4. **Payment of Benefits:**
 - a. **Early Retirement:** The monthly accrued benefit as of Early Retirement, reduced by 5/8 of 1% for each month by which commencement of benefits precedes normal retirement date. If a participant has at least 30 years of Credited Service, the benefit is reduced by 5/8 of 1% for each month by which commencement of benefits precedes age 62. If a participant's age plus Credited Service is at least 100, the normal retirement benefit is unreduced.
 - b. **Disability Retirement:** The monthly accrued benefit as of the date of disablement unreduced for early retirement. Offsets for Workers Compensation benefits may apply if they are not already deducted from Social Security Disability benefits payable.
 - c. **Vested Termination:** The monthly accrued benefit as of the date of termination with payments beginning at age 65. The benefit is available for early retirement with 10 years of service.
 - d. **Death:** The eligible spouse will be entitled to a monthly lifetime pension equal to 50% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 50% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.
5. **Normal Form of Benefit:** The calculation formula is based on a monthly life annuity. However, a married participant shall normally receive an actuarially reduced joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.
6. **Optional Forms of Retirement Income in Lieu of Normal Form:** A participant may elect one of the following forms of payment of equivalent value:
 - Life Annuity
 - Joint and Survivor Annuity (50%, 66 2/3%, 75%, and 100%)
 - Period Certain and Life Benefit (5 years, 10 years and 15 years)

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

7. **Changes Since the Prior Valuation:** the deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

MERCER (REZNOR) HOURLY PARTICIPANTS (PART D)

A. BASIC PROVISIONS

1. **Effective Date:** March 1, 1966. The last plan change reflected herein is the agreement to freeze benefit accruals on December 31, 2012.
2. **Plan Year:** The twelve-month period ending November 30.
3. **Coverage and Participation:** Employees represented by Local 5306 of the United Steelworkers of America, AFL-CIO (Technical Unit, Production and Maintenance Unit and Clerical Unit) become participants in the plan upon attaining age 21 and completing at least one year of service. Participation was frozen effective May 21, 2008 for these union employees.
4. **Vesting:** 5 years of Vesting Service.
5. **Normal Retirement Date:** Age 65 with 5 years of Vesting Service.
6. **Early Retirement Eligibility:** Age 60 with 20 years of Vesting Service.
7. **Disability Retirement Eligibility:** Age 50 with 15 years of Vesting Service and the occurrence of total and permanent disability prior to age 65.
8. **Death Benefit Eligibility:** Death with vested benefit and eligible spouse.

B. BENEFIT PROVISIONS

1. **Retirement Benefit Formula:** Participants receive an accrual based on a multiplier per month per year of Credited Service. The multipliers for each year of Credited Service are shown below.

Credited Service	Multiplier for Terminations on or After June 1, 2008
Prior to May 31, 1963	\$5.00
June 1, 1963 – June 30, 1990	16.25
July 1, 1990 and Later	23.00

2. **Vesting Service:** One year of service is credited for each calendar year during which the participant works at least 1,000 hours or is on an authorized leave of absence

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

3. **Credited Service:** For employment after June 1, 1973, one year of Credited Service is earned for each calendar year prior to 2013 in which the participant completes 1,680 or more hours of service. Participants receive one tenth of a year of Credited Service for each 168 hours that are worked during a calendar year in which they complete less than 1,680 hours of service. Prior to June 1, 1973, one year of Credited Service was granted for each year of employment. No Credited Service is provided after 2012.
4. **Payment of Benefits:**
- a. **Early Retirement:** The monthly accrued benefit as of Early Retirement, reduced by $1/180^{\text{th}}$ for each month by which commencement of benefits precedes the earlier of normal retirement date or the attainment of age 62 with 40 years of service. If a participant is at least age 62 with at least 40 years of service, the monthly accrued benefit is unreduced.
 - b. **Disability:** The monthly accrued benefit as of the date of disablement unreduced for early commencement. If a participant is awarded an Employer-provided Public Disability benefit, then the disability benefit under the plan is reduced by the Public Disability benefit.
 - c. **Vested Termination:** The monthly accrued benefit as of the date of termination with payments beginning at age 65. The benefit is available for early retirement as described above with 20 years of Vesting Service at termination.
 - d. **Death:** The eligible spouse will be entitled to a monthly lifetime pension equal to 50% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 50% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.

Charge for Coverage: Active participants are charged 1% for each year that death benefit coverage is in effect beginning at age 60. Terminated vested participants are charged for each year coverage is in effect after their termination date based on the following table. Coverage can be waived with spousal consent for each year that a charge applies.

Age	Reduction Per Year
40 and earlier	.10%
40 – 49	.20
50 – 54	.30
55 – 59	.50
60 and later	1.00

5. **Normal Form of Benefit:** The normal form of payment is a monthly 10 year certain and life annuity. However, a married participant shall normally receive an actuarially equivalent joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

SCHEDULE SB ATTACHMENTS

6. **Optional Forms of Retirement Income in Lieu of Normal Form:** A participant may elect one of the following forms of payment of equivalent value:
- Life Annuity
 - Joint and Survivor Annuity (50%, 75% and 100%)
 - 10 year Certain and Life Annuity
7. **Changes Since the Prior Valuation:** The deferred vested participants were offered a lump sum for a window period with payment April 1, 2014.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2013

Schedule H**THOMAS & BETTS CORPORATION PENSION PLAN
FOR BARGAINING UNIT EMPLOYEES**

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

November 30, 2014

(In thousands)

Description	Cost	Current value
* Interest in the ABB Master Retirement Trust	\$ 42,812	42,712
* Represents a party-in-interest to the Plan.		

See accompanying independent auditors' report.