

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THOMAS & BETTS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address; 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 Plan Sponsor's telephone number <u>901-252-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-1326940</u>	2c Plan 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 Plan 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.	09/15/2016	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 8172
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1398 6a(2) 1263 6b 4089 6c 1449 6d 6801 6e 814 6f 7615 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 3J 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month 12 Day 01 Year 2014	
2 Assets:	
a Market value	2a 374380056
b Actuarial value	2b 374380056
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 5055 (2) Vested Funding Target 210679929 (3) Total Funding Target 210679929
b For terminated vested participants.....	1719 56288994 56288994
c For active participants.....	1398 52305803 54052729
d Total.....	8172 319274726 321021652
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 6.38%
6 Target normal cost	6 1900000

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		09/01/2016
	Signature of actuary	Date
JOHN D STEELE	Type or print name of actuary	14-05326
		Most recent enrollment number
WILLIS TOWERS WATSON	Firm name	203-326-5400
		Telephone number (including area code)
ONE STAMFORD PLAZA 263 TRESSER BOULEVARD STAMFORD, CT 06901	Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	9503076	44630941
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)	9503076	44630941
10 Interest on line 9 using prior year's actual return of <u>5.40</u> %	513166	2410071
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.27</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 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)	10016242	47041012

Part III Funding Percentages		
14 Funding target attainment percentage	14	98.84 %
15 Adjusted funding target attainment percentage	15	116.62 %
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	107.57 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	1900000	
b Excess assets, if applicable, but not greater than line 31a	31b	1900000	
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.....	1900000	0	1900000
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

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

Part I 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
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

WELLINGTON TRUST COMPANY, NA

04-2755549

(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 64	NONE	695796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON ASSET MANAGEMENT LLC

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	237830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	208719	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)

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	NONE	206799	Yes ☒ No ☐	Yes ☒ No ☐	0	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	NONE	176740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	163463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST

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	NONE	105661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	92747	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	NONE	87419	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)

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	NONE	87324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	63862	Yes ☒ No ☐	Yes ☒ No ☐	0	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	NONE	35000	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)

HILLSWICK ASSET MANAGEMENT LLC

90-0172984

(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	27035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DRINKER BIDDLE & REATH LLP

23-1423089

(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?
29	NONE	26755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PER CAPITAL LLC

86-1105603

(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	19507	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)

ORTEC FINANCE

BOOMPJES 40
ROTTERDAM, ROTTERDAM 3011 NL

(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	NONE	18643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON GROUP

41-0995965

(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	17224	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	12407	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)

BLOOMBERG

13-3417984

(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?
49	NONE	7972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PORTFOLIO TECH

36-4123495

(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	NONE	7117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COOLEY LLP

94-1140085

(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?
29	NONE	6723	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: JONATHAN WILLIAMS	b EIN: 22-1326940
c Position: ENROLLED ACTUARY	
d Address: 1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172	e Telephone: 216-937-4231
Explanation: CHANGE OF ACTUARY	

a Name: KPMG LLP	b EIN: 13-5565207
c Position: ACCOUNTANT	
d Address: 6070 POPLAR AVENUE SUITE 450 MEMPHIS, TN 38119-3901	e Telephone: 901-523-3131
Explanation: CORPORATION'S DESIRE TO CONSOLIDATE ALL AUDITS WITH A SINGLE FIRM	

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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>THOMAS & BETTS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</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>0</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>330244000</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):

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</u>		
A Name of plan <u>THOMAS & BETTS PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>		D Employer Identification Number (EIN) <u>22-1326940</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	0	586000
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)	374144000	330244000
	(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	374144000	330830000

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	374144000	330830000
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
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(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)		-820000
(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		-820000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	39352000	
(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)		39352000
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)	245218	
(2) Contract administrator fees.....	2i(2)	697787	
(3) Investment advisory and management fees.....	2i(3)	842792	
(4) Other.....	2i(4)	1356203	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3142000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42494000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-43314000
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3193187</u> <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>301</u>

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 10.0% Investment-Grade Debt: 33.0% High-Yield Debt: 20.0% 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):

Financial Statements and Report of
Independent Certified Public Accountants

The Thomas & Betts Pension Plan

November 30, 2015 and 2014

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
The Thomas & Betts Pension Plan:

Report on the financial statements

We were engaged to audit the accompanying financial statements of **The Thomas & Betts Pension Plan** (the "Plan"), which comprise the statement of net assets available for benefits as of November 30, 2015, and the related statement of changes in net assets available for benefits for the year 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the 2015 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 certified information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the year ended November 30, 2015, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

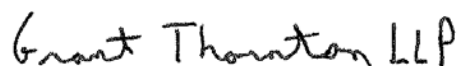
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2015 financial statements.

Other Matter

The financial statements of the Plan as of and for the year ended November 30, 2014 were audited by other auditors. 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 (ERISA), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the certified information. Their report, dated September 15, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the 2015 financial statements, other than that derived from the certified information described in Note 3, 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.



Raleigh, North Carolina
September 14, 2016

Statements of net assets available for benefits

(Amounts in thousands)

November 30	2015	2014
	\$	\$
Assets		
Interest in ABB Master Trust	330,244	374,144
Receivable from Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees	586	-
Total assets	330,830	374,144
Net assets available for benefits	330,830	374,144

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

Statements of changes in net assets available for benefits

(Amounts in thousands)

For the years ended November 30	2015	2014
	\$	\$
Additions to (deductions from) net assets attributed to:		
Interest in net investment income (loss) of the Master Trusts	(820)	22,940
Employer contributions	-	45,000
Pension benefits paid	(39,352)	(90,532)
Administrative expenses	(3,142)	(3,063)
Net (decrease) increase in net assets available for pension benefits	(43,314)	(25,655)
Net assets available for benefits:		
Beginning of year	374,144	399,799
End of year	330,830	374,144

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

Notes to financial statements

1 Plan Description and Benefits

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

The Plan is a defined benefit pension plan sponsored by Thomas & Betts Corporation (the Corporation and Plan Sponsor). Participants in this Plan include substantially all U.S. employees of the Corporation hired before January 2008 and not covered by a collective bargaining agreement. The Board of Directors of the Corporation has delegated responsibility for the administration of the Plan to the Corporation's Pension and Benefit Committee. 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 & 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.

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

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

2 Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with United States 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).

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 Trusts, as defined below, invest 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.

Master Trust

At November 30, 2015 and November 30, 2014, the assets of the ABB Master Trust consisted principally of investments in fixed income investments and equity securities.

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 ABB Investments Committee. The Plan's interest in the Master Trust and the interest in the net investment income or loss of the Master Trusts has been reported to the Plan administrator by BNY Mellon for the period from February 3, 2014 to November 30, 2015, for the Plan's interest in the ABB Master Trust and by Northern Trust for the period from December 1, 2013 to February 2, 2014, for the Plan's interest in the Thomas & Betts Corporation Master Retirement Trust. Fair values of investments are allocated to the participating plans based upon each plan's proportionate interest in the 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 Trusts are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date.

Investment income is recorded when earned. Net appreciation (depreciation) includes the Master Trust's gains and losses on investments bought, sold, and held during the year.

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.

It is the Company's intention to only make contributions that are tax-deductible. For each of the years ended November 30, 2015 and 2014, the Plan has satisfied the minimum funding requirements of ERISA.

Payment of Pension Benefits

Benefit payments to participants are recorded upon distribution.

Securities Lending

As of and for the years ended November 30, 2015 and 2014, the Master Trust participated in the Trustee's securities lending program for securities held in custody at the Trustee. These securities are lent to certain unrelated third-party brokers in exchange for collateral, usually in the form of cash. Collateralization levels are equal to a percentage of the market value of the borrowed securities. For U.S. securities, collateral shall not be less than 102% of the fair value of the loaned securities, and for non-U.S. securities, collateral shall not be less than 105% of the fair value of the loaned securities unless it is denominated in the same currency as the collateral, in which case it will be 102% of the fair value. Collateral received is invested in a short-term collateral reinvestment fund consisting of high quality short-term investments managed by BNY Mellon. The value of loaned securities in the Master Trust amounted to \$45,608,922 and \$60,156,390 at November 30, 2015 and 2014, respectively. The obligation to return collateral is reflected as a liability in the Master Trust's financial statements. Income from securities lending is included in other investment income in Note 4.

Derivatives

The Plan (through the Master Trust) may enter into foreign currency forward exchange contracts primarily to hedge against foreign currency exchange rate risks on its non-U.S dollar denominated investment securities. When entering into a forward currency contract, the Plan agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. The Plan's net equity therein, representing unrealized gain or loss on the contracts, as measured by the difference between the forward foreign exchanges rates at the dates of entry in the contracts and the forward rates at the reporting date is included in the Master Trust's net assets. Realized and unrealized gains and losses are included in the Master Trust's net investment gain (loss). These instruments involve market risk, credit risk, or both kinds of risks in excess of the amount recognized in the statement of net assets. Risks arise from the possible inability of counterparties to meet the terms of their contracts and movement in currency and securities values and interest rates. The values of such derivative contracts are included within the respective investment category in Note 4.

At November 30, 2015 and 2014, the Master Trust had the following foreign currency forward exchange contracts:

FAIR VALUE OF OUTSTANDING FORWARD CONTRACTS

As of November 30, 2015

Counterparty Allocation of Unrealized Profit / (Loss)	Maturity Date	Total	AUD	CHF	EUR	GBP	JPY
		\$	\$	\$	\$	\$	\$
Citibank NA	CTL 18-Feb-16	USD 325,954	USD 0	USD 142,307	USD 203,088	(USD 19,441)	USD 0
Goldman Sachs International	GSL 18-Feb-16	(USD 125,379)	(USD 125,379)	USD 0	USD 0	USD 0	USD 0
HSBC Bank plc	MDL 18-Feb-16	USD 31,117	USD 0	USD 0	USD 0	USD 0	USD 31,117
Royal Bank of Canada	RBL 18-Feb-16	USD 204,779	USD 0	USD 0	USD 204,779	USD 0	USD 0
Westpac Banking Corporation	WPL 18-Feb-16	USD 150,938	USD 0	USD 0	USD 0	USD 150,938	USD 0
Total unrealized profit / (loss) as of November 30, 2015		USD 587,409	(USD 125,379)	USD 142,307	USD 407,867	USD 131,497	USD 31,117

FAIR VALUE OF OUTSTANDING FORWARD CONTRACTS

As of November 30, 2014

Counterparty Allocation of Unrealized Profit / (Loss)	Maturity Date	Total	AUD	CHF	EUR	GBP	JPY
		\$	\$	\$	\$	\$	\$
Citibank NA	CTL 17-Feb-15	(USD 16,996)	USD 6,894	(USD 11,647)	(USD 45,395)	USD 0	USD 33,152
Goldman Sachs International	GSL 17-Feb-15	USD 72,275	USD 0	USD 0	USD 72,275	USD 0	USD 0
HSBC Bank plc	MDL 17-Feb-15	USD 403,930	USD 0	USD 0	USD 0	USD 403,930	USD 0
JP Morgan Chase	CML 17-Feb-15	USD 3,783	USD 0	USD 0	USD 0	USD 1,067	USD 2,716
Royal Bank of Canada	RBL 17-Feb-15	USD 691,763	USD 0	(USD 7,310)	USD 0	USD 0	USD 699,073
Westpac Banking Corporation	WPL 17-Feb-15	USD 50,125	USD 48,652	USD 1,473	USD 0	USD 0	USD 0
Total unrealized profit / (loss) as of November 30, 2014		USD 1,204,880	USD 55,546	(USD 17,484)	USD 26,880	USD 404,997	USD 734,941

The fair value of the foreign currency forward exchange contracts, none of which are accounted for as hedge instruments under FASB ASC 815, Derivatives and Hedging, are included in the Master Trust's net assets under unrealized gain on foreign currency contract.

The Master Trust may be required to post collateral on derivatives if the Master Trust is in a net liability position with the counterparty exceeding certain amounts. Additionally, counterparties may immediately terminate derivatives contracts if the Master Trust fails to maintain sufficient asset coverage for its contracts or its net assets decline by stated percentages.

Master Netting Agreements

The Master Trust is subject to master netting agreements, or netting arrangements, with certain counterparties. These agreements govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-arranged exposure levels. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different master netting arrangement, possibly resulting in the need for multiple agreements with a single counterparty. Master netting agreements are specific to each different asset type; therefore, they allow the company to close out and net its total exposure to a specified counterparty in the event of a default with respect to any and all the transactions governed under a single agreement with the counterparty.

The following is a summary by counterparty of the Master Trust's net exposure to derivative assets and liabilities, by financial instrument type, available for offset and net of collateral under a netting agreement at November 30, 2015 and 2014.

As of November 30, 2015:

Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative Liabilities	Net Exposure
	\$	\$	\$
Citibank NA	345,394	(19,440)	325,954
Goldman Sachs International		(125,379)	(125,379)
HSBC Bank plc	31,117	-	31,117
Royal Bank of Canada	204,779	-	204,779
Westpac Banking Corporation	150,938	-	150,938
Total	732,228	(144,819)	587,409

As of November 30, 2014:

Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative Liabilities	Net Exposure
	\$	\$	\$
Citibank NA	40,046	(57,042)	(16,996)
Goldman Sachs International	72,275	-	72,275
HSBC Bank plc	403,930	-	403,930
JP Morgan Chase	3,783	-	3,783
Royal Bank of Canada	699,073	(7,310)	691,763
Westpac Banking Corporation	50,125	-	50,125
Total	1,269,232	(64,352)	1,204,880

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, 2015 and 2014 is complete and accurate. Information as to the Plan's interest in the Master Trust and the Plan's interest in the net investment income or loss of the Master Trusts is in reliance solely upon this certification.

4 Interest in the Master Trusts

The Plan's investment assets were held in the ABB Master Trust for the period from February 3, 2014 to November 30, 2015 and in the Thomas & Betts Corporation Master Retirement Trust for the period from December 1, 2013 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, 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, 2015, the Plan had a 23.4% interest in the net assets of the ABB Master Trust, and at November 30, 2014, the Plan had a 24.5% interest in the ABB Master Trust.

The following information presents the net assets of the ABB Master Trust as of November 30, 2015 and 2014:

(Amounts in thousands)

November 30	2015	2014
	\$	\$
Assets:		
Cash	88,701	162,802
Fixed income	896,354	900,942
U.S. equities	136,769	134,614
International equities	215,571	231,072
Securities on loan against collateral	46,669	62,063
Alternative investments	71,143	100,408
Total assets	1,455,207	1,591,901
Liabilities:		
Liability for collateral deposits	(45,609)	(60,156)
Due to collateral borrower	(1,060)	(1,907)
Net assets	1,408,538	1,529,838

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

(Amounts in thousands)

For the year ended November 30	2015	2014
	\$	\$
Net (depreciation) appreciation in fair value of investments:		
Fixed income securities	(23,509)	27,711
U.S. equities	1,758	20,412
International equities	6,605	9,065
Other investments	8	7
Alternative investments	6,696	19,277
	(8,442)	76,472
Interest	18,689	18,784
Dividends	8,638	8,484
Miscellaneous income	12	36
Net Investment Income	18,897	103,776

5 Fair Value Measurements

Investments held by the Master Trusts 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 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 Trusts 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 Trusts' 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 Trusts believe their 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, 2015 and 2014:

- U.S. fixed income securities consisting primarily of U.S. corporate bonds, U.S. government securities, and short-term investments.
- International fixed income securities consisting primarily of international corporate bonds and international government securities.
- 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.
- International equities and foreign exchange contracts are valued at the net asset value.
- The various asset classes listed above may be invested in either mutual funds and registered investment companies classified as level 1, or are invested in collective trusts, pooled or separate accounts which have been classified as level 2. Investments in 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. All 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. Collective trusts and pooled separate accounts are valued at net asset value as determined by the Trustee. The inputs used in valuing the underlying investments in the collective trusts and separate accounts include quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable for the assets or liabilities and inputs that are derived principally from or corroborated by observable market data.
- Alternative investments are classified as level 3 and valued at net asset value as reported by the respective fund managers based upon the fair value of the underlying investments.

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, 2015:

	Instruments at fair value			Total
	(Level 1)	(Level 2)	(Level 3)	
	(in thousands)			
	\$	\$	\$	\$
Assets:				
Short-term investments (a)	-	88,701	-	88,701
Collateral held for securities lending (b)	46,669	-	-	46,669
Fixed income (c)	504,076	392,278	-	896,354
U.S. equities (d)	51,639	85,130	-	136,769
International equities (e)	128,341	87,230	-	215,571
Alternative investments (f)	-	-	71,143	71,143
Total assets	730,725	653,339	71,143	1,455,207
Liabilities:				
Securities on loan (g)	46,669	-	-	46,669
Total liabilities	46,669	-	-	46,669

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			Total
	(Level 1)	(Level 2)	(Level 3)	
	(in thousands)			
	\$	\$	\$	\$
Assets:				
Short-term investments (a)	-	162,802	-	162,802
Collateral held for securities lending (b)	62,063	-	-	62,063
Fixed income (c)	327,651	569,410	3,881	900,942
U.S. equities (d)	50,567	84,047	-	134,614
International equities (e)	99,685	131,387	-	231,072
Alternative investments (f)	-	-	100,408	100,408
Total assets	539,966	947,646	104,289	1,591,901
Liabilities:				
Securities on loan (g)	62,063	-	-	62,063
Total liabilities	62,063	-	-	62,063

- This category consists primarily of collective trusts.
- This collateral consists of cash provided by the borrower that is 102% of the value of the securities borrowed; subsequently this cash is invested in an overnight fund consisting of repurchase agreements and time deposits and a liquidating trust invested in repurchase agreements and asset-backed floating rate securities.
- 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 the plan year ended November 30, 2015.

- d. 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.
- e. 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.
- f. 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.
- g. 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 table below sets forth a summary of changes in the fair value of the Master Trusts' Level 3 financial instruments for the year ended November 30, 2015 and 2014:

November 30	2015	2014
	<i>(in thousands)</i>	
	\$	\$
Balance, beginning of year	104,289	129,283
Net realized gains	23,102	15,555
Changes in unrealized appreciation (depreciation)	(15,896)	6,644
Net sales	(40,352)	(47,176)
	-	(17)
Balance, end of year	71,143	104,289

The Master Trusts have elected to use a practical expedient to estimate the fair value of the investments in certain 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.

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.

Willis Towers Watson & Company performs consulting and actuarial functions for the Plan. The actuarial present value of the accumulated Plan benefits as determined by Willis 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 year beginning December 1, 2014 were: (a) mortality rates based on the Blue Collar RP-2006 Mortality Tables with Scale MP-2015 generational projection; (b) moderate rate of employee withdrawal; (c) assumed rate of return on investments (funding interest rate) of 6.0%; and (d) a weighted average assumed retirement age at 60. Assumption changes totaling \$523,270, were primarily the result of the change in the mortality table used to determine the present value of accumulated benefits as of November 30, 2014.

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	2014
	<i>(in thousands)</i>
	\$
Vested:	
Currently receiving payments	224,443
Other participants	129,739
	354,182
Nonvested:	1,394
Total actuarial value of accumulated plan benefits	355,576

Accumulated Plan benefits changed during the Plan year ended November 30, 2014, as a result of the following:

Year ended November 30	2014
	<i>(in thousands)</i>
	\$
Actuarial value of accumulated plan benefits as of beginning of year	411,267
Interest	21,962
Actuarial (gains)/losses	12,356
Assumption changes	523
Pension benefits paid	(90,532)
Actuarial value of accumulated plan benefits as of end of year	355,576

7 Plan Termination

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

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

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

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

8 Federal Income Taxes

The IRS has determined and informed the Company by a letter dated February 25, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax-exempt. The Commonwealth of Puerto Rico has issued a determination letter dated February 24, 2014 stating that the Plan is a qualified plan in accordance with applicable sections of the Puerto Rico Internal Revenue Code.

Accounting principles general accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. As of November 30, 2015 and 2014, 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.

9 Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustees 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

Plan management evaluated subsequent events through September 14, 2016, which is the date the Plan financial statements were available to be issued, and has concluded that other than the items discussed above, there were no significant subsequent events requiring recognition or disclosure in these financial statements.

11 Plan Corrections

The Plan determined certain benefit payments were incorrectly paid out of the Plan during 2015 instead of the Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees, a participating plan in the ABB Master Trust. As a result of this correction, the Plan recorded a receivable of \$585,853 from The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees as of November 30, 2015.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2014

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			11		5															
30 - 34			17		43		5													
35 - 39			13		53		38		5											
40 - 44			17		71		64		39		3									
45 - 49			14		81		60		56		17		2							
50 - 54			25		94		58		55		31		5		2					
55 - 59			13		97		57		58		20		4		4		4			
60 - 64			10		60		41		38		18		3		5		11		3	
65 - 69					12		10		12		8		2		4		3		4	
70 & Over					3		5		2		2								1	

Plan Name: Thomas & Betts Pension Plan
 EIN / PN: 22-1326940 / 001
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

Thomas & Betts Corporation

EIN / PN

22-1326940 / 001

Economic Assumptions

Interest Rate Basis

- Applicable month August
- Interest rate basis 3-Segment Rates

Interest Rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.99%	1.15%
■ Second segment rate	6.32%	4.06%
■ Third segment rate	6.99%	5.14%
■ Effective interest rate	6.38%	4.21%

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Economic Assumptions, Continued

Annual Rates of Increase

■ Compensation	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation and benefits	N/A

Plan-Related Expenses	\$1,900,000
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Plan Name: Thomas & Betts Pension Plan
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Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

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

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

Benefit Commencement Dates for Current Employees

■ Preretirement death benefit The later of the death of the active participant or the date the participant would have attained early retirement eligibility.

■ Deferred vested benefit The later of age 65 or termination of employment.

■ Disability benefit Upon disability.

■ Retirement benefit Upon termination of employment.

Form of Payment

Form of Payment Assumed for Current Employees

80% of eligible active participants are assumed to elect lump sum benefits. The remaining participants are assumed to elect the following annuity benefits:

Group	Single Employees	Married Employees
Former Lamson Salaried Plan	Single Life Annuity	100% Joint & Survivor Annuity
All other participants	10 Year Certain & Life Annuity	10 Year Certain & Life Annuity

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions, Continued

Conversion Basis between Lump Sums and Annuities	Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d) – (f)(4) without application of generational mortality.
Percent Married	For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.
Spouse Age	Male spouses are assumed to be three years older than female spouses.
Covered Pay	Not applicable.

Demographic Assumptions

Mortality

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

Termination Rates (Not Due to Disability or Retirement)

Percentage Leaving During the Year	
Attained Age	Males & Females
20	20.66%
25	16.03%
30	12.46%
35	9.60%
40	7.51%
45	5.92%
50 and Later	0.00%

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Demographic Assumptions, Continued

Retirement

The rates at which all active participants are assumed to retire are shown below:

Percentage Leaving During the Year	
Age	Percentage
50 - 59	5%
60	10%
61	5%
62	25%
63	10%
64	10%
65 and Older	100%

Terminated vested participants are assumed to commence at age 65.

Disability Rates

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

Percentage Becoming Disabled During the Year		
Age	Males	Females
25	.03%	.03%
35	.04%	.07%
45	.16%	.24%
55	.69%	.64%
60	1.15%	.90%
65 and Later	.00%	.00%

Timing of Benefit Payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Methods

Valuation Date	December 1, 2014
Funding Target	Present value of accrued benefits as required by regulations under IRC §430.
Target Normal Cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial Value of Assets	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 2013 plan year, discounted using the effective interest rate for the 2013 plan year.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued.
Participant Data	Participant data were supplied by the plan administrator (AonHewitt) as of the census date December 1, 2014.

Assumptions Rationale – Significant Economic Assumptions

Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump Sum Conversion Rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the interest rate.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Mortality (Healthy & Disabled)	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Disability	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Retirement	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.

Source of Prescribed Methods

Funding Methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in Assumptions since Prior Valuation	<p>In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">— The assumed plan-related expenses added to the target normal cost were changed from \$1,142,392 to \$1,900,000.— The plan's effective interest rate increased 11 basis points compared to the prior year (6.38% vs. 6.27%).
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Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value			2a 374,380,056
b Actuarial value			2b 374,380,056
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	5,055	210,679,929	210,679,929
b For terminated vested participants	1,719	56,288,994	56,288,994
c For active participants	1,398	52,305,803	54,052,729
d Total	8,172	319,274,726	321,021,652
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 6.38%		
6 Target normal cost	6 1,900,000		

Statement by Enrolled Actuary

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

SIGN HERE	<u>John D. Steele</u> Signature of actuary	<u>9/1/2016</u> Date
<u>John D Steele</u> Type or print name of actuary		<u>1405326</u> Most recent enrollment number
<u>Willis Towers Watson</u> Firm name		<u>203-326-5400</u> Telephone number (including area code)
<u>One Stamford Plaza</u> <u>263 Tresser Boulevard</u> <u>Stamford CT 06901</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	9,503,076	44,630,941
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)	9,503,076	44,630,941
10	Interest on line 9 using prior year's actual return of <u>5.40%</u>	513,166	2,410,071
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.27%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	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)	10,016,242	47,041,012

Part III		Funding Percentages	
14	Funding target attainment percentage	14	98.84%
15	Adjusted funding target attainment percentage	15	116.62%
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	107.57%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	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: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is 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	1,900,000
b Excess assets, if applicable, but not greater than line 31a		31b	1,900,000
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	1,900,000	0	1,900,000
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 0	
43 Excess installment acceleration amount to be carried over to future plan years		43 0	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
EIN / PN	22-1326940 / 001
Plan Name	Thomas & Betts Pension Plan
Valuation Date	December 1, 2014
Enrolled Actuary	John D. Steele
Enrollment Number	14-05326

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:	Thomas & Betts Pension Plan
EIN / PN:	22-1326940 / 001
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 1, 2014

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

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

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Schedule SB, Line 24 Change in Actuarial Assumption

In addition to the prescribed change in the mortality table, the following changes in the assumptions and methods were made as part of this valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$1,142,392 to \$1,900,000.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2014

Attained Age	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	11		5																	
30 - 34	17		43		5															
35 - 39	13		53		38		5													
40 - 44	17		71		64		39		3											
45 - 49	14		81		60		56		17		2									
50 - 54	25		94		58		55		31		5		2							
55 - 59	13		97		57		58		20		4		4		4					
60 - 64	10		60		41		38		18		3		3		5		11		3	
65 - 69			12		10		12		8		2		2		4		3		4	
70 & Over			3		5		2		2		1									

Plan Name: Thomas & Betts Pension Plan
 EIN / PN: 22-1326940 / 001
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

Thomas & Betts Corporation

EIN / PN

22-1326940 / 001

Economic Assumptions

Interest Rate Basis

- Applicable month August
- Interest rate basis 3-Segment Rates

Interest Rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.99%	1.15%
■ Second segment rate	6.32%	4.06%
■ Third segment rate	6.99%	5.14%
■ Effective interest rate	6.38%	4.21%

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Economic Assumptions, Continued

Annual Rates of Increase

■ Compensation	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation and benefits	N/A
Plan-Related Expenses	\$1,900,000

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Demographic and Other Assumptions

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

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

Benefit Commencement Dates for Current Employees

■ Preretirement death benefit The later of the death of the active participant or the date the participant would have attained early retirement eligibility.

■ Deferred vested benefit The later of age 65 or termination of employment.

■ Disability benefit Upon disability.

■ Retirement benefit Upon termination of employment.

Form of Payment

Form of Payment Assumed for Current Employees

80% of eligible active participants are assumed to elect lump sum benefits. The remaining participants are assumed to elect the following annuity benefits:

Group	Single Employees	Married Employees
Former Lamson Salaried Plan	Single Life Annuity	100% Joint & Survivor Annuity
All other participants	10 Year Certain & Life Annuity	10 Year Certain & Life Annuity

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Demographic and Other Assumptions, Continued

Conversion Basis between Lump Sums and Annuities	Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d) – (f)(4) without application of generational mortality.
Percent Married	For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.
Spouse Age	Male spouses are assumed to be three years older than female spouses.
Covered Pay	Not applicable.

Demographic Assumptions

Mortality

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

Termination Rates (Not Due to Disability or Retirement)

Percentage Leaving During the Year	
Attained Age	Males & Females
20	20.66%
25	16.03%
30	12.46%
35	9.60%
40	7.51%
45	5.92%
50 and Later	0.00%

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Demographic Assumptions, Continued

Retirement

The rates at which all active participants are assumed to retire are shown below:

Percentage Leaving During the Year	
Age	Percentage
50 - 59	5%
60	10%
61	5%
62	25%
63	10%
64	10%
65 and Older	100%

Terminated vested participants are assumed to commence at age 65.

Disability Rates

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

Percentage Becoming Disabled During the Year		
Age	Males	Females
25	.03%	.03%
35	.04%	.07%
45	.16%	.24%
55	.69%	.64%
60	1.15%	.90%
65 and Later	.00%	.00%

Timing of Benefit Payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Methods

Valuation Date	December 1, 2014
Funding Target	Present value of accrued benefits as required by regulations under IRC §430.
Target Normal Cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial Value of Assets	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 2013 plan year, discounted using the effective interest rate for the 2013 plan year.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued.
Participant Data	Participant data were supplied by the plan administrator (AonHewitt) as of the census date December 1, 2014.

Assumptions Rationale – Significant Economic Assumptions

Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump Sum Conversion Rate	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the interest rate.

Plan Name: Thomas & Betts Pension Plan
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Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Assumptions Rationale – Significant Demographic Assumptions

Mortality (Healthy & Disabled)	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Disability	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Retirement	This assumption was selected based on plan sponsor expectations of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.

Source of Prescribed Methods

Funding Methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in Assumptions since Prior Valuation	<p>In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">— The assumed plan-related expenses added to the target normal cost were changed from \$1,142,392 to \$1,900,000.— The plan’s effective interest rate increased 11 basis points compared to the prior year (6.38% vs. 6.27%).
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Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Schedule SB, Part V, Continued Summary of Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Pension Plan

Structures

The following represent the various distinct structures of the Plan.

- Part A contains the main provisions for the Thomas & Betts Pension Plan and the provisions are detailed below in the Part A section.
- Part B contains the provisions for hourly participants of the Elastimold Division prior to February 1, 2005. The benefits for these participants for service on or after February 1, 2005 are based on Part A. The accrued benefits prior to February 1, 2005 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.
- Part C contains the provisions of the pension plan formerly known as the Amerace Corporation Merged Pension Plan prior to March 1, 1996. The benefits for these participants for service on or after March 1, 1996 are based on Part A of the plan. The accrued benefits prior to March 1, 1996 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid).
- Part D contains the provisions of the pension plan formerly known as the Augat Inc. Retirement Plan prior to December 1, 1997. The benefits for these participants for service on or after December 1, 1997 are based on Part A. The accrued benefits prior to December 1, 1997 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.
- Part E contains provisions of the former Lamson & Sessions Co. Salaried Employees' Retirement Plan, which was merged into the plan December 1, 2008. The provisions for this plan are described in the Previously Accrued Benefit section.

Plan Name: Thomas & Betts Pension Plan
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Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

- Parts F and G contain provisions of The Combined Carlon Hourly, Valley-Todeco Hourly, Combined YSD and Zimmer Hourly Retirement Plan that were merged into the plan December 1, 2008, but participants from this plan had their accruals frozen prior to the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).

- Part F contains The Lamson & Sessions Co. Combined Midland Steel Retirement Plan, which was merged into the plan December 1, 2008, but this plan contains only former employees as of the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Provisions for Participants with Previously Accrued Benefits (Part B, Part C, Part D, Part F, and Part G)

A. Basic Provisions

1. Plan Year: The twelve-month period ending November 30.
2. Coverage and Participation: See plan structures above.
3. Early Retirement Benefit Eligibility: Participants who are still employed are eligible to retire as outlined below:

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

4. Elastimold Disability Retirement Eligibility: Part B benefits are available on the first day of the seventh month following total and permanent disability for participants with 15 years of continuous service (or 10 years for Hackettstown employees) and are approved for social security disability benefits.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

B. Benefit Provisions

1. Retirement Benefit Formula: Previously determined accrued benefits at Normal Retirement Age.
2. Payment of Benefits:
 - a. Early Retirement
 - T&B Part B – Elastimold: The frozen monthly accrued benefit as of February 1, 2005 reduced by .4167% for each month by which commencement of benefits precedes normal retirement date.
 - T&B Part D – Augat: The frozen monthly accrued benefit as of December 1, 1997 reduced by .25% for each month by which commencement of benefits precedes normal retirement date.
 - Lamson Carlon (Parts F and G): The monthly accrued benefit actuarially reduced to commencement date.
 - b. Elastimold Disability Retirement: Unreduced Normal Retirement benefit.
3. Normal Form of Benefit: Single Life Annuity.
4. Optional Forms of Retirement Income in Lieu of Normal Form: Former Hourly Elastimold (Part B) participants are eligible to receive their entire benefit as a lump sum.
5. Changes Since the Prior Valuation: None.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

Thomas & Betts Pension Plan Participants (Part A)

A. Basic Provisions

1. Effective Date: December 16, 1941. The merger of three Lamson & Sessions pension plans was effective December 1, 2008, and the last amendment reflected herein is to provide lump sum optional form of payment for six months following termination of employment.
2. Plan Year: The twelve-month period ending November 30.
3. Coverage and Participation: All salaried and non-union hourly employees with one year of service who were hired prior to January 1, 2008.
4. Vesting: 5 years of Vesting Service.
5. Normal Retirement Date: Age 65 with 5 years of Vesting Service.
6. Early Retirement Benefit Eligibility: Age 55 with 5 years of Credited Service for those who commenced employment after November 30, 1997. Age 50 with 5 years of Credited Service for those who commenced employment prior to December 1, 1997 at a non-Augat location.
7. Disability Retirement Eligibility: 5 years of Vesting Service.
8. Death Benefit Eligibility: Death with vested benefit and eligible spouse.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

B. Benefit Provisions

1. Retirement Benefit Formula: Monthly benefit, frozen on December 31, 2010, equal to the greater of:
 - a. \$10 per year of Credited Service; and
 - b. 1.50% of Average Monthly Compensation multiplied by years of Credited Service (up to a maximum of 35 years) less 50% of the primary Social Security benefit (proportionately reduced for less than 35 years of Credited Service).

No future accruals occur after December 31, 2010.

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

2. Credited Service: One year of Credited Service is earned for each calendar year in which the participant completes 1,000 or more hours of service. Partial years of Credited Service are granted when the participant works less than 1,000 hours in the year of termination only. No credited service will be earned after December 31, 2010.
3. Vesting Service: One year of service is credited for each calendar year during which the participant works at least 1,000 hours.
4. Compensation (Prior to December 31, 2010): Base pay plus Section 401(k) and Section 125 contributions plus 60% of the following items:
 - Sales commissions;
 - Executive Profit Sharing bonuses; and
 - Management Incentive Plan bonuses.

Deferrals under the Supplemental Executive Investment Plan are excluded.

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

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

6. Payment of Benefits:

- a. Early Retirement: Monthly benefit equal to the monthly accrued benefit calculated above, reduced by .3% for each month by which commencement of benefits precedes normal retirement date.

FL Industries participants have frozen accrued benefits as of December 31, 1990 reduced by .4167% for each month by which commencement of benefits precedes normal retirement date.

- b. Disability Retirement: The monthly accrued Normal Retirement or Early Retirement benefit assuming the employee continued in active service at the same rate of compensation as of the date of disability. No additional service will accrue after December 31, 2010.
- c. Vested Termination: The monthly accrued benefit as of the date of termination with payments beginning at age 65.

For participants who terminated prior to retirement eligibility, the benefit accrued after November 30, 1997 is actuarially reduced for Early Retirement using 7.% interest and the UP84 mortality table. The benefit accrued prior to December 1, 1997 is reduced .3% per month by which commencement of benefit precedes normal retirement date.

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

7. Normal Form of Benefit: The benefit formula is based on a 10 year certain and life annuity form of payment. The normal form of payment for married participants is an actuarially reduced 100% joint & survivor annuity with a 10 year period certain.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

8. Optional Forms of Retirement Income in Lieu of Normal Form: A participant may elect one of the following forms of payment of equivalent value:

- Life Annuity
- Joint and Survivor Annuity (66 2/3%, 75% and 100%) with a 10 year Period Certain
- Period Certain and Life Benefit (5 years, 10 years and 15 years)
- 10 year Period Certain Benefit
- Lump Sum option is available for six months following termination of employment

9. Changes Since the Prior Valuation: None.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

The Lamson & Sessions Co. Salaried Employees' Retirement Plan (Part E)

A. Basic Provisions

1. Effective Date: The plan was originally effective October 1, 1984 and was merged into this plan effective December 1, 2008. The last amendment reflected herein is to provide lump sum optional form of payment for six months following termination of employment.
2. Plan Year: The twelve-month period ending November 30.
3. Coverage and Participation: All salaried employees of Lamson & Sessions Company hired prior to January 1, 2003.
4. Vesting: Any age and 5 years of Vesting Service.
5. Normal Retirement Date: Age 65.
6. Early Retirement Benefit Eligibility: Age 55 and 10 years of Vesting Service.
7. Disability Retirement Eligibility: On total and permanent disability prior to age 65.
8. Death Benefit Eligibility: On death of an employee after completion of 5 years of Vesting Service or on death of a vested former employee.

Plan Name: Thomas & Betts Pension Plan
EIN / PN: 22-1326940 / 001
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2014

SCHEDULE SB ATTACHMENTS, CONTINUED

B. Benefit Provisions

1. Retirement Benefit Formula: 50% of Final average monthly compensation less 50% of Primary Insurance Amount (PIA), reduced proportionately if Credited Service is under 30 years. No future benefit accruals occur after December 31, 2010.
2. Credited Service: Credited Service is the elapsed time in covered employment from most recent date of hire plus any prior periods of reinstated service. No additional credited service will be earned after December 31, 2010.
3. Final Average Compensation: Average of compensation during five highest consecutive years out of the last ten. Final Average Compensation has been frozen on December 31, 2010.
4. Vesting Service: The elapsed time from most recent date of hire plus any periods of reinstated service.
5. Payment of Benefits:
 - a. Early Retirement: The pension is equal to either:
 - i. A deferred pension payable at age 65 equal to the accrued normal retirement pension (using Credited Service and average monthly compensation at time of early retirement and assuming the employee continued to receive compensation until age 65 at the same rate as on his retirement date to calculate his PIA) or
 - ii. For employees with less than 30 years of service an immediate pension equal to (i) but further reduced by 3% per year for the first 5 years and 7% per year in excess of 5 years, that early retirement precedes normal retirement or
 - iii. For employees with 30 or more years of service an immediate pension equal to (i) but further reduced by 8% for the first year and 7% per year for each additional year that early retirement precedes age 62.
 - b. Disability Retirement: The normal retirement pension payable at age 65, or if the employee has 10 years of vesting service, he may elect an early retirement pension at or after age 55. The pension is based on credited service earned before and during disability and average monthly compensation at time of disability. No future accruals occur after December 31, 2010.

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SCHEDULE SB ATTACHMENTS, CONTINUED

- c. Vested Termination: The accrued normal retirement pension payable at age 65 or, alternatively for an employee who has completed 10 years of Vesting Service, an actuarially reduced pension payable as early as age 55.
 - d. Death: The surviving spouse will receive the benefit which would have been paid if the employee had terminated on the day of his death if not yet terminated, survived to his earliest possible retirement age, retired, elected a 50% Joint and Survivor option and then died.
6. Normal Form of Benefit: Straight Life Annuity. For married participants eligible for Normal, Early, or Disability retirement, the normal form is a subsidized 100% Joint & Survivor Annuity.
7. Optional Forms of Retirement Income in Lieu of Normal Form: An employee may elect to receive his benefit on an actuarially equivalent Joint and Survivor basis. A lump sum is available for six months following termination of employment.
8. Changes Since the Prior Valuation: None.

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 1, 2014

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

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

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
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Plan Name	Thomas & Betts Pension Plan
Valuation Date	December 1, 2014
Enrolled Actuary	John D. Steele
Enrollment Number	14-05326

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.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V, Continued Summary of Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Pension Plan

Structures

The following represent the various distinct structures of the Plan.

- Part A contains the main provisions for the Thomas & Betts Pension Plan and the provisions are detailed below in the Part A section.
- Part B contains the provisions for hourly participants of the Elastimold Division prior to February 1, 2005. The benefits for these participants for service on or after February 1, 2005 are based on Part A. The accrued benefits prior to February 1, 2005 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.
- Part C contains the provisions of the pension plan formerly known as the Amerace Corporation Merged Pension Plan prior to March 1, 1996. The benefits for these participants for service on or after March 1, 1996 are based on Part A of the plan. The accrued benefits prior to March 1, 1996 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid).
- Part D contains the provisions of the pension plan formerly known as the Augat Inc. Retirement Plan prior to December 1, 1997. The benefits for these participants for service on or after December 1, 1997 are based on Part A. The accrued benefits prior to December 1, 1997 are being valued using the participants' previously determined accrued benefits (or actual benefits being paid). The early retirement provisions for these previously accrued benefits are described in the Previously Accrued Benefit section.
- Part E contains provisions of the former Lamson & Sessions Co. Salaried Employees' Retirement Plan, which was merged into the plan December 1, 2008. The provisions for this plan are described in the Previously Accrued Benefit section.

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- Parts F and G contain provisions of The Combined Carlon Hourly, Valley-Todeco Hourly, Combined YSD and Zimmer Hourly Retirement Plan that were merged into the plan December 1, 2008, but participants from this plan had their accruals frozen prior to the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).
- Part F contains The Lamson & Sessions Co. Combined Midland Steel Retirement Plan, which was merged into the plan December 1, 2008, but this plan contains only former employees as of the merger. This plan is being valued using the participants' previously determined accrued benefits (or actual benefits being paid).

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Provisions for Participants with Previously Accrued Benefits (Part B, Part C, Part D, Part F, and Part G)

A. Basic Provisions

1. Plan Year: The twelve-month period ending November 30.
2. Coverage and Participation: See plan structures above.
3. Early Retirement Benefit Eligibility: Participants who are still employed are eligible to retire as outlined below:

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

4. Elastimold Disability Retirement Eligibility: Part B benefits are available on the first day of the seventh month following total and permanent disability for participants with 15 years of continuous service (or 10 years for Hackettstown employees) and are approved for social security disability benefits.

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B. Benefit Provisions

1. Retirement Benefit Formula: Previously determined accrued benefits at Normal Retirement Age.
2. Payment of Benefits:
 - a. Early Retirement
 - T&B Part B – Elastimold: The frozen monthly accrued benefit as of February 1, 2005 reduced by .4167% for each month by which commencement of benefits precedes normal retirement date.
 - T&B Part D – Augat: The frozen monthly accrued benefit as of December 1, 1997 reduced by .25% for each month by which commencement of benefits precedes normal retirement date.
 - Lamson Carlon (Parts F and G): The monthly accrued benefit actuarially reduced to commencement date.
 - b. Elastimold Disability Retirement: Unreduced Normal Retirement benefit.
3. Normal Form of Benefit: Single Life Annuity.
4. Optional Forms of Retirement Income in Lieu of Normal Form: Former Hourly Elastimold (Part B) participants are eligible to receive their entire benefit as a lump sum.
5. Changes Since the Prior Valuation: None.

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Thomas & Betts Pension Plan Participants (Part A)

A. Basic Provisions

1. Effective Date: December 16, 1941. The merger of three Lamson & Sessions pension plans was effective December 1, 2008, and the last amendment reflected herein is to provide lump sum optional form of payment for six months following termination of employment.
2. Plan Year: The twelve-month period ending November 30.
3. Coverage and Participation: All salaried and non-union hourly employees with one year of service who were hired prior to January 1, 2008.
4. Vesting: 5 years of Vesting Service.
5. Normal Retirement Date: Age 65 with 5 years of Vesting Service.
6. Early Retirement Benefit Eligibility: Age 55 with 5 years of Credited Service for those who commenced employment after November 30, 1997. Age 50 with 5 years of Credited Service for those who commenced employment prior to December 1, 1997 at a non-Augat location.
7. Disability Retirement Eligibility: 5 years of Vesting Service.
8. Death Benefit Eligibility: Death with vested benefit and eligible spouse.

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B. Benefit Provisions¹)

1. Retirement Benefit Formula: Monthly benefit, frozen on December 31, 2010, equal to the greater of:
 - a. \$10 per year of Credited Service; and
 - b. 1.50% of Average Monthly Compensation multiplied by years of Credited Service (up to a maximum of 35 years) less 50% of the primary Social Security benefit (proportionately reduced for less than 35 years of Credited Service).

No future accruals occur after December 31, 2010.

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

2. Credited Service: One year of Credited Service is earned for each calendar year in which the participant completes 1,000 or more hours of service. Partial years of Credited Service are granted when the participant works less than 1,000 hours in the year of termination only. No credited service will be earned after December 31, 2010.
3. Vesting Service: One year of service is credited for each calendar year during which the participant works at least 1,000 hours.
4. Compensation (Prior to December 31, 2010): Base pay plus Section 401(k) and Section 125 contributions plus 60% of the following items:
 - Sales commissions;
 - Executive Profit Sharing bonuses; and
 - Management Incentive Plan bonuses.

Deferrals under the Supplemental Executive Investment Plan are excluded.

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

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6. Payment of Benefits:

- a. Early Retirement: Monthly benefit equal to the monthly accrued benefit calculated above, reduced by .3% for each month by which commencement of benefits precedes normal retirement date.

FL Industries participants have frozen accrued benefits as of December 31, 1990 reduced by .4167% for each month by which commencement of benefits precedes normal retirement date.

- b. Disability Retirement: The monthly accrued Normal Retirement or Early Retirement benefit assuming the employee continued in active service at the same rate of compensation as of the date of disability. No additional service will accrue after December 31, 2010.
- c. Vested Termination: The monthly accrued benefit as of the date of termination with payments beginning at age 65.

For participants who terminated prior to retirement eligibility, the benefit accrued after November 30, 1997 is actuarially reduced for Early Retirement using 7.0% interest and the UP84 mortality table. The benefit accrued prior to December 1, 1997 is reduced .3% per month by which commencement of benefit precedes normal retirement date.

- d. Death: The eligible spouse will be entitled to a monthly lifetime pension equal to 100% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 100% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.
7. Normal Form of Benefit: The benefit formula is based on a 10 year certain and life annuity form of payment. The normal form of payment for married participants is an actuarially reduced 100% joint & survivor annuity with a 10 year period certain.

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8. Optional Forms of Retirement Income in Lieu of Normal Form: A participant may elect one of the following forms of payment of equivalent value:
- Life Annuity
 - Joint and Survivor Annuity (66 2/3%, 75% and 100%) with a 10 year Period Certain
 - Period Certain and Life Benefit (5 years, 10 years and 15 years)
 - 10 year Period Certain Benefit
 - Lump Sum option is available for six months following termination of employment
9. Changes Since the Prior Valuation: None.

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The Lamson & Sessions Co. Salaried Employees' Retirement Plan (Part E)

A. Basic Provisions

1. Effective Date: The plan was originally effective October 1, 1984 and was merged into this plan effective December 1, 2008. The last amendment reflected herein is to provide lump sum optional form of payment for six months following termination of employment.
2. Plan Year: The twelve-month period ending November 30.
3. Coverage and Participation: All salaried employees of Lamson & Sessions Company hired prior to January 1, 2003.
4. Vesting: Any age and 5 years of Vesting Service.
5. Normal Retirement Date: Age 65.
6. Early Retirement Benefit Eligibility: Age 55 and 10 years of Vesting Service.
7. Disability Retirement Eligibility: On total and permanent disability prior to age 65.
8. Death Benefit Eligibility: On death of an employee after completion of 5 years of Vesting Service or on death of a vested former employee.

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B. Benefit Provisions

1. Retirement Benefit Formula: 50% of Final average monthly compensation less 50% of Primary Insurance Amount (PIA), reduced proportionately if Credited Service is under 30 years. No future benefit accruals occur after December 31, 2010.
2. Credited Service: Credited Service is the elapsed time in covered employment from most recent date of hire plus any prior periods of reinstated service. No additional credited service will be earned after December 31, 2010.
3. Final Average Compensation: Average of compensation during five highest consecutive years out of the last ten. Final Average Compensation has been frozen on December 31, 2010.
4. Vesting Service: The elapsed time from most recent date of hire plus any periods of reinstated service.
5. Payment of Benefits:
 - a. Early Retirement: The pension is equal to either:
 - i. A deferred pension payable at age 65 equal to the accrued normal retirement pension (using Credited Service and average monthly compensation at time of early retirement and assuming the employee continued to receive compensation until age 65 at the same rate as on his retirement date to calculate his PIA) or
 - ii. For employees with less than 30 years of service an immediate pension equal to (i) but further reduced by 3% per year for the first 5 years and 7% per year in excess of 5 years, that early retirement precedes normal retirement or
 - iii. For employees with 30 or more years of service an immediate pension equal to (i) but further reduced by 8% for the first year and 7% per year for each additional year that early retirement precedes age 62.
 - b. Disability Retirement: The normal retirement pension payable at age 65, or if the employee has 10 years of vesting service, he may elect an early retirement pension at or after age 55. The pension is based on credited service earned before and during disability and average monthly compensation at time of disability. No future accruals occur after December 31, 2010.

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- c. Vested Termination: The accrued normal retirement pension payable at age 65 or, alternatively for an employee who has completed 10 years of Vesting Service, an actuarially reduced pension payable as early as age 55.
 - d. Death: The surviving spouse will receive the benefit which would have been paid if the employee had terminated on the day of his death if not yet terminated, survived to his earliest possible retirement age, retired, elected a 50% Joint and Survivor option and then died.
6. Normal Form of Benefit: Straight Life Annuity. For married participants eligible for Normal, Early, or Disability retirement, the normal form is a subsidized 100% Joint & Survivor Annuity.
7. Optional Forms of Retirement Income in Lieu of Normal Form: An employee may elect to receive his benefit on an actuarially equivalent Joint and Survivor basis. A lump sum is available for six months following termination of employment.
8. Changes Since the Prior Valuation: None.

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Schedule SB, Line 24 Change in Actuarial Assumption

In addition to the prescribed change in the mortality table, the following changes in the assumptions and methods were made as part of this valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$1,142,392 to \$1,900,000.

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