

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 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: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>SPX US PENSION PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1956</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>003</u>	1c	Effective date of plan <u>01/01/1956</u>		
1b	Three-digit plan number (PN) ▶ <u>003</u>						
1c	Effective date of plan <u>01/01/1956</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>SPX CORPORATION</u> <u>13320-A BALLANTYNE CORPORATE PLACE</u> <u>CHARLOTTE, NC 28277</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>38-1016240</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>980-474-3700</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>339900</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>38-1016240</u>	2c	Plan Sponsor's telephone number <u>980-474-3700</u>	2d	Business code (see instructions) <u>339900</u>
2b	Employer Identification Number (EIN) <u>38-1016240</u>						
2c	Plan Sponsor's telephone number <u>980-474-3700</u>						
2d	Business code (see instructions) <u>339900</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.	09/20/2018	ELAINE KROM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATIVE COMMITTEE - SPX 13320-A BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277	3b Administrator's EIN 62-1734313 3c Administrator's telephone number 980-474-3700 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5630
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 761 6a(2) 681 6b 926 6c 3111 6d 4718 6e 765 6f 5483 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 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
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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) ☒ 4 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EQUITABLE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	GA1039	5483	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 20732**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 20732**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 20732**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 20732

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EQUITABLE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	74877	5483	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 602780**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 602780**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 602780**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 602780

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
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i ☐ Stop loss (large deductible)
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 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier EQUITABLE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
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13-5570651	62944	GA1403	5483	01/01/2017	12/31/2017

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 63844**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 63844**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 63844**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 63844

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL INSURANCE CO.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	DA-149	5483	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 173376**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 173376**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 173376**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 173376

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

A Name of plan <u>SPX US PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SPX CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1016240</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>261052902</u>	
b Actuarial value	2b	<u>266768526</u>	
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	<u>884</u>	<u>56526456</u>	<u>56526456</u>
b For terminated vested participants	<u>3985</u>	<u>117976610</u>	<u>117976610</u>
c For active participants	<u>761</u>	<u>44357510</u>	<u>44837966</u>
d Total	<u>5630</u>	<u>218860576</u>	<u>219341032</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.86 %</u>	
6 Target normal cost	6	<u>3325050</u>	

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

SIGN HERE		
Signature of actuary	<u>09/07/2018</u>	Date
<u>MEGAN M FOSTER</u>	<u>17-07582</u>	Most recent enrollment number
Type or print name of actuary	<u>248-936-7700</u>	Telephone number (including area code)
<u>TOWERS WATSON DELAWARE INC.</u>		
Firm name		
<u>26555 EVERGREEN RD</u> <u>SOUTHFIELD, MI 48076</u>		
Address of the firm		

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

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	56643259
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	56643259
10 Interest on line 9 using prior year's actual return of <u>9.06</u> %	0	5131879
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>6.08</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	61775138

Part III Funding Percentages

14 Funding target attainment percentage	14	93.45%
15 Adjusted funding target attainment percentage	15	121.62%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.44%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 64
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	3325050	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	14347644	2356055	
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	5681105	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	5681105	5681105
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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

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	
BRIDGEWATER ASSOCIATES, LP	ONE GLENDINNING PLACE WESTPORT, CT 06880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PACIFIC INV. MGT. CO. LLC	
33-0629048	

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

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

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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)

TOWERS WATSON DELAWARE INC.

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 13 17 50 70	NONE	1997049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(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?
17 50	NONE	281250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT W. BAIRD & CO., INC.

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	157355	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

GRANTHAM, MAYO, VANOTTERLOO

40 ROWES WHARF
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 59 99	NONE	114539	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BLACKROCK INSTITUTIONAL TRUST CO.

20-2159373

(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 24 28 50 51	NONE	108828	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDELITY INSTITUTIONAL ASSET MGT TR

20-2159373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	104968	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

JPMORGAN CHASE BANK NA

13-4994650

(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 68 72	NONE	64029	Yes ☒ No ☐	Yes ☒ No ☐	24531	Yes ☒ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 71	NONE	45538	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JENNER & BLOCK LLP

36-2192554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	43821	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)

PLANTE & MORAN PLLC

38-1357951

(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	38452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN INVESTMENT MANAGEMENT INC.

13-3200244

(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	22553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MSIM LIMITED

98-0697595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	9241	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BRIGHTHOUSE LIFE INSURANCE

06-0566090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 22 23 50 62	NONE	5589	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 99	NONE	2623	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MSIM INC.

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	939	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MSIM SINGAPORE

98-0487607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	914	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	21186
(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.
JPMORGAN INVESTMENT MANAGEMENT INC. 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	3345
(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.
JPMORGAN INVESTMENT INC. 13-3200244	SECURITIES LENDING COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	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.
VARIOUS BROKER DEALERS	SECURITIES MOVEMENT FEES NEGOTIATED FEE OF \$0.75-\$2.00 FOR EACH RECEIPT OR DELIVERY OF BORROWED SECURITIES.	

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
JPMORGAN CHASE BANK NA	72	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.	
VARIOUS BROKER DEALERS	TRI-PARTY REPO COMPENSATION AT A NEGOTIATED FEE OF EITHER UP TO \$25 PER TRANSACTION AND AN ANNUAL FEE OF UP TO 3 BASIS POINTS (ON AVERAGE) ON THE SECURITY COLLATERAL HELD AS TRI-PARTY AGENT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	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.	
VARIOUS BROKER DEALERS	TRI-PARTY REPO COMPENSATION AT A NEGOTIATED FEE OF EITHER UP TO \$25 PER TRANSACTION AND AN ANNUAL FEE OF UP TO 3 BASIS POINTS (ON AVERAGE) ON THE NON-CASH COLLATERAL HELD AS TRI-PARTY AGENT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>SPX US PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPX CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1016240</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION COMMINGLED POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST'L MGT TRUST CO</u>				
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66974101</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LEGAL & GENERAL LONG DUR US CR COLL</u>				
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY OF GEORGIA</u>				
c EIN-PN <u>35-7085469-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40031293</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG CORPORATE BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>				
c EIN-PN <u>45-3263231-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37767783</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOVT BOND INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY NA</u>				
c EIN-PN <u>94-3118547-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29866199</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GLOBAL TARGETED RETURNS TRU</u>				
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>				
c EIN-PN <u>20-2583973-173</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15924652</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL S&P500 INDX FND NON LENDING</u>				
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>				
c EIN-PN <u>45-6138589-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14122299</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX NONLENDABLE FUND</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>				
c EIN-PN <u>26-4040482-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **GMO MULTI-STRATEGY FUND (OFFSHORE)**

b Name of sponsor of entity listed in (a): **GMO MULTI-STRATEGY FUND (OFFSHORE)**

c EIN-PN 01-0745810-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4669566
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORGAN STANLEY IM INT'L EQUITY TRUS**

b Name of sponsor of entity listed in (a): **MORGAN STANLEY INVESTMENT MANAGEMENT**

c EIN-PN 04-3222247-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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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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> 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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	159	286534
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	498256	117020
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26360950	2786417
(2) U.S. Government securities.....	1c(2)	31148561	25182179
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4045676	0
(B) All other.....	1c(3)(B)	25349660	1670125
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	115917	117083
(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)	118066418	204686327
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	17327391	4669566
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	40804053	28476394
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	860732	860732
(15) Other	1c(15)	19687216	69261

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	284264989	268921638

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	23652335	485900
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23652335	485900

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	260612654	268435738
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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)	35629	
(B) U.S. Government securities	2b(1)(B)	563694	
(C) Corporate debt instruments	2b(1)(C)	1473808	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	341	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2073472
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	905467	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		905468
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	125623859	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	123052396	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2571463
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-393829	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-393829

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17884751
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		476031
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3646361
c Other income	2c		16666
d Total income. Add all income amounts in column (b) and enter total.....	2d		27180383

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15794749	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		15794749
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	2144101	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	848748	
(4) Other	2i(4)	569701	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3562550
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19357299

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7823084
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: PLANTE & MORAN PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4081335. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>SPX US PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPX CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1016240</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>13-2633612</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>147</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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 16.8% Investment-Grade Debt: 76.6% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 5.6%

- 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):

SPX US Pension Plan

Financial Report
December 31, 2017

SPX US Pension Plan

Contents

Independent Auditor's Report	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-11
Schedule of Assets Held	Schedule 1
Schedule of Reportable Transactions	Schedule 2

Independent Auditor's Report

To the SPX Corporation Retirement and
Welfare Plan Administrative Committee
SPX US Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SPX US Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2017 and 2016 that the 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.

Other Matter

The supplemental schedules of assets held as of December 31, 2017 and reportable transactions for the year ended December 31, 2017 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the SPX Corporation Retirement and
Welfare Plan Administrative Committee
SPX US Pension Plan

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Southfield, Michigan
August 20, 2018

SPX US Pension Plan

Statement of Net Assets Available for Benefits

		December 31, 2017 and 2016	
		2017	2016
Assets			
Investments at fair value:			
Mutual funds	\$	16,333,908	\$ 29,667,190
Common collective trust funds		221,498,380	146,530,673
U.S. government securities		25,182,179	31,473,011
Corporate debt securities		1,193,846	26,138,736
Short-term investment		2,786,417	26,360,950
Partnership interest		117,083	115,917
Hedge fund		-	17,132,387
Other		37	247
Corporate debt securities - Loaned		476,279	2,932,150
Investments at contract value - Insurance contracts		860,732	860,732
Total investments		268,448,861	281,211,993
Collateral held under securities loan agreements		69,223	2,554,582
Cash		286,534	159
Receivables		117,020	498,256
Total assets		268,921,638	284,264,990
Liabilities			
Pending security transactions		-	20,658,098
Obligations under securities loan agreements		485,900	2,994,238
Total liabilities		485,900	23,652,336
Net Assets Available for Benefits	\$	268,435,738	\$ 260,612,654

SPX US Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Investment income:		
Interest and dividends	\$ 3,151,856	\$ 3,930,495
Net realized and unrealized gains on investments	24,028,527	20,743,722
Total investment income	27,180,383	24,674,217
Less administrative expenses	2,997,688	4,585,078
Total net additions to net assets	24,182,695	20,089,139
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	15,794,749	36,775,629
Insurance premiums	564,862	566,548
Total deductions from net assets	16,359,611	37,342,177
Net Increase (Decrease)	7,823,084	(17,253,038)
Net Assets Available for Benefits		
Beginning of year	260,612,654	277,865,692
End of year	<u><u>\$ 268,435,738</u></u>	<u><u>\$ 260,612,654</u></u>

December 31, 2017 and 2016**Note 1 - Plan Description**

The following description of the SPX US Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

Effective August 31, 2015, the Plan was amended and the accrued benefits of all participants were frozen, except individuals whose participation in the Plan is governed by a collective bargaining agreement.

Effective December 31, 2017 and January 31, 2018, the Plan was amended and the accrued benefits of all participants of the Weil-McLain Union and the Waukesha Union, respectively, were frozen. The impact of this amendment is not reflected in the actuarial present value of accumulated plan benefits as of December 31, 2016, as reported in Note 7.

General

The Plan is a defined benefit plan that provides for retirement, death, and disability benefits for all eligible employees of SPX Corporation (the "Company") and those of its subsidiaries that adopt the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Operations

Under a trust agreement, JPMorgan Chase Bank, N.A. (the "Trustee") was appointed trustee of the Plan. In accordance with the powers and duties of the Trustee, as designated by the Company, the Trustee administers the Plan in accordance with the orders of the SPX Corporation Retirement and Welfare Plan Administrative Committee and invests the Plan's assets and the income therefrom, as directed by the Plan's investment manager. Administrative fees incurred in administering the Plan are paid from the assets of the Plan.

Eligibility and Vesting

As noted above, the Plan is frozen to new participants and no further benefits are accrued for certain participants. Beginning January 31, 2018, no further benefits are accrued for all participants. Salaried and nonunion hourly employees became fully vested upon the completion of three years of service and individuals hired on or after January 1, 2001 are not eligible to participate. Employees governed by a collective bargaining agreement became fully vested upon the completion of five years of service and individuals hired on or after December 31, 2010 are not eligible to participate.

Pension Benefits

The Plan provides for payment of normal retirement, early retirement, disability retirement, and death benefits to its participants, as calculated under the provisions of the Plan.

Under the terms of the Plan, effective July 1, 1997, benefits for the former IARP Plan's general salaried and management employees of the Company are governed under a cash balance plan. In addition, former employees of General Signal Corporation, which merged into the Plan on December 31, 1998, are also governed by this cash balance plan. The cash balance account consists of any initial account balance at July 1, 1997 or December 31, 1998, as applicable, employer contribution credits, interest credits, and any applicable transition credits. Employer contribution credits are equal to 4 percent of the participants' compensation, as defined by the Plan, for each calendar year. Interest credits are based on the participants' cash balance accounts at December 31 of the prior calendar year multiplied by the five-year U.S. Treasury rate on the last business day of November of the prior calendar year. Transitional credits are available to participants who meet certain requirements, as defined in the Plan.

December 31, 2017 and 2016**Note 1 - Plan Description (Continued)**

Eligible employees governed under terms of the former Bargaining Unit Plan are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65, as described in the Plan. For these employees, the individual pension benefit is equal to credited service multiplied by the monthly pension basic benefit in effect on the date the employee terminates service, as set forth in the Plan and union agreements. Special provisions for retirement at other than the normal retirement age are described in the Plan and union agreements.

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. There were no required contributions in 2017 and 2016.

Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefits Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 2 - Summary of Significant Accounting Policies***Investment Valuation***

If available, quoted market prices are used to value investments. When quoted market prices are not available, various valuation techniques are utilized and observable inputs are prioritized to determine fair value. The insurance contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The common/collective trusts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which are based on the fair value of the funds' underlying assets. The mutual funds, government securities, and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. Investments in partnership interests and hedge funds are valued at NAV per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for fund activity and other applicable valuation adjustments. For investments valued at NAV, there are no redemption restrictions or unfunded commitments. All other investments, including short-term investments consisting primarily of a money market mutual fund, are valued based on quoted market prices. See Note 5 for additional information.

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

Benefit Payments

Benefits are recorded when paid.

December 31, 2017 and 2016**Note 2 - Summary of Significant Accounting Policies (Continued)*****Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to the following:

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

Benefits are calculated based on the specific provisions outlined in the plan agreement.

Actuarial Assumptions

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2016 are summarized as follows:

Actuarial cost method	Unit credit cost method
Assumed rate of return	4.00 percent
Mortality and disability basis	RP-2014 Mortality Tables for males and females adjusted by 11.7 percent for actual experience projected using the generational MP-2016 improvement scale
Retirement basis	The participants will retire upon becoming eligible for normal retirement
Retirement age	A scale ranging from 2.5 percent between the ages of 55 and 59 and 100 percent at age 67

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management 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 additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 20, 2018, which is the date the financial statements were available to be issued.

December 31, 2017 and 2016**Note 3 - Unaudited Information**

JPMorgan Chase Bank, N.A. (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information certified by the Trustee. Additionally, the Plan invests in certain investments managed by the Trustee.

Note 4 - Securities Lending

On December 6, 2006, the SPX Corporation Retirement and Welfare Plan administrative committee entered into a separate agreement with the Trustee. The agreement authorizes the Trustee to lend securities held in the Plan's accounts to third parties (the "Borrower"). Under the terms of the agreement, the Trustee must obtain collateral from the Borrower, generally cash or acceptable securities, having market value of 102 percent of the loaned securities for U.S. securities and 105 percent of the loaned securities for non-U.S. securities. Both the collateral and the securities loaned are marked-to-market on a daily basis, with additional collateral obtained or refunded as necessary. The agreement term is indefinite; however, in the event that the loaned securities are not returned by the Borrower, the Trustee will, at its own expense, either replace the loaned security or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities. Investment income, excluding any realized or unrealized gains or losses from securities lent, was approximately \$31,000 and \$10,000 during the years ended December 31, 2017 and 2016, respectively.

The collateral received pursuant to securities lending transactions is reflected as a liability in the statement of net assets available for benefits at December 31, 2017 and 2016. There was no noncash collateral received as of December 31, 2017 and 2016. To the extent that a loan of securities is secured by collateral, such collateral is invested in pooled investments managed by the Trustee. At December 31, 2017 and 2016, these pooled investments were primarily invested in short-term investments, including money market mutual funds and interest-bearing cash valued at outstanding balances. The Plan bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in the fair value of the invested collateral. If applicable, this difference in value of the investments purchased with the cash collateral received and the amount due to the Borrower upon return of securities on loan is recorded as an unrealized gain (loss) and is included in the statement of changes in net assets available for benefits in net realized and unrealized gains (losses) on investments for 2017 and 2016.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the Trustee require the Trustee to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the Borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the Plan's investment of collateral received from the Borrower of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

Subsequent to year end, the Plan completed all securities lending transactions, with the Plan paying approximately \$406,000 to settle all outstanding transactions.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

December 31, 2017 and 2016

Note 5 - Fair Value Measurements (Continued)

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017			
	Investments (at Fair Value)	Level 1	Level 2
Corporate debt and government securities	\$ 26,852,304	\$ -	\$ 26,852,304
Mutual funds	16,333,908	-	16,333,908
Short-term investment	2,786,417	2,786,417	-
Other investments	37	37	-
Collateral held under security loan agreements	69,223	-	69,223
Total	46,041,889	\$ 2,786,454	\$ 43,255,435
Investments measured at NAV:			
Fixed-income common/collective trusts (1)	186,781,863		
Global equity common/collective trusts	34,716,517		
Partnership interest (2)	117,083		
Total investments at fair value	\$ 267,657,352		

Notes to Financial Statements

December 31, 2017 and 2016

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016			
	Investments (at Fair Value)	Level 1	Level 2
Corporate debt and government securities	\$ 60,543,897	\$ -	\$ 60,543,897
Mutual funds	29,667,190	-	29,667,190
Short-term investment	26,360,950	26,360,950	-
Other investments	247	247	-
Collateral held under security loan agreements	2,554,582	-	2,554,582
Total	119,126,866	\$ 26,361,197	\$ 92,765,669
Investments measured at NAV:			
Fixed-income common/collective trusts (1)	114,240,131		
Global equity common/collective trusts	32,290,542		
Partnership interest (2)	115,917		
Hedge fund (3)	17,132,387		
Total investments at fair value	\$ 282,905,843		

- (1) This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (2) This class represents investments in private equity funds related primarily to venture capital.
- (3) This class represents a fund composed of investments in underlying hedge funds that invest in both equity and debt securities.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2017 and 2016.

Note 6 - Derivative Financial Information

During 2017, one of the Plan's investment managers was permitted to invest plan assets in derivative securities. The derivatives used by this manager are highly liquid exchange-traded fixed-income futures securities. These contracts involve elements of market risk in excess of amounts recognized in the statements of net assets available for benefits and changes in net assets available for benefits; however, the credit risk associated with these contracts is considered minimal as they are traded on organized exchanges and settled daily. The use of these derivatives securities is for gaining market exposure to the U.S. Treasury bond market.

There is no collateral held by the Plan in connection with the derivative agreements.

The notional amount represents the contract amount, not the amount at risk. The notional amount of the future contracts was approximately \$127 million at December 31, 2017. Gross assets and gross liabilities associated with the future contracts were approximately \$131,000 and \$97,000, respectively, at December 31, 2017. Derivatives are presented on a gross basis, as management has elected not to offset contracts when subject to a master netting arrangement. Net losses related to futures were approximately \$943,000 for the year ended December 31, 2017. The related gains and losses are recorded in net realized and unrealized gains on investments.

December 31, 2017 and 2016

Note 7 - Benefit Obligations

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Willis Towers Watson. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2016, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 67,373,046
Other vested participants	<u>205,503,653</u>
Total vested benefits	272,876,699
Nonvested benefits	<u>198,151</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 273,074,850</u></u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2016 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 268,899,043
Increase (decrease) during the year attributable to:	
Benefits accumulated	367,057
Actuarial gains	(663,917)
Interest due to the decrease in the discount period	12,543,914
Changes in actuarial and other assumptions	28,704,382
Benefits paid	<u>(36,775,629)</u>
Net increase	<u>4,175,807</u>
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 273,074,850</u></u>

For the year ended December 31, 2016, the change in actuarial and other assumptions was primarily due in part to the change in the discount rate from 5.00 percent in 2015 to 4.00 percent and the change in the mortality improvement scale from MP-2015 to MP-2016 in 2016.

Note 8 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

SPX US PENSION PLAN
FORM 5500, SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN 38-1016240, PLAN NO. 003
YEAR ENDED DECEMBER 31, 2017

Identity of Issue, Borrower, Lessor	Description of Investment/Shares	Cost	Current Value
CORPORATE DEBT AND GOVERNMENT			
UNITED STATES OF AMERICA BOND FIXED 4.5%	SEMI-ANN. 4.500% 02/15/2036	\$ 1,543,223	\$ 1,544,855
	1,200,000.000		
UNITED STATES OF AMERICA BOND FIXED 5%	SEMI-ANN. 5.000% 05/15/2037	1,284,609	1,288,862
	940,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 08/15/2028	484,835	484,499
	635,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 08/15/2029	355,541	356,443
	480,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 02/15/2029	409,671	410,025
	545,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 02/15/2031	776,721	781,242
	1,100,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 05/15/2030	539,574	542,971
	745,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 11/15/2027	691,654	689,495
	885,000.000		
UNITED STATES OF AMERICA BOND ZERO CPN 1	SEMI-ANN. 0.000% 11/15/2028	537,591	538,542
	710,000.000		
UNITED STATES OF AMERICA NOTES FIXED 1.3	SEMI-ANN. 1.375% 09/30/2019	3,193,011	3,172,384
	3,200,000.000		
UNITED STATES OF AMERICA NOTES FIXED 1.3	SEMI-ANN. 1.375% 09/30/2020	2,282,219	2,264,971
	2,300,000.000		
UNITED STATES OF AMERICA NOTES FIXED 1.8	SEMI-ANN. 1.875% 08/31/2024	3,141,888	3,113,888
	3,200,000.000		
UNITED STATES OF AMERICA NOTES FIXED 2.1	SEMI-ANN. 2.125% 09/30/2021	1,887,226	1,866,175
	1,865,000.000		
UNITED STATES OF AMERICA NOTES FIXED 2.2	SEMI-ANN. 2.250% 11/15/2025	2,698,534	2,676,267
	2,700,000.000		
UNITED STATES OF AMERICA NOTES FIXED 2.2	SEMI-ANN. 2.250% 11/15/2027	1,638,608	1,636,594
	1,660,000.000		
UNITED STATES OF AMERICA NOTES FIXED 2%	SEMI-ANN. 2.000% 11/30/2022	3,820,687	3,814,965
	3,850,000.000		
CF INDUSTRIES INC CALLABLE NOTES FIXED 4	SEMI-ANN. 4.950% 06/01/2043	359,491	330,750
	350,000.000		
FIDELITY NATIONAL INFORMATION SERVICES I	SEMI-ANN. 4.500% 08/15/2046	322,992	338,774
	325,000.000		
GLENCORE FINANCE CANADA LTD CALLABLE	SEMI-ANN. 6.900% 11/15/2037	388,632	411,398
	325,000.000		
MARATHON OIL CORP CALLABLE NOTES FIXED 6	SEMI-ANN. 6.600% 10/01/2037	191,861	187,940
	150,000.000		
ZIMMER BIOMET HOLDINGS INC CALLABLE	SEMI-ANN. 4.450% 08/15/2045	388,430	401,264
	400,000.000		
MUTUAL FUND:			
PIMCO ALL ASSET FUND FUND OF FUNDS USD		15,497,331	16,333,908
	1,344,354.500		
SHORT-TERM INVESTMENT:			
JPMORGAN US GOVT MMKT - PREMIER SHR FUND		2,786,417	2,786,417
	2,786,416.900		
GLOBAL EQUITY COMMON/COLLECTIVE TRUSTS:			
GMO MULTI- STRATEGY FUND (OFFSHORE), L.P		386,144	4,669,566
	386,144.440		
INVESCO GLOBAL TARGETED RETURNS TRUST		15,954,479	15,924,652
	150,773.070		
NORTHERN TRUST COLLECTIVE S&P INDEX		11,911,015	14,122,299
	1,542.930		
FIXED-INCOME COMMON COLLECTIVE TRUSTS:			
PYRAMIS LONG DURATION POOL		56,835,147	66,974,100
	2,842,703.770		
BLACKROCK LONG TERM GOVERNMENT BOND		26,236,487	29,866,199
	348,245.050		
BLACKROCK US LONG CORPORATE OPEN-END		31,713,084	37,767,783
	2,575,381.560		
LEGAL & GENERAL LONG DURATION U.S. CREDI		38,858,150	40,031,293
	352,295.100		
GMO STRATEGIC OPPORTUNITIES ALLOCATION F	MONTHLY VARIABLE 12/31/2049	11,351,044	12,142,487
	554,704.710		
MARSHALL & LLSLEY MONEY MARKET FUND		1	1
	1.090		

SPX US PENSION PLAN
 FORM 5500, SCHEDULE H, LINE 4I
 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
 EIN 38-1016240, PLAN NO. 003
 YEAR ENDED DECEMBER 31, 2017

Identity of Issue, Borrower, Lessor	Description of Investment/Shares	Cost	Current Value
PARTNERSHIP INTEREST:			
HARBOURVEST PARTNERS V PARTNERSHIP FD L	1,000.000	113,945	117,083
OTHER INVESTMENTS:			
BEAR STATE FINANCIAL INC COMMON STOCK US	0.780	6	9
CARETRUST REIT INC REIT USD 0.01	1.490	5	25
DAWSON GEOPHYSICAL CO COMMON STOCK	0.660	10	3
INSURANCE CONTRACTS:			
EQUITABLE LIFE INS CO	148,032.490	148,032	63,843
EQUITABLE LIFE INS CO	CONTRACT GA-1039	336,387	20,732
EQUITABLE MELVILLE # 74877	336,387.000	602,780	602,780
MASS MUTUAL LIFE - 18 POLICIES	MONTHLY VARIABLE 12/31/2049	-	18
MASSACHUSETTS MUTUAL INS CO	MONTHLY VARIABLE 12/31/2049	173,359	173,359
	173,358.700		
		<u>\$239,840,821</u>	<u>\$ 268,448,861</u>

SPX US Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 38-1016240, Plan No. 003
 Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
JPMorgan Chase Bank, N.A.	BlackRock US Long Corporate Open-End Fund	\$ 14,014,003	\$ -	\$ 14,014,003	\$ 14,014,003	\$ -
JPMorgan Chase Bank, N.A.	Bridgewater All Weather Fund	-	14,455,301	8,742,109	14,455,301	5,713,192
JPMorgan Chase Bank, N.A.	Invesco Global Targeted Returns Trust	14,400,000	-	14,400,000	14,400,000	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	-	18,756,529	18,756,529	18,756,529	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	13,240,196	-	13,240,196	13,240,196	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	13,762,054	-	13,762,054	13,762,054	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	-	13,789,185	13,789,185	13,789,185	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	14,045,975	-	14,045,975	14,045,975	-
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund	-	14,399,858	14,399,858	14,399,858	-
JPMorgan Chase Bank, N.A.	Morgan Stanley Pooled International Equity Fund	-	13,251,289	9,391,096	13,251,289	3,860,193
JPMorgan Chase Bank, N.A.	Northern Trust Collective International Fund Non Lending	13,762,054	-	13,762,054	13,762,054	-
JPMorgan Chase Bank, N.A.	PIMCO StockPlus Long Duration Fund	-	13,762,054	13,878,333	13,762,054	(116,279)
JPMorgan Chase Bank, N.A.	Russell 2000 Index Fund	-	15,136,066	13,709,796	15,136,066	1,426,270
JPMorgan Chase Bank, N.A.	United States of America Bond Fixed 2.5% Semi-Annual 2.5% 2/15/2045	-	16,832,258	16,834,513	16,832,258	(2,255)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
JPMorgan Chase Bank, N.A.	BlackRock Long Term Government Bond Index Fund:					
	Purchases - 2	11,714,082	-	11,714,082	11,714,082	-
	Sales - 2	14,014,003	2,352,446	2,109,366	2,352,446	243,080
JPMorgan Chase Bank, N.A.	BlackRock US Long Corporate Fund:					
	Purchases - 1	14,014,003	-	14,014,003	14,014,003	-
	Sales - 3	-	5,375,639	4,780,930	5,375,639	594,709
JPMorgan Chase Bank, N.A.	Bridgewater All Weather Fund -					
	Sales - 1	-	18,004,935	10,911,405	18,004,935	7,093,530

SPX US Pension Plan

Schedule of Reportable Transactions (Continued)

Form 5500, Schedule H, Line 4j
EIN 38-1016240, Plan No. 003
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
JPMorgan Chase Bank, N.A.	Cash Collateral Held: Purchases - 166 Sales - 195	\$ 7,921,382 -	\$ - 8,137,710	\$ 7,921,382 8,137,710	\$ 7,921,382 8,137,710	\$ - -
JPMorgan Chase Bank, N.A.	Invesco Global Targeted Returns Trust: Purchases - 2 Sales - 5	16,000,000 -	- 45,537	16,000,000 45,522	16,000,000 45,537	- 15
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund: Purchases - 187 Sales - 147	74,626,089 -	- 98,200,622	74,626,089 98,200,610	74,626,089 98,200,610	- -
JPMorgan Chase Bank, N.A.	Morgan Stanley Pooled International Equity Fund - Sales - 1	-	13,251,289	9,391,096	13,251,289	3,860,193
JPMorgan Chase Bank, N.A.	Northern Trust Collective International Fund Non Lending: Purchases - 1 Sales - 5	13,762,054 -	- 2,002,623	13,762,054 1,851,040	13,762,054 2,002,623	- 151,583
JPMorgan Chase Bank, N.A.	PIMCO StockPlus Long Duration Fund - Sales - 1	-	13,762,054	13,878,333	13,762,054	(116,279)
JPMorgan Chase Bank, N.A.	Russell 2000 Index Fund - Sales - 1	-	15,136,066	13,709,796	15,136,066	1,426,270
JPMorgan Chase Bank, N.A.	United States of America Bond Fixed 2.5% Semi- Annual 2/15/2045: Purchases - 12 Sales - 8	3,396,346 -	- 18,102,302	3,396,346 18,177,893	3,396,346 18,102,302	- (75,591)
JPMorgan Chase Bank, N.A.	United States of America Bond Fixed 2.75% Semi- Annual 8/15/2047: Purchases - 2 Sales - 1	16,721,577 -	- 3,007,001	16,721,577 3,008,211	16,721,577 3,007,001	- (1,210)

There were no Category (ii) or (iv) reportable transactions during the year.

Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12 / 31 / 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		X
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12 / 31 / 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		X
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Spx US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12/31/2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

- **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 SPX US PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN) ►	003
B Three-digit plan number (PN) ►	003		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value	2a	261,052,902
	b Actuarial value	2b	266,768,526
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	884	56,526,456
	b For terminated vested participants	3,985	117,976,610
	c For active participants	761	44,357,510
	d Total	5,630	218,860,576
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	5.86%
6	Target normal cost	6	3,325,050

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	<u>09/07/18</u> Date
	MEGAN M FOSTER	1707582
	Type or print name of actuary	Most recent enrollment number
	Towers Watson Delaware Inc.	248-936-7700
	Firm name	Telephone number (including area code)
	26555 EVERGREEN RD	
	Southfield MI 48076	
	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, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2017**

(b) Prefunding balance

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	3,325,050	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	14,347,644	2,356,055	
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	5,681,105	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,681,105	5,681,105
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	SPX Corporation
EIN/PN	38-1016240/003
Plan Name	SPX US Pension Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Megan Foster
Enrollment Number	17-07582

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:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. 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.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The assumed plan-related expenses added to the target normal cost were changed from \$3,100,000 for the prior valuation to \$2,970,000 for the current valuation to account for lower expected expenses to be paid from the trust.
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Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2017

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	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		0		1		0		0		0		0		0		0		0	
35 - 39	1		4		0		1		9		1		0		0		0		0	
40 - 44	2		12		10		3		11		6		0		0		0		0	
45 - 49	1		5		15		13		25		7		10		1		0		0	
50 - 54	1		8		13		23		46		11		34		7		3		0	
55 - 59	3		10		11		22		45		30		32		25		34		1	
60 - 64	3		6		7		14		37		26		28		21		24		17	
65 - 69	0		3		0		6		11		6		6		14		6		18	
70 & Over	0		1		0		0		0		1		1		6		0		2	

Plan Name: SPX US Pension Plan
 EIN / PN: 38-1016240 / 003
 Plan Sponsor: SPX Corporation
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2017

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	14,347,644	7	14,347,644	2,356,055
Total					14,347,644	2,356,055

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods as of January 1, 2017

Plan Sponsor

SPX Corporation

Plan

SPX US Pension Plan

EIN/PN

38-1016240/003

PPA Funding Interest rate basis:

Applicable month	September
Yield curve basis	3-Segment Rates

PPA Funding Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	5.86%	4.05%

Compensation Increase Rate

3.75%

Assumed Cost of Living Adjustments

None

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Inclusion Date

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

Plan-related Expenses

The amount included for this year for plan-related expenses is \$2,970,000. This amount is based on projected non-investment fees for the current year including the expected PBGC premiums due in the current plan year.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

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

Attained Age	Unisex Rates	Attained Age	Unisex Rates
55	2.50	62	20.00
56	2.50	63	15.00
57	2.50	64	15.00
58	2.50	65	70.00
59	2.50	66	50.00
60	5.00	67	100.00
61	5.00		

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Disability Rates (per 1,000 employees)

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

Percentage becoming disabled during the year		
Age	Males	Females
20	.30	.30
25	.30	.30
30	.30	.40
35	.40	.70
40	.80	1.30
45	1.60	2.40
50	3.30	4.00
55	6.90	6.40
60	11.50	9.00

Future Increases in Social Security

For purposes of determining the target normal cost and the additional funding target for maximum deductible contribution purposes, Social Security benefits are assumed to increase in the future due to increases in the national average wage index of 2.75% per year and due to increases in the cost of living of 2.25% per year compounded annually.

Cash Balance Interest Crediting Rate

The actual known interest rate in the first year of valuation (1.60% in 2017) and the 5-year average of actual rates in the second year and thereafter (1.34% in 2018 and beyond).

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increase in the maximum annual benefit or compensation limit.

Calculation of Lump Sum

100% of participants in the main IARP (cash balance plan with grandfathered benefits) are assumed to elect a lump sum when eligible. Lump sums were valued using the PPA valuation interest rates and mortality tables.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

For participants in the former Bargaining Plan:

Attained Age	1st and 2 nd Year Unisex Select Rates	Ultimate Rates
20	18.00	12.00
25	17.39	11.60
30	16.27	10.84
35	14.14	9.43
40	11.61	7.74
45	8.98	5.98
50	5.87	3.92
55 and over	0.00	0.00

For all other participants:

Attained Age	Males and Females
20	18.00
25	17.39
30	16.27
35	14.14
40	11.61
45	8.98
50	5.87
55 and over	0.00

Form of Payment

For participants in the former Bargaining Plan, participants are assumed to elect the normal form.

In the main IARP (cash balance plan with grandfathered formulas) participants are assumed to elect a lump sum. For the other benefit structures participants are generally assumed to elect the normal form.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Marriage

90% of all active participants are assumed to be married at retirement or death before retirement. The female spouse is assumed to be three years younger than the male spouse.

Employees

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

Valuation date

First day of plan year.

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 year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

PBGC Premium Funding

The Alternative Premium Funding Target was determined using the assumptions described above.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Asset Method

Under this method, the valuation assets are equal to the average of four values, the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The four values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of 8 months prior to the valuation date, the adjusted market value of assets as of 16 months prior to the valuation date, and the adjusted market value of assets as of 24 months prior to the valuation date. The adjusted market value as of a relevant determination date is equal to the market value of assets as of that date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 5.00%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.00%, and the applicable limitation for the plan year, equal to 6.65%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.50%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.50%, and the applicable limitation for the plan year, equal to 6.81%. For periods that span two plan years, the assumed rate of return on assets is the lower of the assumed rates of return for each year (pursuant to IRS Notice 2009-22). Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant Data

Employee data was supplied electronically as of the valuation date.

Benefits not valued

None for this plan year.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

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.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the actual known interest rate in the first year of valuation and the 5-year average of actual rates in the second year and thereafter. Our long term estimate of the 30-year Treasury rate is 1.34%, based on a combination of current conditions, past history, including relationships to other assumptions such as CPI, and future economic expectations.
Lump sum conversion rate	<p>Lump sum benefits are valued using a long term assumption for the plan's lump sum conversion rate that is not significantly inconsistent with what would be reasonable and consistent with other economic assumptions used, other than the discount rate.</p> <p>Lump sum benefits are valued assuming that the current lump sum conversion rate remains unchanged in the future.</p>
Rates of increase in:	
<ul style="list-style-type: none"> ■ Compensation 	<p>Assumed compensation increases are based on a combination of assumed future (i) cost-of-living increases (CPI), (ii) productivity increases and (iii) promotional increases. CPI increases assumed are as described below. Productivity increases are consistent with the assumed real increases in NAW described below (i.e., increases in assumed NAW less increases in assumed CPI). Promotional increases were based on plan sponsor expectations.</p> <p>The resulting salary increase assumption is a composite rate that reflects both current conditions and future expectations.</p> <p>The future CPI and productivity/NAW increases assumed are consistent with those used in the cash balance interest crediting rate.</p>
<ul style="list-style-type: none"> ■ National average wages (NAW) (e.g., Social Security wage bases) 	The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on a combination of historical averages and an expectation that the future rates will be consistent with historical averages.
<ul style="list-style-type: none"> ■ Increases in statutory limits (CPI) 	The assumed CPI is based on a combination of current conditions, and future forecasts by economists. The final assumption represents a composite of current rates and long term expected rates.

Plan Name: SPX US Pension Plan
 EIN / PN: 38-1016240 / 003
 Plan Sponsor: SPX Corporation
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	<p>Termination rates were based on a published pension table for a population believed to have similar characteristics to the plan's population, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by group (i.e. bargaining versus non-bargaining) due to expected differences in termination rates between these groups.</p>
Disability	Disability rates were based on a published pension table for a population believed to have similar characteristics to the plan's population, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	<p>Retirement rates were based on a published pension table for a population believed to have similar characteristics to the plan's population, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed retirement rates differ by group (i.e. executive versus non-executive) because of expected differences in retirement rates between these groups.</p>
Benefit commencement date for deferred benefits:	
■ Deferred vested benefit	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.
Form of payment	<p>The percentage of retiring participants assumed to take lump sums who are eligible for them is based on observed experience.</p> <p>The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience.</p>

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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.

Changes in Methods

Change in methods since prior valuation None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions as of January 1, 2017

Plan Sponsor

SPX Corporation

Plan

SPX Corporation US Pension Plan

1. USPP - Former Bargaining Plan

Summary of Principal Plan Provisions – Waukesha Goldsboro

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1969. The last amendment reflected herein was effective October 31, 2015.

Coverage and Participation

Hourly employees in the bargaining units represented by the Communications Workers of America, Local 3676-Waukesha, Goldsboro, NC. Participation begins the first day of employment for employees hired before August 1, 2004. Participation is closed to new participants as of August 1, 2004.

In addition, there are inactive participants at various other locations (terminated vested and retirees) who are covered by this plan.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Credited Service

Credited Service is used to determine benefit amounts under the plan. For each calendar year of employment, if a participant works at least 1,750 hours, one year of credited service is granted. For a year in which less than 1,750 hours are worked, a partial year of credited service is granted as follows:

Hours	Credited Service
1,750 or more	1.0
1,575 to 1,749	0.9
1,400 to 1,574	0.8
1,225 to 1,300	0.7
1,050 to 1,224	0.6
875 to 1,049	0.5
700 to 874	0.4
525 to 699	0.3
350 to 524	0.2
Less than 350	0.0

Except for military leave and certain leaves for union business, credited service does not accrue during unpaid leaves of absence.

Credited service is frozen as of October 31, 2015.

A one-time pension enhancement was provided to Goldsboro active participants who were accruing benefits on August 31, 2015. The benefit enhancement includes extra benefit service accruals through 2017. All participants in this group were granted full service accruals through 2017 for purposes of this enhancement.

Vesting (Continuous) Service

Elapsed time. Continuous service is used to determine eligibility for benefits under the plan. It is measured from date of hire to date of termination. Participants that terminate and are rehired within 12 months have the period of absence recognized as continuous service.

Final Average Compensation/Salary

N/A

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of the month coinciding with or next following 65th birthday.

Benefit Formula: The monthly benefit is determined by multiplying the Credited Service by the benefit rate according to the following schedule for terminating retirements prior to August 1, 2001:

- \$12.00 for years of Credited Service prior to January 1, 1999.
- \$14.00 for years of Credited Service after January 1, 1999.

For terminations and retirements on or after August 1, 2001:

- \$15.00 for years of Credited Service prior to January 1, 1999.
- \$18.00 for years of Credited Service after January 1, 1999 (if retire prior to July 1, 2010)
- \$20.00 for years of Credited Service after January 1, 1999 (if retire on or after July 1, 2010)
- \$21.00 for years of Credited Service after January 1, 1999 (if retire on or after July 31, 2014)

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Early Retirement Benefit

Eligibility: Age 55 and 15 years of Continuous Service.

Benefit: Normal Retirement benefit calculated based on Benefit Rate and Credited Service at early retirement. Reduced $\frac{1}{2}$ of 1% per month for commencement before age 65.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: 10 years of Continuous Service and eligible for Federal Social Security Disability benefits.

Benefit: Normal retirement benefit based on credited service and benefit rate at disability date. Payable only as life annuity regardless of marital status.

Vested Benefits upon Termination of Service

Vesting: 5 years of Continuous Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. Payable at age 55 reduced $\frac{1}{2}$ of 1% for each month preceding age 65.

Death Benefits for Participants in Active Service

Eligibility: Available to surviving spouse of participants eligible for normal, early, deferred vested or those receiving a disability pension. Upon death of participant, the surviving spouse (married at least one year as of date of death) shall receive a 50% survivor benefit. Benefit payable at age 65 but if participant died as active employee, eligible for early retirement benefit payable at age 55. Surviving spouses of active employees or deferred vesteds with 15 years Continuous Service or disability pensioner also eligible to commence at age 55.

Benefit: Benefit reduced $\frac{1}{2}$ of 1% per month for payment before normal retirement date and further reduced for joint & survivor option.

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 60%, 66-2/3%, 75% or 100% Joint & Survivor.
- 5 and 10 Year Certain & Life.
- Lump Sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Filtran

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1983. The last amendment reflected herein was effective December 22, 2009.

Effective as of the divestiture of the Filtran business unit to Madison Capital Partners, active participants under the Plan who were immediately employed at the Filtran business unit prior to the divestiture shall be considered to have terminated employment with the company for purposes of the Plan and shall be fully vested in Plan benefits. Filtran was sold on October 23, 2009.

Coverage and Participation

Hourly employees in the bargaining unit represented by the International Association of Bridge, Structural & Ornamental Iron Workers (AFL-CIO), Shopmen's Local 473.

An employee shall become eligible to participate on the first day of employment that he is covered by the collective bargaining agreement.

Credited Service

A participant shall be granted one year of Credited Service for each Plan Year in which he has at least 1,740 hours. If less than 1,740 hours, the participant will receive Credited Service as follows:

Hours	Credited Service
1,305 – 1,739	$\frac{3}{4}$ year
870 – 1,304	$\frac{1}{2}$ year
435 – 869	$\frac{1}{4}$ year
Less than 435	None

Credited Service limited to maximum of 40 years.

Vesting Service

An employee shall be granted one year of Vesting Service for each plan year in which he has at least 870 hours. If less than 870, but more than 434, an employee receives $\frac{1}{4}$ year of Vesting Service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of the month coinciding with or next following 65th birthday.

Benefit Formula: The monthly benefit is determined by multiplying the Credited Service limited to a maximum of 40 years by the benefit rate according to the following schedule:

Effective Date	Rate
05/01/1996	\$25.00
05/01/1998	\$26.00
05/01/1999	\$27.00
05/01/2000	\$28.00
05/01/2008 & after	\$31.00

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Early Retirement Benefit

Eligibility: Age 60 and 10 years of Vesting Service.

Benefit: The Accrued Normal Retirement benefit reduced 3/10ths of 1% per complete calendar month benefit commences prior to age 65 for retirements after May 1, 2004.

For retirements prior to May 1, 2004, the Accrued Normal Retirement benefit reduced 6/10ths of 1% per complete calendar month benefit commences prior to age 65.

Disability Benefit

Eligibility: 10 years of Vesting Service when a participant suffers a Total and Permanent Disability while in the employment of the Company prior to age 65.

Benefit: Normal retirement benefit based on Credited Service and benefit rate at disability date offset by Workers Compensation and other payments resulting from programs to which the Employer is required to contribute by federal and state law.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Vesting: 5 years of Vesting Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be reduced 6/10ths of 1% for each complete calendar month the benefit commences prior to age 65.

Death Benefits for Terminated Vested Participants

Eligibility: A Qualified Preretirement Survivor Annuity is available to the surviving spouse of participants eligible for a normal, early, deferred vested or disability pension.

Benefit: 50% of the participant's normal retirement benefit payable as a Qualified Joint & Survivor annuity at the earliest retirement age.

Death Benefits for Participants in Active Service

Eligibility: Preretirement Beneficiary Annuity is available to the beneficiary of an unmarried vested participant who dies.

Surviving Spouse Benefit is available to the spouse of a vested participant.

Benefit: The Surviving Spouse Benefit and the Preretirement Beneficiary Annuity is a life annuity equal to the Credited Service of the deceased participant (max. 40) multiplied by the following:

Effective Date	Rate
05/01/1996	\$12.50
05/01/1998	\$13.00
05/01/1999	\$13.50
05/01/2000	\$14.00
05/01/2008 & after	\$15.50

If the Beneficiary or Spouse is 10 or more years younger than the participant, the benefit shall be reduced by ½ of 1% for each full 12 months in excess of 10 years.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75% or 100% Joint & Survivor.
- 10 Year Certain & Life.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$25,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Electric Heating- Bennettsville

Effective Date and Most Recent Amendment

The plan was originally effective July 26, 1986. The last amendment was effective August 31, 2015.

Coverage and Participation

Hourly paid employees of the Marley Engineering Products division in Bennettsville, SC.

Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Employees hired on or after January 1, 2011 are not eligible to participate in the plan. The plan was frozen as of August 31, 2015.

A one-time pension enhancement was provided to Bennettsville Hourly active participants who were accruing benefits on August 31, 2015. The benefit enhancement includes extra benefit service accruals through 2017. All participants in this group were granted full service accruals through 2017 for purposes of this enhancement.

Credited Service

Credited Service is used to determine benefit amounts under the Plan. One year for each plan year from date of hire, not prior to July 15, 1986 with at least 1,000 Hours of Service.

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each 12-month period from date of hire with at least 1,000 Hours of Service.

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

\$120 x year of credited service.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: Accrued benefit at early retirement date actuarially reduced for each month early retirement precedes normal retirement date.

Disability Benefit

Eligibility: 10 years of credited service and totally and permanently disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of Vesting Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be actuarially reduced for each month early retirement precedes normal retirement date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: Deferred vested benefit is same as Normal or Early Retirement Benefit.

Pre-retirement surviving spouse benefit is equal to survivor portion of the 50% Joint & Survivor benefit reduced for payment before Normal Retirement Date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75% or 100% Joint & Survivor.
- 10 Year Certain & Life.
- Social Security adjustment option.
- Lump Sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Weil McLain-Benton Harbor

Effective Date and Most Recent Amendment

The plan was originally effective February 1, 1968. The last amendment reflected herein was effective February 1, 1999.

Coverage and Participation

Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan was closed to new entrants in 2006.

Credited Service

One year for each plan year with at least 1,000 hours of service.

Vesting Service

One year for each 12-month period from date of hire with at least 1,000 hours of service.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Accrued Benefit

Monthly Accrued Benefit is \$24.50 x years of credited service.

	Rate
2/1/1979 to 1/31/1980	\$9.00
2/1/1980 to 1/31/1981	\$10.00
2/1/1981 to 1/31/1982	\$12.00
2/1/1982 to 1/31/1983	\$12.00
2/1/1983 to 1/31/1984	\$12.00
2/1/1984 to 1/31/1985	\$12.00
2/1/1985 to 1/31/1986	\$14.00
2/1/1986 to 1/31/1987	\$14.50
2/1/1987 to 1/31/1988	\$15.00
2/1/1988 to 1/31/1990	\$16.00
2/1/1990 to 1/31/1991	\$16.50
2/1/1991 to 1/31/1992	\$17.00
2/1/1992 to 1/31/1993	\$17.50
2/1/1993 to 1/31/1994	\$18.00
2/1/1994 to 1/31/1995	\$18.50
2/1/1995 to 1/31/1996	\$19.00
2/1/1996 to 1/31/1997	\$19.50
2/1/1998 to 1/31/1999	\$20.50
2/1/1999 & after	\$24.50

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Mandatory lump sum if the present value is less than \$1,000.

Late Retirement Benefit

Accrued benefit to actual retirement date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at early retirement date actuarially reduced for each month early retirement precedes normal retirement date.

Disability Benefit

Eligibility: 15 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be actuarially reduced for each month early retirement precedes normal retirement date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least 1 year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and early retirement date (normal retirement date if not eligible for early retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75% or 100% Joint & Survivor
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Fenn

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1959. The last amendment reflected herein was effective March 5, 2012. This location was divested in April 2014.

Coverage and Participation

Active employees are eligible immediately on date of hire.

Participation in plan was frozen effective March 6, 2007. No new entrants into the plan on and after this date.

Credited Service

Credited Service is used to determine benefit amounts under the Plan.

Plan Year Hours of Service	Credited Service
1,700 or more	1.0
1,530 – 1,699	.9
1,360 – 1,529	.8
1,190 – 1,359	.7
1,020 – 1,189	.6
850 – 1,019	.5
680 – 849	.4
510 – 679	.3
340 – 509	.2
170 – 339	.1
Less than 170	0

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each plan year with at least 1,000 Hours of Service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at Normal Retirement Date.

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

- If retiring 6/1/2001-3/9/2003: $\$360 \times \text{years of credited service}$
- If retiring 3/10/2003-3/9/2004: $\$384 \times \text{years of credited service}$
- If retiring 3/10/2004-3/9/2005: $\$408 \times \text{years of credited service}$
- If retiring 3/10/2005-3/9/2006: $\$432 \times \text{years of credited service}$
- If retiring 3/10/2006-2/28/2008: $\$444 \times \text{years of credited service}$
- If retiring 3/1/2008-2/28/2009: $\$456 \times \text{years of credited service}$
- If retiring 3/1/2009-2/28/2011: $\$468 \times \text{years of credited service}$
- If retiring on or after 3/1/2011: $\$480 \times \text{years of credited service}$
- If retiring on or after 3/5/2012: $\$492 \times \text{years of credited service}$
- If retiring on or after 3/1/2013: $\$498 \times \text{years of credited service}$
- If retiring on or after 3/1/2014: $\$504 \times \text{years of credited service}$
- If retiring on or after 3/1/2015: $\$510 \times \text{years of credited service}$
- If retiring on or after 3/1/2016: $\$522 \times \text{years of credited service}$

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 15 years of vesting service.

Benefit: Accrued benefit at Early Retirement Date, benefit reduced by 0.4% for each month early retirement precedes Normal Retirement Date.

Disability Benefit

Eligibility: 10 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Normal Retirement Benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be reduced by 0.4% for each month early retirement precedes Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75% or 100% Joint & Survivor option.
- 10-year Certain and Life.
- Level income option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – MCTC (Olathe)

Effective Date and Most Recent Amendment

The plan was originally effective September 2, 1955. The last amendment reflected herein was effective December 31, 2003.

Coverage and Participation

January 1 or July 1 following the completion of one year of eligibility service. Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan closed to new entrants on January 1, 2004.

Credited Service

Credited Service is used to determine benefit amounts under the Plan. Credited service is frozen as of December 31, 2003.

Prior to November 1, 1976: completed years and months of continuous service from date of hire.

After November 1, 1976:

Plan Year Hours of Service	Credited Service
2,050 or more	1
1,881 - 2,049	11/12
1,710 - 1,880	10/12
1,540 - 1,709	9/12
1,264 - 1,539	8/12
1,195 - 1,263	7/12
1,026 - 1,194	6/12
855 - 1,025	5/12
684 - 854	4/12
510 - 683	3/12
340 - 509	2/12
170 - 339	1/12
Less than 170	0

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

2/12 of a year of credited service is awarded for the short plan year November 1, 1982 - December 31, 1982 if one hour of service was completed.

Credited service is frozen as of December 31, 2003.

Vesting Service

Prior to October 1, 1976, completed years and months of continuous employment from date of hire; after October 1, 1976, one year for each plan year with at least 1,000 Hours of Service. If at least one hour of service in short 1982 plan year, one year of service is given.

Normal Retirement Benefit

Normal Retirement Date: First of month following 65th birthday and five years of vesting service.

Benefit Formula:

- If retiring 1/1/2000-12/31/2000: \$264 x years of credited service
- If retiring 1/1/2001-12/31/2001: \$300 x years of credited service
- If retiring 1/1/2002-12/31/2002: \$336 x years of credited service
- If retiring on or after 1/1/2003: \$384 x years of credited service

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date January 1, 2017

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: 5 years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75%, or 100% joint & survivor option.
- Social Security adjustment option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Weil McLain - Michigan City

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1967. The last amendment reflected herein was effective June 1, 2009.

Coverage and Participation

Date of hire. Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan closed to new entrants as of June 1, 2009.

Credited Service

One year for each plan year with at least 1,000 hours of service.

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each 12 month period from date of hire with at least 1,000 Hours of Service.

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: If retiring on or after June 1, 2003 - \$300 x years of credited service.

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Disability Benefit

Eligibility: 10 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75%, or 100% Joint & Survivor option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Core Union

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1984. The last amendment reflected herein is effective July 1, 1992.

Coverage and Participation

All hourly employees of the Great Lakes/Eglinton Division on the January 1 or July 1 following date of hire and completion of six months of employment.

Participation in the plan was closed to new entrants November 1, 2010.

Credited Service

One year for each 1,800-hour calendar year of employment. Partial years of service are granted for each year in which a participant works less than 1,800 hours, but greater than 150. Partial years are determined by the fraction of hours worked over 1,800 rounded to three decimal points.

Vesting Service

One year for each 1,000-hour calendar year of employment. Partial years of service are not granted for vesting.

Pensionable Pay

Base earnings.

Normal Retirement Benefit

Normal Retirement Date: First of month coinciding with or next following the attainment of age 65.

Benefit Formula: The product of a and b but not less than c:

- a. 1.1% of Average Monthly Earnings.
- b. Years of Credited Service, not in excess of 30.
- c. The maximum of \$36 or the participant's accrued benefit as of August 31, 1995.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Form of Benefit: Monthly benefit payable for life with ten years of payments guaranteed, if unmarried. 50% joint and surviving spouse, if married.

Late Retirement Benefit

Greater of Accrued benefit to actual retirement date or Normal Retirement Benefit actuarially increased to Late Retirement Date.

Early Retirement Benefit

Eligibility: Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of vesting service.

Benefit: Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each additional month by which his Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

Eligibility: Three years of service and participant becomes permanently disabled.

Benefit: Accrued benefit at date of disability.

Vested Benefits upon Termination of Service

Vesting: 100% vested after 7 years of service, otherwise vest according to the following schedule:

Years of Service	Vesting Percent
< 3 years	0%
3 to 4 years	20%
4 to 5 years	40%
5 to 6 years	60%
6 to 7 years	80%

Active participants on January 1, 2002 become fully vested in their accrued benefit on that date.

Termination Benefit: Benefits the same as the normal retirement benefit.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Death Benefits

Eligibility: 3 years of service.

Benefit Before Normal Retirement: 50% of the vested monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Benefit After Normal Retirement: Monthly preretirement spouse benefit is payable.

Optional Forms of Retirement Income in Lieu of Normal Form

- 10 Year Certain and life.
- 50%, 66-2/3%, 75%, or 100% joint & survivor option.
- 50%, 66-2/3%, or 100% joint & survivor with a level income option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Other Inactive Participants

Effective Date and Most Recent Amendment

Former UDI: Merged in effective December 31, 2001.

Former GSX: Most plans merged in effective November 30, 1998.

Old SPX: Effective date as it appears on the separate documents for each participating unit.

Provisions

Based upon separate documents for each participating unit. No active participants remain.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

2. USPP - All Other Participants

Summary of Principal Plan Provisions – Main IARP

Effective Date

The plan was originally effective July 1, 1997. The last amendment reflected herein is effective December 16, 2016.

Coverage and Participation

Salary, nonunion hourly employees and union Waukesha employees, except those employed as wage employees at Contech or Acutex, of SPX Corporation. Employees hired after December 31, 2000 are not covered by this plan.

An employee shall become eligible to participate on his date of hire if he is employed as of the first anniversary of employment or date of coverage under this plan if later.

Credited Service

A participant is granted Credited Service equal to continuous service as a salaried employee based on complete years and days divided by 365 rounded up to the nearest one hundredth of a percent. After June 30, 1997 additional Credited Service will accrue only for Grandfathered participants. Certain acquisitions may have granted service for periods with a prior employer. This must be by amendment.

Credit service was frozen as of August 31, 2015.

Vesting (Continuous) Service

An employee shall be granted one year of Continuous Service for each complete year of employment with the Company from date of hire. For partial years, days are divided by 365 and rounded up to the nearest one hundredth of a percent. Certain acquisitions may have granted service for periods with a prior employer. This must be by amendment.

Compensation

Cash Balance compensation includes regular earnings, vacation, holiday, overtime pay and certain bonuses paid the year before termination. It also includes amounts contributed to the 401(k) plan and the cafeteria plan. It does not include severance pay, fringe and welfare benefits, moving expenses, deferred

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

compensation and certain bonuses paid in the year in which termination occurs.

Normal Retirement Benefit

Normal Retirement Eligibility: Age 65 with 5 years of Vesting Service

Benefit Formula: For all active participants on July 1, 1997 (December 31, 1998 for the General Signal Corporate or Hourly Plan), the Accrued Benefit was converted to an initial pension account balance. The plan will update this cash balance account each December 31:

- With interest at 5-year treasuries as of the month of November preceding the plan year; and
- With principal credits equal to 4% of pay up to the wage base and 8% of pay over the wage base.
- With additional principal credits for certain key employees.

Grandfathered or participants with transition benefits are entitled to receive at least the minimum benefit as described under the individual plan agreements.

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015 and were not participants in the Top Management Plan. The benefit enhancement was equal to the participant's expected pay credits for cash balance participants or expected service for Grandfathered Plan participants through 2017. No pay increases are included.

Normal Form of Benefit: The standard form of payment is a Life Annuity if unmarried and a 50% Joint & Survivor Annuity, if married. The 50% Joint & Survivor Annuity is the Life Annuity actuarially reduced.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Accrued Benefits

The Accrued Benefit is the Account Balance as of the date of determination and the actuarial equivalence of this Account Balance in the form of a monthly benefit payable immediately. The Grandfathered Accrued Benefit is the benefit determined under the various Grandfathered and transition benefit provisions as of the date of determination payable at the Normal Retirement Age.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Grandfathered Minimum Accrued Benefits

Benefits accrued prior to conversion to a cash balance plan are protected. SPX participants with 10 years of service and 50 age-plus-service points on June 30, 1997 will receive the greater of their cash balance benefit or the benefit formula in effect at conversion.

General Signal participants on January 1, 1999 who had completed 5 years of Vesting Service and attained age 45 by that date are eligible for the Transition Benefit if retirement occurs at or after age 55.

The Transition Benefit shall be an alternate benefit, determined as follows:

- (a) The Participant's Transition Account Balance at Early Retirement Age, which is at or after age 55, shall be converted to an Actuarially Equivalent annuity, payable at Normal Retirement Age. The Participant's Transition Account Balance is the same as the regular cash balance account, with the exception that effective January 1, 1999, certain employees are entitled to Special Transition Principal Credits equal to 7% of pay up to the wage base and 11% of pay over the wage base.
- (b) The monthly amount payable (determined above) to the Participant at Normal Retirement Age shall be reduced by $\frac{1}{4}$ percent per month for each month prior to the participant's 62nd birthday that the participant's Early Retirement Date occurs.
- (c) The Participant may request payment of his/her benefit in any optional form otherwise available under the Plan. The amount of any optional form of benefit shall be the Actuarial Equivalent of the amount determined above, expressed as a single life annuity. If the Participant requests a lump sum payment, the Actuarial Equivalent of the amount payable at the Participant's Early Retirement Age shall be determined and, if larger than the Participant's Account Balance, shall be paid instead of the account balance.

Early Retirement Benefit

Eligibility: Age 55 with 10 years of Credited Service for participants with a prior SPX Grandfathered benefit at June 30, 1997. Age 55 with 5 years of Vesting Service for former General Signal employees who were participants in a prior plan as of December 31, 1998, and eligible for transition benefit.

Benefit: The actuarial equivalent of the Account Balance is available as an annuity at early retirement.

SPX Grandfathered Benefits: If retirement is within three years of the SSURA, 100% of the accrued Normal Retirement Benefit. If retirement is more than three years before the SSURA, the Normal Retirement Benefit accrued at the Early Retirement Age is reduced by 5/10 of 1% for each month in excess of 36 by which commencement of benefits precedes the SSURA.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

OTC Grandfathered Benefits: The reduction is 5/9 of 1% for each month of the first 60 months and 5/18 of 1% per month for each of the following months preceding SSURA.

Automotive Diagnostics Division Grandfathered Benefits: The reduction is $\frac{1}{2}\%$ for each month prior to age 65.

General Signal Frozen December 31, 1998 Benefits: The early retirement reductions were generally $\frac{1}{4}\%$ for each month prior to age 62.

Disability Benefit

Eligibility: Upon permanent and Total Disability as defined under the company's Long-Term Disability plan.

Benefit: Normal retirement benefit payable at Normal Retirement Age based on pay at disability date but Credited Service continuing for two years from date of disability, or Account Balance credited with Principal Credits for two years from date of disability based on compensation at date of disability plus interest credits.

Vested Benefits upon Termination of Service

Vesting: 3 years of Vesting Service. Participants terminating prior to January 1, 2008, 5 years of Vesting Service.

Termination Benefit: Normal Retirement Benefit based on Accrued Benefit at date of termination. The benefit will be reduced by 5/10 of 1% times the number of months by which payments commence prior to SSURA. For Automotive Diagnostics Division only, the reduction is 1/2 of 1% for each month by which commencement precedes age 65.

Accrued Benefits Prior to Cash Balance Conversion

For employees of SPX on July 1, 1997: The monthly benefit is the sum of A, B and C with a minimum monthly benefit of \$13 times Credited Service (no minimum for Automotive Diagnostics Division):

- A. 1% (0.85% for Automotive Diagnostics Division) of pay up to Covered Compensation times Credited Service up to 30 years.
- B. 1.5% (1.35% for Automotive Diagnostics Division) of pay over Covered Compensation times Credited Service up to 30 years.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

- C. 0.75% (0.375% for OTC, 0.6% for Automotive Diagnostics Division) of pay times Credited Service in excess of 30 but not over 40 years.

For General Signal Plans on December 31, 1998: The greatest of D, E, F or G:

- D. 1% of pay up to Covered Compensation plus 1.5% of pay over Covered Compensation times Credited Service during the first 10 years of Benefit Service; plus 1.25% of pay up to Covered Compensation plus 1.75% of pay over Covered Compensation times Credited Service during the next 20 years of Benefit Service; plus 1.5% of pay times Credited Service during Benefit Service over 30 years; plus prior plan benefit, if applicable.
- E. Formula (A) based on Benefit Service as of December 31, 1988 plus 1.125% of pay times Credited Service earned January 1, 1989 and later plus prior plan benefit, if applicable.
- F. \$9.50 times Credited Service plus prior plan benefit, if applicable.
- G. Hourly Plan benefit.

Death Benefits for Participants in Active Service

Eligibility: Upon the death of a participant eligible for a vested retirement benefit before the commencement of such benefits.

Benefit: Monthly benefit equal to 50% of the benefit to which the participant would have been entitled had he survived to early retirement and commenced benefits just prior to death under the automatic 50% Joint & Survivor Form of benefit.

Cash balance surviving spouses will have the option of electing the full Account Balance. Death benefits are also available to nonspouse beneficiaries.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Lump Sum.

Life Annuity.

50%, 66-2/3%, 75% or 100% actuarially reduced Joint & Survivor Annuity with any beneficiary.

10, 15 or 20-year period certain and life benefit actuarially reduced with any beneficiary.

Automatic cashout if \$1,000 or less. There is a voluntary cashout if the present value of the benefit exceeds \$1,000 unless specifically excluded for certain participants who were covered by prior plans that were merged into this plan and/or have special options detailed.

Changes in Plan Provisions since Last Actuarial Valuation

- As required by the Pension Protection Act, the interest credit rate was changed from the 5-year Treasury rate for the last business day of November prior to the plan year to the 5-year Treasury rate for the month of November prior to the plan year beginning.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – UDI Retirement Plan

Effective Date

The plan was originally effective January 1, 1973 (merged into the SPX US Pension Plan on December 31, 2001). The last amendment reflected herein is effective August 31, 2015.

Coverage and Participation

Prior to January 1, 1991: On date of hire.

January 1, 1991 or later: January 1 or July 1 following the completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015. The benefit enhancement increased the participant's accrued benefit 3% per annum through 2017.

Credited Service

Credited Service is used to determine benefit amounts under the Plan.

Credited Service is frozen as of January 1, 2002.

Vesting Service

Vesting service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after five years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary (FAE)

Average of highest 5 consecutive full calendar years of covered pay in last 10 years.

Normal Retirement Benefit

Normal Retirement Date: Age 65 and the fifth anniversary of participation (or five years of vesting service, if earlier).

Benefit Formula: Accrued benefit at Normal Retirement Date

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

Greatest of A, B, C, D, E, F, and G where FAE and credited service are as of the calculation date:

A. Current Plan Formula:

0.8% of FAE up to covered compensation x credited service less than 35 years

plus

1.4% of FAE over covered compensation x credited service less than 35 years

plus

0.5% of FAE x credited service over 35 years

B. Prior Plan Formula Frozen at December 31, 1989*

C. \$96 x credited service up to 40 years except for Fenn (\$168 x credited service up to 40 years)

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

- D. For members of the Plan as of December 31, 1978: benefit based upon formula in effect on December 31, 1978 and frozen at December 31, 1989*
 - E. Benefit from the Profit Sharing Retirement Fund Plan for the employees of Varco-Pruden who have not withdrawn their Profit Sharing
 - F. For former members of the Stran, GA plan, the minimum accrued benefit will be based on the prior plan benefit as of December 31, 1990
 - G. Cash refund annuity from prior Koehring Profit Sharing Plan balance plus 5% per year interest
- * Frozen at December 31 1988 for super highly compensated employees. For non-highly compensated employees (at BOMAG, Little Falls, Waukesha, Process Equipment, and Fenn) who were at least age 50 with 10 years of service at December 31 1988, frozen on the day before first becoming a highly compensated employee.

Prior Waukesha Hourly participants receive the accrued benefit from the prior plan at December 31, 1991 plus future service benefits from the Retirement Plan.

On behalf of participants in the Retirement Plan on December 31, 1986, annuities were purchased covering the Accrued Benefits as of December 31, 1986. These annuities are offset against the total accrued benefit payable under the Plan.

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015. The benefit enhancement increased the participant's accrued benefit 3% per annum through 2017.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service

Benefit: Accrued benefit at Early Retirement Date; benefit reduced 0.5% per month that early retirement date precedes Normal Retirement Date.

Disability Benefit

Eligibility: Permanently and totally disabled and eligible for benefits from Social Security or Long Term Disability Plan.

Benefit: Accrued benefit at Normal Retirement Date, or reduced accrued benefit at Early Retirement Date, if elected, assuming level earnings from date of disability to retirement date; benefit payable at Normal Retirement Date, or Early Retirement Date, if elected.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Termination Benefit: Benefit is the same as normal or early retirement, based on benefit earned at termination.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least 1 year.

Benefit: 50% of accrued benefit reduced for 50% joint & survivor option; benefit payable at the later of participant's date of death and ERD (NRD if not eligible for Early Retirement); benefit reduced for payment before NRD if participant was terminated at date of death, not reduced if participant was active at date of death.

Optional Forms of Retirement Income in Lieu of Normal Form

50%, 75%, or 100% Joint & Survivor annuity; 10-year Certain & Continuous; Social Security adjustment option; Lump Sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Salaried

Effective Date

The plan was originally effective December 26, 1957 (merged into the SPX US Pension Plan on December 31, 2001). The last amendment reflected herein is effective August 31, 2015.

Coverage and Participation

Completion of one year of eligibility service.

Prior to January 1, 1991: On date of hire.

January 1, 1991 or later: January 1 or July 1 following the completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015. The benefit enhancement increased the participant's accrued benefit 3% per annum through 2017.

Credited Service

Credited service is used to determine benefit amounts under the Plan.

Credited service is frozen as of January 1, 2002.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Vesting Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 5 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Normal Retirement Benefit

Normal Retirement Eligibility: First month coinciding with or next following 65th birthday and 5 years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if single; 50% Joint and Survivor if married.

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the sum of the larger of 1 or 2 and 3, where

1. The sum of (a) and (b) below:
 - a. The sum of 1 % of Final Average Earnings plus 1/2% of the excess of the Final Average Earnings over \$6,600, all multiplied by Credited Service up to May 1, 1988;
 - b. The sum of 1% of the Final Average Earnings plus 1/2% of the excess of the Final Average Earnings over Covered Compensation, all multiplied by Credited Service after April 30, 1988; and
2. The difference between 40% of the Final Average Earnings and 60% of the participant's Primary Insurance Amount under the law in effect on the date of determination. If the participant is under 55 years old, the 40% factor will be adjusted by multiplying it by the ratio of credited service actually earned to the amount of credited service the participant could earn if he continued to work until normal retirement. This minimum benefit was frozen as of December 31, 1988 (i.e., participants were treated as if they terminated on December 31, 1988 for purposes of calculating this minimum benefit).

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

3. The frozen accrued benefit as of December 31, 1990 from the Retirement Annuity Plan for Employees of Layne & Bowler, Inc., if the employee was a participant in such prior plan on December 31, 1990.

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015. The benefit enhancement increased the participant's accrued benefit 3% per annum through 2017.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at Normal Retirement Date actuarially reduced to Early Retirement Date.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Disability Benefit

Eligibility: 10 years of vesting service; has become permanently and totally disabled.

Benefit: Accrued benefit at disability date. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Same as normal or early retirement, based on benefit earned as of termination.

Death Benefits for Participants in Active Service

Eligibility: Five years of Vesting Service.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to early retirement date, if applicable.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Optional: 66-2/3%, 75%, 100% Joint and Survivor, Lump Sum.

Plan Participants' Contributions

Mandatory participant contributions were made post-tax prior to May 1, 1988. On and after that date, participant contributions were no longer required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Cooling Tower

Effective Date

The plan was originally effective November 1, 1973 (merged into the SPX US Pension Plan on December 31, 2001). The last amendment reflected herein is effective August 31, 2015.

Coverage and Participation

Completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

Vesting and Credited Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 5 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Credited service is used to determine benefit amounts under the plan.

Credited service is frozen as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: The latter of age 65 or the fifth anniversary of participation.

Benefit Formula: Accrued benefit at Normal Retirement Date.

Normal Form of Benefit: Life annuity if single; 50% Joint and Survivor if married.

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the largest of A and B, below:

- A. Excess of 1% of final average compensation multiplied by Credited Service accrued to date of termination over .5% of the lesser of covered compensation, 3-year final average compensation limited by the wage bases, and 5-year final average compensation multiplied by Credited Service accrued to the date of termination (maximum 35 years);
- B. The greater of \$150 or the product of \$6.00 multiplied by Credited Service accrued to date of termination (maximum 25 years).

A one-time pension enhancement was provided to active participants who were accruing benefits on August 31, 2015. The benefit enhancement increased the participant's accrued benefit 3% per annum through 2017.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at Normal Retirement Date actuarially reduced to Early Retirement Date.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: 10 years of vesting service; has become permanently and totally disabled.

Benefit: Accrued benefit at NRD, or reduced benefit at ERD, if elected. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Same as normal or early retirement, based on the benefit earned at termination.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to Early Retirement Date, if applicable.

Optional Forms of Retirement Income in Lieu of Normal Form

Optional: 66-2/3%, 75%, 100% Joint and Survivor, Lump Sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – CMB Plan

Effective Date

The plan was originally effective December 1, 1960 (merged into the SPX US Pension Plan on December 31, 2001).

Coverage and Participation

January 1, following completion of one year of eligibility service.

No new entrants after January 1, 2002.

Vesting Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 7 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Credited Service

Credited service is used to determine benefit amounts under the plan.

Credited Service is frozen as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Compensation is the participant's total compensation received, including overtime, bonuses and commissions, less fringe benefits.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First month coinciding with or next following 65th birthday.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: 10 year certain and single life annuity if single; 50% joint and survivor if married.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the product of (A), (B) and (C), as follows:

- A. 2.0% of Final Average Earnings;
- B. Years of Service projected to NRD, not to exceed 20; and
- C. The ratio of Years of Service to date over Years of Service projected to NRD.

Early Retirement Benefit

Eligibility: Age 55 and 10 Years of Service.

Benefit: Accrued benefit at Normal Retirement Date reduced to Early Retirement Date by multiplying the normal retirement benefit by one less the number of completed calendar months between benefit commencement date and normal retirement date times 0.005.

Disability Benefit

Eligibility: Vested participant and has become permanently and totally disabled.

Benefit: Actuarial present value of accrued benefit. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Vesting: Five years of vesting service.

Termination Benefit: Same as normal or early retirement benefit, based on the benefit earned at termination.

Death Benefits for Participants in Active Service

Eligibility: Vested Participant and married one year.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to Early Retirement Date, if applicable.

Supplemental Death Benefit

Eligibility: Participant entitled to a benefit.

Benefit: Supplemental death benefit is equal to the present value of the participant's accrued benefit at date of death minus the present value of the pre-retirement surviving spouse benefit paid, if any. The benefit is paid in addition to the pre-retirement surviving spouse benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump Sum, Life with 10-Year Term Certain, Life only, or 50%. 75% or 100% Joint and Survivor, Lump Sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Core Non-Union

Effective Date

The plan was originally effective July 1, 1984 (merged into the SPX US Pension Plan on June 30, 2002).

Coverage and Participation

All salaried employees of the Great Lakes/Eglinton Division.

No new entrants after January 1, 2002.

An employee is eligible to participate January 1 or July 1 following date of hire and completion of six months of employment.

Credited Service

One year for each 1,000-hour calendar year of employment.

Credited service is frozen as of January 1, 2002.

Vesting Service

One year for each 1,000-hour calendar year of employment.

All active participants are fully vested as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of the participant's highest earnings during the five consecutive plan years during the last ten years of employment.

Compensation is the basic rate of monthly pay in effect on the first day of the plan year.

Plan Name:	SPX US Pension Plan
EIN / PN:	38-1016240 / 003
Plan Sponsor:	SPX Corporation
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of month coinciding with or next following the attainment of age 65.

Benefit Formula: The product of (A) and (B) but not less than (C):

- A. 1.1% of Average Monthly Earnings.
- B. Years of Credited Service, not in excess of 30.
- C. The maximum of \$36 or the participant's accrued benefit as of August 31, 1995.

Normal Form of Benefit: 10 year certain and single life annuity if single; 50% joint and survivor annuity if married.

Late Retirement Benefit

Greater of Accrued Benefit to actual retirement date or Normal Retirement Benefit actuarially increased to the late retirement date.

Accrued benefit to actual retirement date.

Early Retirement Benefit

Eligibility: Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of vesting service.

Benefit: Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each additional month by which his Early Retirement Date precedes his Normal Retirement Date.

Vested Benefits upon Termination of Service

Vesting: Termination for reasons other than death or retirement after completing three years of vesting service.

Termination Benefit: Participants are 20% vested after completion of three years of vesting service; an additional 20% will vest with the completion of each of the next four years of vesting service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefit: 50% of the vested monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Supplemental Death Benefit

Eligibility: Participant entitled to a benefit.

Benefit: Supplemental death benefit is equal to the present value of the participant's accrued benefit at date of death minus the present value of the pre-retirement surviving spouse benefit paid, if any. The benefit is paid in addition to the pre-retirement surviving spouse benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

10 year certain and continuous; single life annuity; 50%, 66-2/3%, 75%, and 100% joint and survivor; 50%, 66-2/3%, 100% joint and survivor annuity with a Social Security level income option.

Mandatory lump sum if present value of vested benefit is less than or equal to \$1,000. Voluntary lump sum available if present value of benefit is greater than \$1,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Other Inactive Participants

Effective Date

Former UDI: Merged in effective December 31, 2001.

Former GSX: Most plans merged in effective November 30, 1998.

Old SPX: Effective date as it appears on the separate documents for each participating unit.

Provisions

Based upon separate documents for each participating unit; no active participants.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2017

Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12 / 31 / 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		X
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12/31/2017

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Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12/31/2017

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5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Spx US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12/31/2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	SPX US Pension Plan
Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12 / 31 / 2017

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Plan Sponsor EIN	38-1016240
ERISA Plan #	003
Plan Year Ending	12 / 31 / 2017

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