

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;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</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 CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
	1c Effective date of plan <u>03/01/1971</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THOMAS & BETTS CORPORATION</u> <u>8155 TNB BOULEVARD</u> <u>MEMPHIS, TN 38125</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.	09/15/2017	DANIEL HAGMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2017	JAN ALLDE
	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)			Preparer's telephone number

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	5 840
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.....	6a(1) 157
a(2) Total number of active participants at the end of the plan year	6a(2) 141
b Retired or separated participants receiving benefits.....	6b 431
c Other retired or separated participants entitled to future benefits.....	6c 152
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 724
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 78
f Total. Add lines 6d and 6e	6f 802
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	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: 1B 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ▶ 003
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
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Part I	Basic Information
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1 Enter the valuation date: Month 12 Day 01 Year 2015			
2 Assets:			
a Market value	2a	39348512	
b Actuarial value	2b	39348512	
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	508	23652756	23652756
b For terminated vested participants	175	4965596	4965596
c For active participants	157	4853799	5150714
d Total	840	33472151	33769066
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	6.21 %	
6 Target normal cost	6	280000	

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		
Signature of actuary	08/28/2017	Date
JOHN D STEELE	17-05326	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	203-326-5400	Telephone number (including area code)
ONE STAMFORD PLAZA 263 TRESSER BOULEVARD STAMFORD, CT 06901		
Firm name		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5373851
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5373851
10 Interest on line 9 using prior year's actual return of <u>-0.55%</u>	0	-29556
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>6.42%</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)	0	5344295

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.69 %
15 Adjusted funding target attainment percentage	15	116.52 %
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	108.70 %
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	280000	
b Excess assets, if applicable, but not greater than line 31a	31b	235151	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	44849	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	44849	44849
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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRILANTIC CAPITAL MANAGEMENT LLC
26-4600829

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
WELLINGTON TRUST COMPANY, NA
04-2755549

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS LP
74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
OAKTREE CAPITAL MANAGEMENT, LP
26-0189082

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

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

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

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

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 50	NONE	85022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	53605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30900	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 50	NONE	18472	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	13217	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AON RISK SERVICES

36-3871028

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	10323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 52 28 51	NONE	9744	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ABB BUSINESS SERVICES

36-3100018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	PLAN SPONSOR	9500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON ASSET MANAGEMENT

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	7936	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
GRANTHAM, MAYO, VAN OTTERLOO & CO.	27 52	0
(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.	
GMO EMERGING DOMESTIC OPP FUND - II	MANAGEMENT FEE (.75%); SHAREHOLDER SERVICE FEE, 12B-1 FEES, ADMIN FEES (.22%); TRANSFER AGENT FEES (.21%)	
27-2982895		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GRANTHAM, MAYO, VAN OTTERLOO & CO.	27 52	0
(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.	
GMO EMERGING DOMESTIC OPP FUND-III	MANAGEMENT FEE (.75%); SHAREHOLDER SERVICE FEE, 12B-1 FEES, ADMIN FEES (.22%); TRANSFER AGENT FEES (.21%)	
27-2982895		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

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

c EIN-PN 36-3100018-050	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37561000
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</u>		
A Name of plan <u>THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THOMAS & BETTS CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1326940</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	39849000	37561000
(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	39849000	37561000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	586000	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	586000	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	39263000	37561000
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1836000
(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		1836000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3204000	
(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)		3204000
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)	88735	
(2) Contract administrator fees	2i(2)	85022	
(3) Investment advisory and management fees	2i(3)	44325	
(4) Other	2i(4)	115918	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		334000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3538000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1702000
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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

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

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>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>14</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements and Report of
Independent Certified Public Accountants

Thomas & Betts Corporation
Pension Plan for Bargaining Unit Employees

November 30, 2016 and 2015

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Trustees

Thomas & Betts Pension Plan for Bargaining Unit Employees:

Report on the financial statements

We were engaged to audit the accompanying financial statements of Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years ended November 30, 2016 and 2015, 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 these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 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 certifications from this entity as of November 30, 2016 and 2015, and for the years ended November 30, 2016 and 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 these financial statements.

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

The form and content of the information included in the 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, 2017

Statements of net assets available for benefits

(Amounts in thousands)

November 30	2016	2015
	\$	\$
Assets		
Interest in ABB Master Trust	37,561	39,849
Payable to The Thomas & Betts Pension Plan	-	(586)
Total assets	37,561	39,263
Net assets available for benefits	37,561	39,263

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	2016	2015
	\$	\$
Additions to (deductions from) net assets attributed to:		
Interest in net investment income (loss) of the ABB Master Trust	1,836	(109)
Benefits paid	(3,204)	(2,943)
Administrative expenses	(334)	(397)
Net decrease in net assets available for benefits	(1,702)	(3,449)
Net assets available for benefits:		
Beginning of year	39,263	42,712
End of year	37,561	39,263

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

Notes to financial statements

(Amounts in thousands)

1 Plan Description and Benefits

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

The Plan is a defined benefit pension plan sponsored by Thomas & Betts Corporation (the Corporation and Plan Sponsor). Participants in this Plan include substantially all employees of the Corporation covered by a collective bargaining agreement at its Athens, Tennessee and Mercer, Pennsylvania locations. The Board of Directors of the Corporation has delegated responsibility for the administration of the Plan to the ABB 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. Effective February 3, 2014, the Plan's investment assets were transferred to the ABB Master Trust (Master Trust) with Bank of New York Mellon (BNY Mellon) as trustee.

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

During the second quarter of 2012, the Corporation and the union representing collectively bargained employees at the Mercer facility approved a plan to discontinue the future accrual of benefits for participants under Part D of the Plan after December 31, 2012. During the second quarter of 2011, the Corporation and the union representing collectively bargained employees at the Athens facility approved a plan to discontinue future accrual of benefits for participants under Part C of the Plan after December 31, 2011. As of December 31, 2012, all Parts of the Plan were frozen.

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

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

Recent Accounting Pronouncements

In May 2015, the FASB issued ASU 2015-07, *"Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)"*, which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *"Fair Value Measurement,"* from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted, and management elected to early adopt the provisions of this new standard. Accordingly, the amendment was retrospectively applied resulting in the removal of the investments for which fair value is measured using the NAV per share practical expedient from the fair value hierarchy. The amount of investments measured at NAV (or its equivalent) is disclosed so that total investments in the fair value hierarchy can be reconciled to total investments measured at fair value.

In July 2015, the FASB issued ASU 2015-12, *"Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient."* This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Part I and Part II are effective for fiscal years beginning after December 15, 2015, and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015, and should be applied prospectively, with early application permitted.

Management adopted Part II in these financial statements and determined Parts I and III are not applicable to the Plan. Accordingly, the amendments were retrospectively applied, resulting in the elimination of disclosures of individual investments that represent 5% or more of net assets available for benefits, and the net appreciation or depreciation in fair value of investments by investment type, and the level of disaggregation of investments that are measured at fair value has been simplified by disaggregating investments by general type versus disaggregating by nature, characteristics and risks.

Master Trust

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 Trust has been reported to the Plan administrator by BNY Mellon. 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 4. Purchases and sales of securities by the Master Trust are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date.

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, 2016 and 2015, 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, 2016 and 2015, the Master Trust participated in the BNY Mellon'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 \$10,950 and \$45,609 at November 30, 2016 and 2015, respectively. The obligation to return collateral is included net in the balance for each respective investment type with loaned securities with the majority being included in corporate bonds.

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 net in the balance for each respective investment type with derivative contracts with the majority being included in the state and foreign bonds.

At November 30, 2016 and 2015, the Master Trust had the following foreign currency forward exchange contracts:

(Amounts in thousands)

FAIR VALUE OF OUTSTANDING FORWARD CONTRACTS

As of November 30, 2016

Counterparty	Allocation of Unrealized Profit / (Loss)	Maturity Date	Total	HKD	CHF	EUR	GBP	JPY
			\$	\$	\$	\$	\$	\$
Citibank NA	CTL	17-Feb-17	USD 26	USD 0	USD 0	USD 0	(USD 75)	USD 101
Goldman Sachs International	GSL	17-Feb-17	USD 320	USD 0	USD 101	USD 0	USD 0	USD 219
HSBC Bank plc	MDL	17-Feb-17	USD 1,074	USD 0	USD 5	USD 0	(USD 74)	USD 1,143
JP Morgan Chase	CML	17-Feb-17	USD 303	USD 0	USD 0	USD 156	USD 15	USD 132
Royal Bank of Canada	RBL	17-Feb-17	USD 0	USD 0	USD 0	USD 0	USD 0	USD 0
Westpac Banking Corporation	WPL	17-Feb-17	USD 649	USD 0	USD 0	USD 649	USD 0	USD 0
Total unrealized profit / (loss) as of November 30, 2016			USD 2,372	USD 0	USD 106	USD 805	(USD 134)	USD 1,595

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 326	USD 0	USD 142	USD 203	(USD 19)	USD 0
Goldman Sachs International	GSL 18-Feb-16	(USD 125)	(USD 125)	USD 0	USD 0	USD 0	USD 0
HSBC Bank plc	MDL 18-Feb-16	USD 31	USD 0	USD 0	USD 0	USD 0	USD 31
Royal Bank of Canada	RBL 18-Feb-16	USD 205	USD 0	USD 0	USD 205	USD 0	USD 0
Westpac Banking Corporation	WPL 18-Feb-16	USD 151	USD 0	USD 0	USD 0	USD 151	USD 0
Total unrealized profit / (loss) as of November 30, 2015		USD 588	(USD 125)	USD 142	USD 408	USD 132	USD 31

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, 2016 and 2015.

As of November 30, 2016:

(Amounts in thousands)

Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative Liabilities	Net Exposure
	\$	\$	\$
Citibank NA	101	(75)	26
Goldman Sachs International	320	-	320
HSBC Bank plc	1,148	(74)	1,074
JP Morgan Chase	303	-	303
Westpac Banking Corporation	649	-	649
Total	2,521	(149)	2,372

As of November 30, 2015:

(Amounts in thousands)

Derivative Type	Fair Value of Derivative Assets	Fair Value of Derivative Liabilities	Net Exposure
	\$	\$	\$
Citibank NA	345	(19)	326
Goldman Sachs International	-	(125)	(125)
HSBC Bank plc	31	-	31
Royal Bank of Canada	205	-	205
Westpac Banking Corporation	151	-	151
Total	732	(144)	588

3 Financial Information Certified by Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from BNY Mellon that all information relating to the Plan's and Master Trust's investments and related investment income (loss) as of and for the years ended November 30, 2016 and 2015 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 Trust was also certified.

4 Interest in the Master Trust

The Plan's investment assets are held in the ABB Master Trust, established for the investment of the assets of the Plan and other retirement plans sponsored by ABB, Ltd. 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, 2016, the Plan had a 2.8% interest in the net assets of the Master Trust, and at November 30, 2015, the Plan had a 2.8% interest in the Master Trust.

The following information presents the net assets of the Master Trust as of November 30, 2016 and 2015:

(Amounts in thousands)

November 30	2016	2015
	\$	\$
Investments:		
Interest-bearing cash	1,718	(2,017)
U.S. government securities	182,530	246,871
Corporate bonds	498,220	356,880
Corporate stock - Preferred	6,238	8,631
Corporate stock - Common	2,259	153,385
Partnership / joint venture interests	198,373	129,991
State and foreign bonds	13,065	196,737
Collective trusts	331,232	268,306
103-12 investment entities	1,984	25,359
Registered investment companies	116,513	26,792
Short investments	41	(2,397)
Net assets	1,352,173	1,408,538

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

(Amounts in thousands)

For the years ended November 30	2016	2015
	\$	\$
Net appreciation (depreciation) in fair value of investments	35,512	(8,442)
Interest	20,983	18,689
Dividends	8,479	8,638
Miscellaneous income	5	12
Net Investment Income	64,979	18,897

5 Fair Value Measurements

Investments held by the Master Trust are stated at fair value. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures," requires enhanced disclosures about investments that are measured and reported at fair value. ASC 820 clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements.

The hierarchy established under ASC 820 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by ASC 820, the Master Trust investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820, and its applicability to the Master Trust 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 management believes the 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, 2016 and 2015:

- Corporate bonds and state and foreign bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable section of issuers with similar credit ratings.
- U.S. government securities valued at level 1 are valued at the closing price reported on the active markets on which the individual securities are traded and securities valued at level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.
- Corporate stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- Registered investment companies are valued at the net asset value, based on quoted market prices in active markets, of shares held by the Plan at year end.
- Collective trusts are valued at net asset value as determined by the Trustee. Partnership/joint venture interests, and 103-12 investment entities are valued at net asset value as reported by the respective fund managers based upon the fair value of the underlying investments less liabilities.
- Short investments primarily consists of interest rate swaps which are valued using the income approach which takes into account contract terms as well as multiple inputs which may be observed in the marketplace.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of November 30, 2016:

	Instruments at fair value			
	(Level 1)	(Level 2)	(Level 3)	Total
	(in thousands)			
	\$	\$	\$	\$
Investments:				
Interest-bearing cash	-	1,718	-	1,718
U.S. government securities	160,380	22,150	-	182,530
Corporate bonds	-	498,120	100	498,220
Corporate stock - Preferred	1,813	4,425	-	6,238
Corporate stock - Common	2,259	-	-	2,259
State and foreign bonds	141	12,924	-	13,065
Registered investment companies	116,513	-	-	116,513
Short investments	-	41	-	41
Total investments	281,106	539,378	100	820,584
Investments measured at NAV:				
Partnership / joint venture interests	-	-	-	198,373
Collective trusts	-	-	-	331,232
103-12 investment entities	-	-	-	1,984
Total investments measured at NAV	-	-	-	531,589
Total investments	-	-	-	1,352,173

The following table sets forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of November 30, 2015:

	Instruments at fair value			
	(Level 1)	(Level 2)	(Level 3)	Total
	(in thousands)			
	\$	\$	\$	\$
Investments:				
Interest-bearing cash	-	(2,017)	-	(2,017)
U.S. government securities	157,764	89,107	-	246,871
Corporate bonds	-	356,880	-	356,880
Corporate stock - Preferred	2,622	6,009	-	8,631
Corporate stock - Common	153,385	-	-	153,385
State and foreign bonds	69,514	127,223	-	196,737
Registered investment companies	26,792	-	-	26,792
Short investments	-	(2,397)	-	(2,397)
Total investments	410,076	601,598	-	984,882
Investments measured at NAV:				
Partnership / joint venture interests	-	-	-	129,991
Collective trusts	-	-	-	268,306
103-12 investment entities	-	-	-	25,359
Total investments measured at NAV	-	-	-	423,656
Total investments	-	-	-	1,408,538

In accordance with ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

There were no significant transfers among investment levels during the years ended November 30, 2016 and 2015, except for the removal of certain investments that were measured at NAV from the fair value hierarchy in accordance with ASU 2015-07.

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of November 30, 2016:

	Fair Value (in thousands)	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	\$	\$	\$	\$
Partnership / joint venture interests (a)	198,373	-	Monthly	30 - 60 days
Collective trusts (b)	331,232	-	Monthly	30 - 60 days
103-12 investment entities (c)	1,984	-	N/A	N/A
Total	531,589	-		

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of November 30, 2015:

	Fair Value (in thousands)	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	\$	\$	\$	\$
Partnership / joint venture interests (a)	129,991	-	Monthly	30 - 60 days
Collective trusts (b)	268,306	-	Monthly	30 - 60 days
103-12 investment entities (c)	25,359	-	N/A	N/A
Total	423,656	-		

- a) The partnership/joint venture interests investments are invested within alternative investments such as private equity and fund of funds. The investment objective of these investments is to achieve longer term growth of capital, which does so with limited liquidity. Within the limited partnerships, there is also a limited partnership that has an investment objective of seeking to outperform the S&P 500. This fund does require monthly notice to provide liquidity.
- b) The collective trust investments include an international equity fund and emerging market fixed income bond fund. The investment objective of the international equity fund is to seek capital appreciation through investments in a portfolio of securities issued by companies predominantly in companies contained in The MSCI EAFE Index. The investment objective of the emerging market fixed income fund is to seek long-term total return through investment in a diversified portfolio of emerging markets debt securities and currency instruments.
- c) The 103-12 investment entities are invested in alternative investments with specific requirements under ERISA. The investment objective of these investments is to achieve longer term growth of capital, which does so with limited liquidity.

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, 2015 were: (a) mortality rates based on the Blue Collar RP-2006 Mortality Tables with Scale MP-2016 generational projection; (b) moderate rate of employee withdrawal; (c) assumed rate of return on investments (funding interest rate) of 5.7% and (d) a weighted average assumed retirement age at 60. Assumption changes totaling \$689, were primarily the result of the change in the mortality table and the change in the rate of return from 6.0% to 5.7%.

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.

November 30	2015
	<i>(in thousands)</i>
	\$
Vested:	
Currently receiving payments	24,569
Other participants	11,109
	35,678
Nonvested:	329
Total actuarial value of accumulated plan benefits	36,007

Accumulated Plan benefits changed during the Plan year ended November 30, 2015, as a result of the following:

Year ended November 30	2015
	<i>(in thousands)</i>
	\$
Actuarial value of accumulated plan benefits as of beginning of year	36,706
Interest	2,114
Actuarial (gains)/losses	(1,145)
Assumption changes	689
Pension benefits paid	(2,943)
Pension benefits paid by The Thomas & Betts Pension Plan	586
Actuarial value of accumulated plan benefits as of end of year	36,007

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 believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believes 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, 2016 and 2015, 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 BNY Mellon. 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, 2017, which is the date the Plan financial statements were available to be issued, and has concluded that, there were no 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 Thomas & Betts Pension Plan, a participating plan in the ABB Master Trust, during 2015 instead of this Plan. As a result of this correction, the Plan recorded a payable of \$586 to The Thomas & Betts Pension Plan as of November 30, 2015. The amount was paid by the Plan in fiscal year 2016.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of December 1, 2015

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.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	3	5	2	0	0	0	0	0	0
35 - 39	0	0	6	3	0	0	0	0	0	0
40 - 44	0	2	6	4	11	0	0	0	0	0
45 - 49	0	0	5	3	11	2	0	0	0	0
50 - 54	0	2	1	3	7	2	5	1	0	0
55 - 59	1	1	6	7	4	2	2	11	1	0
60 - 64	0	1	6	5	3	1	2	4	2	3
65 - 69	0	0	1	1	2	2	0	1	1	2
70 & Over	0	0	0	0	0	0	0	0	0	1

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
 EIN / PN: 22-1326940 / 003
 Plan Sponsor: Thomas & Betts Corporation
 Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.72%	1.32%
■ Second segment rate	6.11%	4.06%
■ Third segment rate	6.81%	5.09%
■ Effective interest rate	6.21%	4.25%

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	\$280,000
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Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
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SCHEDULE SB ATTACHMENTS

Demographic 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.

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 varying by age and gender

Percentage leaving during the year

Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees

Attained Age	Males	Females
20	9.90%	14.90%
25	9.90	14.90
30	6.90	9.90
35	4.85	7.40
40	2.80	4.90
45	1.60	3.30
50	0.40	1.70
55	0.00	0.40
60	0.00	0.20
65	0.00	0.00

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Retirement

Percentage retiring during the year	
Age	Percentage
60	10%
61	5%
62	50%
63	10%
64	10%
65	100%

Terminated vested participants are assumed to commence at age 65.

Disability Rates

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

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

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 disablement
- Retirement benefit Upon termination of employment

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Form of Payment

	Form of Payment Assumed	
	Location	All Employees
	Athens	Life Annuity
	Mercer (Reznor)	10 year Certain & Life Annuity
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.	
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.	

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	December 1, 2015
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 2014 plan year, discounted using the effective interest rate for the 2014 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, 2015.

Assumptions Rationale - Significant Economic Assumptions

Discount 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.
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Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

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 \$270,000 to \$280,000.■ The plan's effective interest rate decreased 21 basis points compared to the prior year (6.21% vs. 6.42%).
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Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</u>		

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

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

A Name of plan THOMAS & BETTS CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ►	003
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>2015</u>			
2 Assets:			
a Market value	2a	39,348,512	
b Actuarial value	2b	39,348,512	
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	508	23,652,756	23,652,756
b For terminated vested participants	175	4,965,596	4,965,596
c For active participants	157	4,853,799	5,150,714
d Total	840	33,472,151	33,769,066
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 6.21%		
6 Target normal cost	6 280,000		

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	John D Steele _____ Signature of actuary	<div style="text-align: right;"> <u>8/28/2017</u> Date 1705326 </div> <div style="text-align: right;"> Most recent enrollment number 203-326-5400 </div> <div style="text-align: right;"> Telephone number (including area code) </div>
John D Steele _____ Type or print name of actuary Towers Watson Delaware Inc. _____ Firm name		
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) 2015
v. 150123

C If line 20a is "Yes," see instructions and complete the following table as applicable:

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	280,000
b Excess assets, if applicable, but not greater than line 31a		31b	235,151
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	44,849
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	44,849	44,849
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 / 003
Plan Name	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
Valuation Date	December 1, 2015
Enrolled Actuary	John D. Steele
Enrollment Number	17-05326

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:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 1, 2015

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)
60	10.00%	10.00%	6.0000
61	5.00%	4.50%	2.7450
62	50.00%	42.75%	26.5050
63	10.00%	4.28%	2.6933
64	10.00%	3.85%	2.4624
65	100.00%	34.63%	22.5079
Retirement Age =====>			63

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Thomas & Betts Corporation
EIN / PN	22-1326940 / 003
Plan Name	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
Valuation Date	December 1, 2015
Enrolled Actuary	John D. Steele
Enrollment Number	17-05326

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:	The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN:	22-1326940 / 003
Plan Sponsor:	Thomas & Betts Corporation
Valuation Date:	December 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Thomas & Betts Corporation

Plan

Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees

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

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

Plan provisions for Parts C and D are outlined below. Part C applies to employees at the Athens, Tennessee plant and Part D applies to employees at the Mercer, Pennsylvania plant, also referred to as Reznor participants. The deferred vested participants were offered a lump sum during 2014 for a window period during 2014 with payment on April 1, 2014.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Athens Hourly Participants (Part C)

A. Basic Provisions

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

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

B. Benefit Provisions

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

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

6. Optional Forms of Retirement Income in Lieu of Normal Form: A participant may elect one of the following forms of payment of equivalent value:
- Life Annuities: Life only and period certain and life benefits (5 years, 10 years and 15 years)
 - Joint and Survivor Annuities: 50%, 66 2/3%, 75%, and 100%
7. Changes Since the Prior Valuation: None.

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

SCHEDULE SB ATTACHMENTS

Mercer (Reznor) Hourly Participants (Part D)

A. Basic Provisions

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

Plan Name: The Thomas & Betts Corporation Pension Plan for Bargaining Unit Employees
EIN / PN: 22-1326940 / 003
Plan Sponsor: Thomas & Betts Corporation
Valuation Date: December 1, 2015

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B. Benefit Provisions

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

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

2. Vesting Service: One year of service is credited for each calendar year during which the participant works at least 1,000 hours or is on an authorized leave of absence.
3. Credited Service: For employment after June 1, 1973, one year of Credited Service is earned for each calendar year prior to 2013 in which the participant completes 1,680 or more hours of service. Participants receive one tenth of a year of Credited Service for each 168 hours that are worked during a calendar year in which they complete less than 1,680 hours of service. Prior to June 1, 1973, one year of Credited Service was granted for each year of employment. No Credited Service is provided after 2012.
4. Payment of Benefits:
 - a. Early Retirement: The monthly accrued benefit as of Early Retirement, reduced by 1/180th for each month by which commencement of benefits precedes the earlier of normal retirement date or the attainment of age 62 with 40 years of service. If a participant is at least age 62 with at least 40 years of service, the monthly accrued benefit is unreduced.
 - b. Disability: The monthly accrued benefit as of the date of disablement unreduced for early commencement. If a participant is awarded an Employer-provided Public Disability benefit, then the disability benefit under the plan is reduced by the Public Disability benefit.
 - c. Vested Termination: The monthly accrued benefit as of the date of termination with payments beginning at age 65. The benefit is available for early retirement as described above with 20 years of Vesting Service at termination.

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- d. Death: The eligible spouse will be entitled to a monthly lifetime pension equal to 50% of the pension the participant would have received had he retired the day prior to his death and elected a joint and survivor annuity with 50% continuation to his or her spouse. If the participant was not at early retirement age at the time of his death, the pre-retirement survivor annuity will be deferred until the date on which he would have qualified for early retirement had he lived.

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

Age	Reduction Per Year
40 and Earlier	0.10%
40 - 49	0.20%
50 - 54	0.30%
55 - 59	0.50%
60 and Later	1.00%

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5. Normal Form of Benefit: The normal form of payment is a monthly 10 year certain and life annuity. However, a married participant shall normally receive an actuarially equivalent joint annuity with a 50% continuation after the participant's death to his or her spouse, if surviving.
6. Optional Forms of Retirement Income in Lieu of Normal Form: A participant may elect one of the following forms of payment of equivalent value:
- Life Annuity
 - Joint and Survivor Annuity (50%, 75% and 100%)
 - 10 year Certain and Life Annuity
7. Changes since the Prior Valuation: 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 assumptions and methods were made as part of this valuation:

- The assumed plan-related expenses added to the target normal cost were changed from \$270,000 to \$280,000.

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