

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: 1.5em; 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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>TEREX PENSION PLAN</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>TEREX CORPORATION</u> <u>200 NYALA FARM ROAD</u> <u>WESTPORT, CT 06880</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1981</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1531521</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>203-222-7170</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>333100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1981</u>		2b Employer Identification Number (EIN) <u>34-1531521</u>		2c Plan Sponsor's telephone number <u>203-222-7170</u>		2d Business code (see instructions) <u>333100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1981</u>											
2b Employer Identification Number (EIN) <u>34-1531521</u>											
2c Plan Sponsor's telephone number <u>203-222-7170</u>											
2d Business code (see instructions) <u>333100</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.	10/08/2018	ROBERT K. BROWN
	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 TEREX CORPORATION ADMINISTRATIVE COMMITTEE 200 NYALA FARM ROAD WESTPORT, CT 06880	3b Administrator's EIN 39-1245376 3c Administrator's telephone number 203-222-7170 <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 2827
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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 41 6a(2) 35 6b 1918 6c 189 6d 2142 6e 514 6f 2656 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 1I 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) ☐ 0 **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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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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 TEREX PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEREX CORPORATION	D Employer Identification Number (EIN) 34-1531521

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	117073481	
b Actuarial value	2b	119307325	
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	2506	93030819	93030819
b For terminated vested participants	300	8859346	8859346
c For active participants	41	1158837	1173321
d Total	2847	103049002	103063486
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	5.67 %	
6 Target normal cost	6	975000	

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	09/21/2018
	BRIAN P LISI	Date
	Type or print name of actuary	17-06867
	FIDELITY INVESTMENTS	Most recent enrollment number
	Firm name	212-335-5570
	640 FIFTH AVE, 4TH FLOOR, IN2 NEW YORK, NY 10019	Telephone number (including area code)
	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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.34</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		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>5.89</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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	115.76%
15 Adjusted funding target attainment percentage	15	115.76%
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	116.43%
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
09/13/2018	1700000	0			
Totals ▶			18(b)	1700000	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	1547975

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 0
22 Weighted average retirement age.....				22 62
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	975000	
b Excess assets, if applicable, but not greater than line 31a	31b	975000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1547975	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1547975	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 TEREX PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEREX CORPORATION	D Employer Identification Number (EIN) 34-1531521	

Part I	Service Provider Information (see instructions)
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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
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV MGMT TRUST CO
04-3022712

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

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

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

FID INV MGMT TRUST CO

04-3022712

(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 28 50 51	TRUSTEE/INV. MGMT	529522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(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 50	RECORDKEEPER	483796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMANN MCCANN P.C.

43-1947695

(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	AUDITOR	49350	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)

GODFREY & KAHN

39-1128206

(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	LEGAL	14294	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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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>TEREX PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEREX CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1531521</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY U.S. EQUITY INDEX COM POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>04-3022712-011</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: <u>FIAM HIGH YIELD COM POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-013</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>4409946</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL GROWTH COM PO</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-017</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>9117198</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORPORATE A OR BETTER COM</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-103</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>36331545</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG DURATION COMMINGLED POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</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>36145521</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL/MID CAP CORE COM PO</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-029</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>4883954</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HIGH INCOME COMM</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INST ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-058</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>4434120</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22556935
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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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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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>TEREX PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEREX CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1531521</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	1700000
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	559	1350
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	943427	609613
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	116129495	117879219
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

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	117073481	120190182

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	357995	346999
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	357995	346999

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	116715486	119843183
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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)	1700000	
(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)		1700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17025	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17025
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15846724
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17563749

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13134892	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13134892
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	63644	
(2) Contract administrator fees	2i(2)	483796	
(3) Investment advisory and management fees	2i(3)	529522	
(4) Other	2i(4)	224198	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1301160
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14436052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3127697
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: MAYER HOFFMAN MCCANN PC.

(2) EIN: 43-1947695

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ 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 4080683. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan TEREX PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEREX CORPORATION		D Employer Identification Number (EIN) 34-1531521
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
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): 04-3275867		
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 82
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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: 31.0% Investment-Grade Debt: 64.0% High-Yield Debt: 4.0% Real Estate: 0.0% Other: 1.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

TEREX PENSION PLAN

Financial Statements

**December 31, 2017 and 2016 and for
the Year Ended December 31, 2017**

TEREX PENSION PLAN

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AS OF DECEMBER 31, 2017 AND 2016 AND FOR THE YEAR ENDED DECEMBER 31, 2017

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* Other Schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because they are not applicable.



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Independent Auditors' Report

To the Participants and Administrative Committee of

Terex Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Terex Pension Plan (the "Plan"), which comprise the statements 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 year ended December 31, 2017, 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.

Auditors' 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the 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 investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

Emphasis of Matter

As discussed in Note 7 to the financial statements, subsequent to 2017 the plan sponsor approved a resolution to terminate the Plan. The Plan's financial statements continue to be presented using the going concern basis of accounting until the termination of the Plan becomes imminent, at which time the Plan would adopt the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017, and Schedule H, Line 4j - Reportable Transactions for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements, 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 the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Mayer Hoffman McCann P.C.".

Plymouth Meeting, Pennsylvania
September 28, 2018

TEREX PENSION PLAN

Statements of Net Assets Available for Benefits at December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets:		
Terex Corporation Master Retirement Plan Trust, at fair value	\$ 118,490,182	\$ 117,073,481
Contribution receivable	1,700,000	—
Total assets	<u>120,190,182</u>	<u>117,073,481</u>
Liabilities:		
Accrued expenses.....	<u>(346,999)</u>	<u>(357,995)</u>
 Net assets available for benefits.....	 <u><u>\$ 119,843,183</u></u>	 <u><u>\$ 116,715,486</u></u>

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

TEREX PENSION PLAN

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2017

Additions to net assets attributed to:

Terex Corporation Master Retirement Plan Trust investment gain.....	\$ 15,846,724
Interest and other income.....	17,025
Contributions	<u>1,700,000</u>
Total additions	<u>17,563,749</u>

Deductions to net assets attributed to:

Benefit payments to participants	(13,134,892)
Administrative expenses.....	<u>(1,301,160)</u>
Total deductions.....	<u>(14,436,052)</u>

Net increase..... 3,127,697

Net assets available for benefits, beginning of year..... 116,715,486

Net assets available for benefits, end of year..... \$ 119,843,183

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

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. Description of Plan

The following brief description of the Terex 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. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (“ERISA”).

General

The Plan is a noncontributory defined benefit plan which, until the Plan mergers discussed below, covered all salaried employees of the Terex Corporation (the “Company”) located in Hudson, Ohio meeting minimum eligibility requirements. The Hudson, Ohio location has since been closed.

Participant benefits - Hudson, Ohio Plan

Employees with five or more years of eligible service are fully vested and entitled to annual pension benefits beginning at normal retirement age (65), equal to 1.75% of final average monthly earnings over a consecutive five-year period multiplied by years of credited service, minus the sum of:

- (1) 1.75% of the Primary Social Security benefit, multiplied by credited service, to a maximum of 50% of the Primary Social Security benefit, and
- (2) for former employees of General Motors Corporation (“GMC”), prior owner of the division, the vested accrued monthly benefit earned under any GMC plan, less 50% of the Primary Benefit under Part B of the GMC Salaried Plan for terminations prior to January 1, 1986, or \$0 for terminations after December 31, 1985.

The normal retirement benefit, however, is subject to the following minimum:

1.75% of final average monthly earnings, multiplied by credited service earned after December 31, 1980, minus 1.75% of the participant’s Primary Social Security benefit, multiplied by credited service earned after December 31, 1980, to a maximum of 50% of the Primary Social Security benefit.

Effective March 31, 1984, the Terex Hudson, Ohio Plan was amended to cease the accumulation of credited service and benefits indefinitely.

Plan Mergers

Plan merger during 2000

Effective June 30, 2000, the Company and certain of its wholly-owned subsidiaries merged four defined benefit pension plans into the Plan (the “2000 Merger”). The four plans were the Terex Corporation Salaried Employees’ Retirement Plan, the Koehring Cranes & Excavators (Benton Harbor, Michigan) Hourly Employees’ Pension Plan, the Cedarapids, Inc. Retirement Income Plan, and the Royer Foundry and Machine Company Retirement Plan. The 2000 Merger had no effect on the benefits for any of the plan participants. The benefits of the plans and all provisions of the plans prior to the 2000 Merger are unchanged unless otherwise noted.

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Following is a brief description of the four plans that merged into the Plan on June 30, 2000:

Terex Corporation Salaried Employees' Retirement Plan

The Terex Corporation Salaried Employees' Retirement Plan (the "Merged Plan") was a noncontributory defined benefit plan covering certain current and former salaried employees of the Company and Northwest Engineering ("Northwest"), all salaried employees of Koehring Cranes & Excavators ("Koehring"), and former participants of the Koehring Cranes & Excavators Salaried Employees' Pension Plan (the "Koehring Salaried Plan") and the Northwest Engineering Company Salaried Employees' Pension Plan (the "Northwest Plan").

The Koehring Salaried Plan and Northwest Plan were merged effective January 1, 1989 to form the Merged Plan. Accordingly, on that date all assets and obligations of the two plans were transferred to the Merged Plan.

Effective October 23, 1992, the Terex Corporation Hourly-Rate Employees' Pension Plan (the "Terex Hourly-Rate Plan") was merged into the Merged Plan. Accordingly, on that date all assets and obligations of the Terex Hourly-Rate Plan were transferred to the Merged Plan. The Terex Hourly-Rate Plan was a noncontributory defined benefit plan covering all former hourly employees of the Company's division located in Hudson, Ohio meeting minimum eligibility requirements. Effective March 31, 1984, the Terex Hourly-Rate Plan was amended to cease the accumulation of credited service and benefits indefinitely.

Effective May 7, 1993, the Merged Plan was amended to cease the accumulation of credited service and benefits indefinitely. Participants in the Merged Plan as of that date, who were not vested as of that date, will continue to earn vesting service after May 7, 1993; however, future salary changes will have no effect on future benefit amounts. Employees hired after May 7, 1993 are not eligible to participate.

Excluding hourly employees formerly covered under the Terex Hourly-Rate Plan, all participants with five or more years of eligible service are fully vested and entitled to annual pension benefits beginning at normal retirement age (65), equal to a participant's years of participation at retirement (limited to a maximum of 25), multiplied by a percentage of the participant's final average earnings over a consecutive five-year period. For former participants under the Koehring Salaried Plan and the Northwest Plan, service credit earned under a prior plan is counted in the benefit calculation and benefits received under the Merged Plan are reduced by benefit amounts payable under a prior plan.

Participants of the Terex Hourly-Rate Plan with five or more years of eligible service are fully vested and entitled to annual pension benefits beginning at normal retirement age (65), equal to the monthly benefit rate (as determined by a benefit class code, payment commencement date, and month of payment), multiplied by years of credited service. All benefits will be reduced by benefits payable by GMC, prior owner of the division, which are based on GMC credited service to January 5, 1981.

Koehring Cranes & Excavators (Benton Harbor, Michigan) Hourly Employees' Pension Plan

The Koehring Cranes & Excavators (Benton Harbor, Michigan) Hourly Employees' Pension Plan (formerly known as the "Benton Harbor Plan") was a noncontributory defined benefit plan covering all hourly employees of Koehring located in Benton Harbor, Michigan.

Effective January 17, 1987, Koehring established the Benton Harbor Plan, as well as separate plans at other Koehring locations, in conjunction with the Purchase and Sale agreement between AMCA International Limited ("AMCA"), the Company, and Koehring, whereby Koehring purchased the operations of the Benton Harbor plant from AMCA. Under terms of the agreement, Koehring was

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

required to establish the Benton Harbor Plan as a successor plan to a similar plan administered by AMCA.

On March 19, 1992, the Benton Harbor, Michigan location was sold. All active employees in the Benton Harbor Plan were terminated in conjunction with the sale of the location. All active participants became fully vested in the Benton Harbor Plan as of the date of the sale.

Participants with five or more years of eligible service are fully vested and entitled to annual pension benefits beginning at normal retirement age (65), equal to a participant's years of participation at retirement (including years credited under the prior plan), multiplied by the applicable benefit level in effect at the time of retirement.

Cedarapids, Inc. Retirement Income Plan

The Cedarapids, Inc. Retirement Income Plan (the "Cedarapids Retirement Plan") was a noncontributory defined benefit pension plan covering substantially all employees of Cedarapids, Inc. who were not in a collective bargaining unit.

The Cedarapids Retirement Plan provides specified retirement, disability, and death benefits to be paid from the net assets available for plan benefits. Benefits are based principally upon years of service and the benefit rate on the date of retirement, as discussed below. The standard form of retirement benefit to single participants is a monthly payment beginning the month following retirement and continuing until death. The standard form of benefit to married participants is a reduced monthly payment for the participant's life and one-half of that payment for the life of the participant's surviving spouse. Optional forms of benefits are also available.

Vesting (a participant's right to receive benefits even though that participant's employment may terminate) occurs after a period of five years.

Upon retirement, the annual pension benefit payable for active participants shall not be less than \$312 multiplied by the number of years in the member's period of service as an employee, plus or minus adjustments for prior contributions and other pension benefits payable under other plans.

A participant who has attained the age of 60 shall be entitled to 100% of the normal retirement benefit. Participants who retire between the ages of 55 and 60 and have at least 10 years of service shall be entitled to a percentage of the normal retirement benefit, with the percentage increasing as the retirement age approaches 60.

If an active participant dies after completing five years of service, a death benefit equal to 50% of the joint and survivor annuity benefit is paid to the participant's spouse. Vested active participants who become disabled receive an amount equal to their accrued benefit on their disability retirement date which is six months after disablement. If covered under the Cedarapids long-term disability plan, participants continue to earn credited service and benefits while disabled.

Effective October 15, 2000, the Cedarapids Retirement Plan was amended to cease the accumulation of credited service and benefits indefinitely. Participants in the Cedarapids Retirement Plan as of that date, who were not vested as of that date, continued to earn vesting service after October 15, 2000; however, service and compensation after October 15, 2000, was not factored in when determining benefits under the Cedarapids Retirement Plan. Employees not participating in the Cedarapids Retirement Plan as of October 15, 2000 were prohibited from entering the Plan.

Royer Foundry and Machine Company Retirement Plan

The Royer Foundry and Machine Company Retirement Plan (the "Royer Plan") was a noncontributory defined benefit plan covering certain employees of Royer Foundry and Machine Company located in Lebanon, Pennsylvania.

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Participants with five or more years of credited service are fully vested and entitled to annual pension benefits beginning at normal retirement age (65), equal to 0.75% of final average annual compensation over a consecutive ten-year period, multiplied by credited service up to the Social Security Table 1 amount in effect January 1 (rounded to \$1) based on the participant's year of birth, plus 1.25% of final annual compensation in excess of the Social Security Table 1 amount.

Plan mergers during 2008

Effective December 30, 2008, Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit was merged into the Plan and effective December 31, 2008, Koehring and Northwest Engineering Hourly Pension Plan and the Simplicity Engineering UAW Retirement Income Plan were merged into the Plan (the "2008 Mergers"). The 2008 Mergers had no effect on the benefits for any of the plan participants. The benefits of the plans and all provisions of the plans prior to the 2008 Mergers are unchanged unless otherwise noted.

Following is a brief description of the plans that merged into the Plan on December 30 and 31, 2008, as noted above:

Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit

The Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit (the "Cedarapids CBU Plan") was a noncontributory defined benefit plan covering certain employees of Terex USA, LLC (formerly Cedarapids, Inc.) located in Cedar Rapids, Iowa.

The Cedarapids CBU Plan provides specified retirement, disability and death benefits to be paid from the net assets available for plan benefits. Benefits are based principally upon a participant's years of service at retirement, multiplied by the applicable benefit level in effect at the time of retirement. The standard form of retirement benefit to single participants is a monthly payment beginning the month following retirement and continuing until death. The standard form of benefit to married participants is a reduced monthly payment for the participant's life and one-half of that payment for the life of the participant's surviving spouse. Other forms of benefits are also available.

Vesting (a participant's right to receive benefits even though that participant's employment may terminate) occurs after a period of five years of service.

A participant who has attained the age of 62 shall be entitled to 100% of the normal retirement benefit. Participants who retire between the ages of 50 and 62 with at least 10 years of service shall be entitled to a percentage of the normal retirement benefit, with the percentage increasing as the retirement age approaches 62.

If an active participant dies after completing five years of service, a death benefit equal to 50% of the joint and survivor annuity benefit is paid to the participant's spouse. Vested active participants who have become disabled receive an amount equal to their accrued benefit on their disability retirement date which is six months after disablement.

Effective January 6, 2006, the Cedarapids CBU Plan was amended to limit eligibility to employees hired before May 10, 2005, and freeze years of credited service at June 29, 2007. Participants in the Cedarapids CBU Plan as of that date, who were not vested as of that date, will continue to earn vesting service after June 29, 2007; however, service and compensation after June 29, 2007, will not be factored in when determining benefits under the Cedarapids CBU Plan.

NOTES TO THE FINANCIAL STATEMENTS

Koehring and Northwest Engineering Hourly Pension Plan

The Koehring and Northwest Engineering Hourly Pension Plan (the “Koehring Plan”) was a noncontributory defined benefit plan covering certain current and former hourly employees of Koehring (which was merged into Koehring Cranes Inc.) and Northwest at the following locations: Waverly, Iowa (Koehring); Waterloo, Iowa (Koehring); Chattanooga, Tennessee (Koehring); and Green Bay, Wisconsin (Northwest). The Waterloo, Chattanooga and Green Bay locations have since been closed. Koehring and Northwest are currently included in an active and an inactive division of the Company, respectively.

Participants with five or more years of eligible service are fully vested and entitled to annual pension benefits, beginning at normal retirement age (65). Participants who retire between the ages of 55 and 65 with at least 10 years of service shall be entitled to a percentage of the normal retirement benefit, with the percentage increasing as the retirement age approaches 65. Participants who retire at age 55 or older with at least 30 years of service shall be entitled to normal retirement benefits. Koehring participants’ benefits are equal to a participant’s years of participation at retirement (including years credited under prior plans), multiplied by the applicable benefit level in effect at the time of retirement. Northwest participants’ monthly benefits are equal to 1% of compensation earned during their years of credited service. Maximum allowable compensation for computation of benefits is \$160,000 per year. The Koehring Plan also provides death, disability, and survivor benefits.

The Koehring Plan was amended to disregard hours of service after February 17, 2006. Participants in the Koehring Plan as of that date, who were not vested as of that date, will continue to earn vesting service after February 17, 2006; however, service and compensation after February 17, 2006, will not be factored in when determining benefits under the Koehring Plan.

Simplicity Engineering UAW Retirement Income Plan

The Simplicity Engineering UAW Retirement Income Plan (the “Simplicity Plan”) was a noncontributory defined benefit pension plan for the eligible employees of Simplicity Engineering, a division of Powerscreen USA, LLC, in the bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local Union Number 743.

Eligible employees participated in the Simplicity Plan upon completion of one year of service and attainment of age 21. If participants terminate before rendering 5 years of service, they forfeit the right to receive the value of their accumulated plan benefits.

The Simplicity Plan provides participants with retirement income beginning at the normal retirement age (62) with a minimum of 5 years of service. The normal retirement benefit is equal to a specified amount, multiplied by the participant’s years of credited service. The Simplicity Plan permits early retirement for participants who have attained age 57 and completed 10 years of service. The early retirement benefit is based on normal retirement benefit reduced by an early retirement reduction factor. The Simplicity Plan also provides death, disability and surviving spouse benefits.

Effective December 31, 2000, the Simplicity Plan was amended to cease the accumulation of credited service and benefits indefinitely. Participants in the Simplicity Plan as of that date, who were not vested as of that date, will continue to earn vesting service after December 31, 2000; however, service after December 31, 2000, will not be factored in when determining benefits under the Simplicity Plan. Employees not participating in the Simplicity Plan on December 31, 2000, will not be allowed to enter the Simplicity Plan.

On December 9, 2005, the Simplicity Plan was amended to reflect the March 18, 1999 collective bargaining agreement that limited eligibility to employees hired before March 16, 1999.

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Plan Amendments

On July 28, 2017, the Plan was amended to allow terminated participants who had not yet reached retirement age, a one-time option to elect to receive a lump sum benefit. The election was required to be made no later than October 23, 2017. In total, 81 participants elected to receive lump sum payments totaling approximately \$3.1 million, which are included in Benefit payments to participants in the Statement of Changes in Net Assets Available for Benefits.

Administration

The Plan is administered by an Administrative Committee appointed by the Company.

2. Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment valuation

Plan investments are maintained in the Terex Corporation Master Retirement Plan Trust (the “Master Trust”), which has a December 31 year-end, and are stated at fair value as determined by Fidelity Management Trust Company (“Fidelity” or the “Trustee”), on the last business day of the year (See Note 3 - “Fair Value Measurement of Investments and Certification by Trustee (unaudited)”). Purchases and sales of securities are recorded on a trade-date basis. Interest and other income are recorded on the accrual basis. Dividend income, which is included in interest and other income, is recorded on the ex-dividend date. Net appreciation in market value of investments is comprised of all realized and unrealized appreciation and depreciation during the year.

Expenses of the Plan

Expenses of operating the Plan are paid by the Plan. Certain investment-related expenses are included in Terex Corporation Master Retirement Plan Trust investment gain.

Regulatory requirements

The Plan provides for retirement and death benefits and is subject to the provisions of ERISA. In addition, the Plan provides for disability benefits.

Termination provisions

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the Plan has provisions for the allocation of net assets among the participants and pensioners. To the extent unfunded vested benefits exist, such benefits would be payable by the Pension Benefit Guaranty Corporation (the “PBGC”), up to specified limits, as prescribed by ERISA. Should the Plan terminate at some future time, its net assets will generally 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 PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC’s benefit guaranty, while other benefits may not be provided for at all. As further described in Note 7, subsequent to 2017, the Company’s Board of Directors approved a resolution to terminate the Plan, transferring all benefit obligations to an insurance company. The termination decision is revocable at any time for any reason until funding is made to an insurance company.

Funding policy

The Company’s contributions were made in amounts sufficient to fund the Plan in accordance with ERISA funding requirements. In July 2012, the Moving Ahead for Progress in the 21st Century Act (“MAP 21”) was signed into law. MAP 21 provides short-term relief of minimum contribution

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

requirements by increasing the interest rates used to value pension liabilities beginning January 1, 2012. As a result of the enactment of MAP 21, and existing funding commitments, the premiums due to the PBGC increased from 2013 through 2017. The Bipartisan Budget Act of 2015 extended the funding relief provided by MAP 21 for another three years and also provided additional increases to the PBGC Premiums through 2019.

On July 31, 2014, Congress passed the “Highway and Transportation Funding Act of 2014” (“HTFA-2014”) to extend transportation infrastructure funding. Included in this bill were provisions to further stabilize the interest rates used in valuing pension liabilities. 2017 and 2016 pension liabilities have been calculated in accordance with the provisions of HTFA-2014, and there were no minimum contribution requirements for the 2017 Plan year. In September 2018, the Company made a voluntary contribution in the amount of \$1.7 million for the 2017 Plan year.

Benefit payments

Benefit payments to participants are recorded upon distribution.

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 changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Investments are exposed to various risks, such as interest rate, market and credit. Due to uncertainties inherent in the estimations and assumptions process and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates, assumptions, and risks in the near term would be material to the financial statements and the actuarial present value of accumulated plan benefits.

3. Fair Value Measurement of Investments and Certification by Trustee (unaudited)

The Plan measures its investments under the provisions of Financial Accounting Standards Board Accounting Standards Codification (“ASC”) 820, “Fair Value Measurement and Disclosure” (“ASC 820”), which defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument’s categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Determining which category an asset or liability falls within this hierarchy requires judgment. ASC 820 establishes three levels of inputs that may be used to measure fair value:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

Level 2 - Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the asset or liability; and

Level 3 - Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e., supported by little or no market activity).

The Plan's investments are maintained in the Master Trust which is considered a single-employer trust. Investments in the Master Trust measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2017 and 2016 (Level 1 is defined above):

	<u>12/31/17</u>	<u>Level 1</u>
Interest-bearing cash, including money market funds, included in the fair value hierarchy	\$ 609,613	<u>\$ 609,613</u>
Common/collective trust funds measured at net asset value	117,880,569	
Total investments measured at fair value	<u>\$ 118,490,182</u>	
	<u>12/31/16</u>	<u>Level 1</u>
Interest-bearing cash, including money market funds, included in the fair value hierarchy	\$ 943,427	<u>\$ 943,427</u>
Common/collective trust funds measured at net asset value	116,130,054	
Total investments measured at fair value	<u>\$ 117,073,481</u>	

The Plan's valuation methodology used to measure the fair value of the Common/collective trust funds is based on the Net Asset Value ("NAV") of units held by the Plan. The NAV, as provided by the funds' trustees, is used as a practical expedient for measuring fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. Purchases and sales may occur daily.

The investments measured at fair value and investment additions in the accompanying financial statements of the Plan have been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate. In addition, the Trustee has certified the financial information of the Master Trust as of December 31, 2017 and 2016 and for the year ended December 31, 2017.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable, under the Plan's provisions, to the service that the participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated participants or their beneficiaries; (ii) beneficiaries of participants who have died with remaining benefits; and (iii) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to participant service rendered prior to the valuation date.

The Projected Unit Credit Cost Method of valuation was used for the Plan. The Plan's actuary was engaged to determine the actuarial computations of the Plan as of January 1, 2018 and 2017. The significant assumptions underlying the actuarial computations as of January 1, 2018, are as follows:

Interest rate:	7.00%
Mortality rates:	RP-2014 blended Mortality Table with generational MP-2017 Projection scale (previously RP-2014 blended Mortality Table with generational MP-2016 Projection scale).
	For disabled participants, as defined in Revenue Ruling 96-7.
Retirement:	Later of valuation age or normal retirement date
Marriage assumptions:	80% of participants are assumed to be married

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.

The actuarial present value of accumulated plan benefits is as follows as of January 1:

	<u>2018</u>	<u>2017</u>
Vested benefits:		
Participants currently receiving benefits.....	\$ 84,523,411	\$ 88,021,831
Other	5,673,837	9,039,148
	<u>90,197,248</u>	<u>97,060,979</u>
Nonvested benefits	<u>11,019</u>	<u>12,930</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 90,208,267</u>	<u>\$ 97,073,909</u>

The following is an analysis of the change in the present value of accumulated plan benefits:

Actuarial present value of accumulated plan benefits as of January 1, 2017	\$ 97,073,909
Accumulation of benefits and actuarial (gains) losses	(73,978)
Increase for interest due to decrease in the discount period	6,343,228
Benefits paid	(13,134,892)
Actuarial present value of accumulated plan benefits as of January 1, 2018	<u><u>\$ 90,208,267</u></u>

TEREX PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

5. Income Tax Status

The Plan obtained its latest determination letter on October 3, 2017, in which the Internal Revenue Service (“IRS”) stated that the Plan, as amended, was in compliance with the applicable requirements of the Internal Revenue Code (the “IRC”). The Administrative Committee believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Party-in-Interest Transactions

Certain expenses incurred by the Plan were paid to parties-in-interest. These expenses consist of investment manager/trustee, actuarial, audit, and legal fees and were \$1,076,962 for the year ended December 31, 2017.

7. Subsequent Events

Subsequent to 2017, the Company’s Board of Directors approved a resolution to terminate the Plan, transferring all benefit obligations to an insurance company. The termination decision is revocable at any time for any reason until funding is made to an insurance company. Participants have received or will receive all required notices prior to the transfer of Plan obligations.

In September 2018, the Company made a voluntary contribution in the amount of \$1.7 million for the 2017 Plan year.

The Plan has evaluated subsequent events through September 28, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

TEREX PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

EIN: 34-1531521

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current value
*	Fidelity Institutional Cash Portfolio	Cash equivalent	\$ 609,613	\$ 609,613
*	Spartan 500 Index Pool	Common/Collective Trust Fund	20,981,877	22,556,935
*	FIAM High Yield Bond	Common/Collective Trust Fund	1,970,806	4,409,947
*	FIAM Floating Rate High Income Fund	Common/Collective Trust Fund	3,831,684	4,434,120
*	FIAM International Growth	Common/Collective Trust Fund	5,292,130	9,117,198
	FIAM Long Corporate A or Better			
*	Comm Pool	Common/Collective Trust Fund	21,702,011	36,331,544
*	FIAM Long Duration	Common/Collective Trust Fund	22,719,540	36,145,521
*	FIAM Small/Mid Cap Core Commingled	Common/Collective Trust Fund	2,041,424	4,883,954
	Interest Receivable		-	1,350
			<u>\$ 79,149,085</u>	<u>\$ 118,490,182</u>

* Party-in-interest as defined by ERISA

TEREX PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2017

EIN: 34-1531521

Plan Number: 001

(a) Identity of party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category (iii) - Series of transactions in excess of 5% of Plan assets:</u>						
Fidelity Management Trust Company	FID US Equity Index Pool	\$ —	\$ 26,005,539	\$ 13,443,525	\$ 26,005,539	\$ 12,562,014
Fidelity Management Trust Company	FIMM Government Institutional Cash Portfolio	\$ —	\$ 17,711,458	\$ 17,711,458	\$ 17,711,458	\$ —
Fidelity Management Trust Company	Spartan 500 Index Pool	\$ 22,413,900	\$ —	\$ 22,413,900	\$ 22,413,900	\$ —

There were no category (i), (ii) or (iv) reportable transactions during 2017.

2017 Form 5500 Schedule SB Attachments
Schedule SB, line 26 - Schedule of Active Participant Data
Terex Pension Plan
EIN 34-1531521 / PN 001

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2017										Total
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25											0
25-29											0
30-34											0
35-39					2						2
40-44					2	1					3
45-49					2	5	1				8
50-54					4	2	2				8
55-59						2	2				4
60-64			1		2		1	1		4	9
65-69						2		1		4	7
Over 69											0
Total	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>12</u>	<u>12</u>	<u>6</u>	<u>2</u>	<u>0</u>	<u>8</u>	<u>41</u>

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2017 Plan Year		2016 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First 5 years	4.16%	1.57%	4.43%	1.41%
Next 15 years	5.72%	3.77%	5.91%	3.96%
Over 20 years	6.48%	4.73%	6.65%	4.97%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Administrative Expenses (for developing target normal cost for funding): \$975,000
Estimated based on the prior year’s actual administrative expenses (previously \$750,000 was used).

Healthy Mortality: IRS 2017 Static Mortality Table, using separate tables for annuitants and non-annuitants (previously IRS 2016 Static Mortality Table). These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

Disabled Mortality: IRS 2017 Static Mortality Table, using separate tables for annuitants and non-annuitants (previously IRS 2016 Static Mortality Table). These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males based on an assumption from the prior actuary of the plan and checked for reasonability each year.

Actuarial Assumptions and Methods (continued)

Benefit Commencement Age – Terminated Vested Participants: Terminated vested participants are assumed to commence their plan benefits upon attaining normal retirement age.

Form of Payment: It has been assumed benefits will be paid in the life annuity form of payment. To the extent other optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Maximum Benefit: \$215,000 for 2017. For determining limitations under funding amounts, no future increases in the IRC Section 415 have been reflected.

Actuarial Assumptions and Methods (continued)

For participants formerly in the Terex Corporation Retirement Program for Salaried Employees ("Merged"):

Retirement Rates: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Annual rates are as follows for meeting retirement eligibility requirements:

Age	Rate
55 – 57	4%
58 – 59	6%
60 – 61	15%
62	40%
63	20%
64 – 66	50%
67	100%

Disability: Disability rates are based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of disability follows:

Age	Rate
20	0.09%
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%
60	1.18%

Actuarial Assumptions and Methods (continued)

For participants formerly in the Terex Corporation Retirement Program for Salaried Employees (continued):

Termination: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of termination follows:

Age	Rate
20	23.50%
25	23.50%
30	19.90%
35	13.40%
40	10.40%
45	9.60%
50	8.20%
55	4.40%
60	2.30%

Actuarial Assumptions and Methods (continued)

For participants formerly in the Koehring & Northwest Engineering Hourly Pension Plan ("Waverly"):

Rates of Retirement: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Annual rates are as follows for males and females meeting retirement eligibility requirements:

Age	Rate
55 – 61	2%
62	15%
63 – 64	10%
65	100%

Disability: Disability rates are based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of disability follows:

Age	Rate
25	0.03%
35	0.05%
45	0.10%
55	0.36%

Actuarial Assumptions and Methods (continued)

For participants formerly in the Koehring & Northwest Engineering Hourly Pension Plan ("Waverly"):

Termination: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of termination follows:

Age	Rate
20	7.9%
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%
60	0.0%

Actuarial Assumptions and Methods (continued)

For participants formerly in the Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit:

Rates of Retirement: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Annual rates are as follows for males and females meeting retirement eligibility requirements:

Age	Rate
50 - 54	1.0%
55 - 59	1.5%
60 - 61	10.0%
62	25.1%
63	20.0%
64	15.0%
65	75.0%
66	84.6%
67	100.0%

Disability: Disability rates are based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of disability follows:

Age	Rate
20	0.09%
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%
60	1.18%

2017 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Actuarial Assumptions / Methods
Terex Pension Plan
EIN 34-1531521 / PN 001

Actuarial Assumptions and Methods (continued)

For participants formerly in the Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit (continued):

Termination: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of termination follows:

Age	Rate
20	12.50%
25	11.33%
30	8.97%
35	5.42%
40	2.45%
45	1.18%
50	0.50%
55	0.02%
60	0.00%

Actuarial Assumptions and Methods (continued)

For participants formerly in the Simplicity Engineering UAW Retirement Income Plan:

Retirement: Age 62.

Disability: Disability rates are based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of disability follows:

Age	Rate
25	0.05%
35	0.06%
45	0.18%
55	0.75%

Termination: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. A representative sample of annual rates of termination follows:

Age	Rate
25	6.6%
35	4.1%
40	3.2%
45	2.6%
55	1.1%

Actuarial Assumptions and Methods (continued)

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 7.00%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

TEREX PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2017

EIN: 34-1531521
Plan Number: 001

(a) Identity of party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category (iii) - Series of transactions in excess of 5% of Plan assets:</u>						
Fidelity Management Trust Company	FID US Equity Index Pool	\$ —	\$ 26,005,539	\$ 13,443,525	\$ 26,005,539	\$ 12,562,014
Fidelity Management Trust Company	FIMM Government Institutional Cash Portfolio	\$ —	\$ 17,711,458	\$ 17,711,458	\$ 17,711,458	\$ —
Fidelity Management Trust Company	Spartan 500 Index Pool	\$ 22,413,900	\$ —	\$ 22,413,900	\$ 22,413,900	\$ —

There were no category (i), (ii) or (iv) reportable transactions during 2017.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 TEREX PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEREX CORPORATION	D Employer Identification Number (EIN) 34-1531521	
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	117073481	
b Actuarial value	2b	119307325	
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	2506	93030819	93030819
b For terminated vested participants	300	8859346	8859346
c For active participants	41	1158837	1173321
d Total	2847	103049002	103063486
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	5.67%	
6 Target normal cost	6	975000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>BPL</u> Signature of actuary	<u>9/21/2018</u> Date
	BRIAN P LISI Type or print name of actuary	1706867 Most recent enrollment number
	FIDELITY INVESTMENTS Firm name	212-335-5570 Telephone number (including area code)
	640 FIFTH AVE, 4TH FLOOR, IN2 NEW YORK NY 10019 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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>8.34%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		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>5.89%</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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	115.76%
15 Adjusted funding target attainment percentage.....	15	115.76%
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	116.43%
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
09/13/2018	1700000				
Totals ►			18(b)	1700000	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	1547975

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 0
22 Weighted average retirement age			22 62
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	975000	
b Excess assets, if applicable, but not greater than line 31a	31b	975000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1547975	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1547975	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

2017 Form 5500 Schedule SB Attachments
Schedule SB, line 22 – Weighted Average Retirement Age
Terex Pension Plan
EIN 34-1531521 / PN 001

Description of Weighted Average Retirement Age

Formerly Koehring & Northwest Engineering Hourly Pension Plan

(1) Age	(2) Rate	(3) Weight	(4) (1) x (2) x (3)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	2.00%	0.9039	1.08
61	2.00%	0.8858	1.08
62	15.00%	0.8681	8.07
63	10.00%	0.7379	4.65
64	10.00%	0.6641	4.25
65	100.00%	0.5977	38.85
Weighted Average:			63.46

Formerly Terex Corporation Retirement Program for Salaried Employees

(1) Age	(2) Rate	(3) Weight	(4) (1) x (2) x (3)
55	4.00%	1.0000	2.2
56	4.00%	0.9600	2.15
57	4.00%	0.9216	2.10
58	6.00%	0.8847	3.08
59	6.00%	0.8317	2.94
60	15.00%	0.7818	7.04
61	15.00%	0.6645	6.08
62	40.00%	0.5648	14.0
63	20.00%	0.3389	4.27
64	50.00%	0.2711	8.67
65	50.00%	0.1356	4.4
66	50.00%	0.0678	2.24
67	100.00%	0.0339	2.27
Weighted Average:			61.44

Description of Weighted Average Retirement Age (continued)

2017 Form 5500 Schedule SB Attachments
Schedule SB, line 22 – Weighted Average Retirement Age
Terex Pension Plan
EIN 34-1531521 / PN 001

Formerly Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit

(1) Age	(2) Rate	(3) Weight	(4) (1) x (2) x (3)
50	1.00%	1	0.50
51	1.00%	0.99	0.50
52	1.00%	0.9801	0.51
53	1.00%	0.9703	0.51
54	1.00%	0.9606	0.52
55	1.50%	0.95099	0.78
56	1.50%	0.93673	0.79
57	1.50%	0.92267	0.79
58	1.50%	0.90883	0.79
59	1.50%	0.8952	0.79
60	10.00%	0.88177	5.29
61	10.00%	0.7936	4.84
62	25.10%	0.71424	11.11
63	20.00%	0.53496	6.74
64	15.00%	0.42797	4.11
65	75.00%	0.36378	17.73
66	84.60%	0.09094	5.08
67	100.00%	0.01401	0.94
Weighted Average:			62.32

Formerly Simplicity Engineering UAW Retirement Income Plan

Retirement Age – Active Participants: **62**

Average Retirement Age for all plans: 62

2017 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Terex Pension Plan
EIN 34-1531521 / PN 001

Plan Provisions

The Terex Pension Plan is made up of several historical pension plans that have merged together over the past 20+ years. Each historical pension plan was previously frozen so that no additional benefits are being earned by Terex Pension Plan participants.

The table below provides a summary of the Plan Freeze Dates for each historical pension plan. Accrued Benefits earned under each of the historical plans were determined based on the applicable benefit formulas, including pay and/or service information as of the date of the respective plan freeze.

Summary of Historical Plan Freeze Dates

Historical Plan Name	Plan Freeze Date
Koehring Cranes & Excavators, Inc Hourly Employees' Pension Plan ("Benton Harbor")	March 19, 1992
Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit	June 29, 2007
Cedarapids, Inc. Retirement Income Plan	October 15, 2000
Royer Foundry and Machine Company Retirement Plan	September 30, 2001
Simplicity Engineering UAW Retirement Income Plan	December 31, 2000
Terex Corporation Hourly-Rate Employees' Pension Plan	March 31, 1984
Terex Corporation Retirement Program for Salaried Employees	April 1, 1984
Terex Corporation Salaried Employees' Retirement Plan ("Merged")	May 7, 1993
Koehring & Northwest Engineering Hourly Pension Plan ("Waverly")	February 17, 2006

The remainder of the Plan Provisions section provides additional details regarding eligibility requirements and applicable provisions for the various benefits (e.g., Normal Retirement, Early Retirement, etc) available under each historical plan.

Summary of Plan Provisions (continued)

For participants formerly in the Koehring Cranes & Excavators, Inc. Hourly Employees Pension Plan (Benton Harbor):

Normal Retirement: Accrued Benefit payable at age 65.

Early Retirement: Age 55 with 10 years of service. If payment commences prior to Normal Retirement, the Accrued Benefit is reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months that the participant's benefit commencement date precedes age 65.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. Payment may commence as early as age 55 with the same reduction as described under Early Retirement.

Pre-retirement Death: If a participant has completed at least 5 years of service and dies before his or her Normal Retirement Date, his or her surviving spouse is entitled to a benefit payable at the later age of 55 or the date of death. The benefit is the 50% Joint and Contingent benefit with the spouse as the Contingent Annuitant reduced for Early Retirement at the date of commencement.

Normal Form of Payment: Single Life Annuity for single participants and 50% J&S for married participants.

Optional Forms of Payment: A participant may elect a Life Annuity, Ten-Year Certain and Life Annuity, or a 50%, 75%, or 100% J&S Option.

Summary of Plan Provisions (continued)

For participants formerly in the Cedarapids, Inc. Pension Plan for Employees in a Collective Bargaining Unit:

Normal Retirement: Accrued Benefit payable at age 65.

Early Retirement: Age 50 with 10 years of service. The Accrued Benefit is reduced 6 percent for each year the participant's benefit commencement date precedes age 62.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. The Accrued Benefit is payable at age 65 or an actuarially reduced amount may be paid as early as age 50.

Disability: Provided disabled participant has completed 10 years of service, he or she is eligible for a life-only pension benefit equal to the participant's unreduced Accrued Benefit payable six months after disability.

Pre-retirement Death: Surviving spouse benefit equal to the amount payable to the member's spouse as if the member had survived to early retirement age, retired early, elected a 50% joint and survivor annuity and then died. Benefit commences on first of the month following the date the member would have been eligible to retire early and is payable for lifetime of spouse.

Post-retirement Death: A \$6,000 lump-sum benefit is payable to participants who retire from active status.

Normal Form of Payment: Life annuity with 5 years certain for single participants. 50% J&S annuity for married participants.

Optional Forms of Payment: A participant may elect among a 5-year Certain & Life, 50% J&S, 75% J&S and 100% J&S annuity options.

Summary of Plan Provisions (continued)

For participants formerly in the Cedarapids, Inc. Retirement Income Plan:

Normal Retirement: Accrued Benefit payable at age 65.

Early Retirement: Age 55 with 10 years of vesting service. The Accrued Benefit is reduced 7 percent for each year the participant's benefit commencement date precedes age 60.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. The Accrued Benefit is payable at age 65 or a reduced amount (reduction of $1/180^{\text{th}}$ per month for the first 60 months from Normal Retirement Date, and $1/360^{\text{th}}$ for the next 60 months) is payable as early as age 55.

Disability: Participants who are totally and permanently disabled are eligible for a life-only annuity benefit starting at normal retirement date, based on earnings and Social Security at disability and credited service to normal retirement date.

Pre-retirement Death: Surviving spouse benefit equal to the amount payable to the member's spouse as if the member had survived to early retirement age, retired early, elected a 50% Joint and Survivor annuity and then died. Benefit commences on first of month following the date the member would have been eligible to retire early and is payable for lifetime of spouse.

Post-retirement Death: A \$4,000 lump-sum benefit is payable to participants who retire from active status.

Normal Form of Payment: Single Life Annuity for single participants and 50% J&S for married participants.

Optional Forms of Payment: A participant may elect a Life Annuity, Ten-Year Certain and Life Annuity, or a 50%, 66.67%, 75%, or 100% Contingent Annuitant Option. Additionally, a Social Security Level Income Option is available to participants who qualify for Early Retirement.

Summary of Plan Provisions (continued)

For participants formerly in the Royer Foundry and Machine Company Retirement Plan:

Normal Retirement: Accrued Benefit payable at age 65.

Early Retirement: Age 55 with 20 years of vesting service. The Accrued Benefit is payable at age 65 or a reduced amount (reduction of $1/180^{\text{th}}$ per month for the first 60 months, and $1/360^{\text{th}}$ for the next 60 months) is payable as early as age 55.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. The Accrued Benefit is payable at normal retirement, or earlier if eligible, reduced in accordance with the Early Retirement provisions for commencement of payments before normal retirement.

Pre-retirement Death: Prior to the attainment of normal retirement, 50% of the Early Retirement Benefit, determined as of the date of death (or termination of employment, if earlier), is payable to the surviving spouse on an actuarially-reduced 50% joint and survivor annuity basis, commencing at the participant's earliest possible retirement age had he not died. After attainment of normal retirement, the Normal Retirement Benefit, determined as of the date of death, is payable to the surviving beneficiary on either an actuarially-reduced 100% joint and survivor basis or a life annuity with 15-year certain basis.

Normal Form of Payment: Single Life Annuity for single participants and 50% J&S for married participants.

Optional Forms of Payment: Life annuity; 50%, 75% or 100% contingent annuity; actuarially-reduced life annuity with 10 or 15-year certain and life.

Summary of Plan Provisions (continued)

For participants formerly in the Simplicity Engineering UAW Retirement Income Plan:

Normal Retirement: Accrued Benefit payable at the later of age 62 and 5 years of service, but not later than age 65.

Early Retirement: The last day of the month in which employee retires and has both attained age 57 and has completed 10 years of service. The Accrued Benefit is reduced 5/1000 for each month that the participant's benefit commencement date precedes Normal Retirement.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. Payment of the participant's Accrued Benefit may commence at age 57 with the same reduction as Early Retirement if the participant has 10 years of service.

Disability: A participant is eligible for a Disability Retirement benefit if his or her employment is terminated by Total and Permanent Disability after 10 years of service. The Accrued Benefit is payable immediately without reduction for early commencement.

Pre-retirement Death: If a participant has completed at least 5 years of service and dies before Normal Retirement, his or her surviving spouse is entitled to a benefit payable at the later of age 57 or the date of death. The benefit is the 55% Joint and Contingent benefit with the spouse as the Contingent Annuitant. It is reduced for Early Retirement at the date of commencement.

Post-retirement Death: Participants retiring from active service after February 28, 1993 are entitled to a \$5,000 lump sum death benefit.

Normal Form of Payment: Single Life Annuity for single participants and 55% J&S for married participants.

Optional Forms of Payment: 75% Joint and Survivor annuity

Summary of Plan Provisions (continued)

For participants formerly in the Terex Corporation Hourly-Rate Employees' Pension Plan:

Normal Retirement: Accrued Benefit payable at age 65 with 10 years of service.

Early Retirement: The earliest date of i) attainment of age 60 and the completion of 10 years of Credited Service, ii) attainment of age 55 if the sum of the participant's age and Credited Service equals or exceeds 85, or iii) the completion of 30 years of Credited Service. The Accrued Benefit is reduced for early commencement prior to age 62. If the participant has 30 years of Credited Service or if the sum of the participant's age and Credited Service at retirement equals or exceeds 85, the benefit will be increased to the unreduced level beginning at age 62.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. The participants with 10 years of service may commence their benefit as early as age 60. The Accrued Benefit is reduced 0.6% for each month the participant's Benefit Commencement date precedes Normal Retirement.

Pre-retirement Death: Upon the death of a vested participant who had been married at least one year at his or her date of death, 60% of the participant's Early Retirement benefit on his or her date of death that would have been payable at attainment at age 62 or age at death if older than 62. No pension plan survivor benefits are payable for any month in which the spouse is receiving Survivor Income benefits under the Terex Insurance Program.

Normal Form of Payment: Single Life Annuity for single participants and 60% J&S for married participants (with the benefit "popping-up" to the life annuity amount if the spouse predeceases the retiree).

Optional Forms of Payment: 75% Joint and Survivor annuity

Summary of Plan Provisions (continued)

For participants formerly in the Terex Corporation Retirement Program for Salaried Employees:

Normal Retirement: Accrued Benefit payable at Age 65 with 5 years of service.

Early Retirement: The earlier of a) attainment of age 60 and the completion of 10 years of Credited Service, or b) attainment of age 55 if the sum of the participant's age and Credited Service equals or exceeds 85. Accrued Benefit reduced 0.5% for each month his or her annuity commencement date precedes his or her Normal Retirement.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. Accrued Benefit commencing at Normal Retirement or a pension reduced 0.5% per month prior to Normal Retirement commencing as early as age 55.

Pre-Retirement Death: Death of a vested participant eligible for an immediate or deferred pension benefit; provided in both cases, the participant has been married for at least one year at his date of death. The benefit payable is 60% of the participant's Early or Normal Retirement Benefit that would have been payable to the participant had he terminated his employment on the date of death and started to receive payments on his retirement date. The benefit is payable to the spouse commencing when the participant's early or normal retirement date would have occurred.

Normal Form of Payment: Life annuity, if single; unreduced joint and 60% contingent annuity, if married.

Optional Forms of Payment: Life annuity or 60%, 75% or 100% Contingent Annuitant Option.

Summary of Plan Provisions (continued)

For participants formerly in the Terex Corporation Salaried Employees Retirement Plan (“Merged”):

Normal Retirement: Accrued Benefit payable at age 65.

Early Retirement: Age 55 with 5 years of service. Accrued Benefit is reduced by 5/10 of 1% for each complete month the early retirement pension benefit commences prior to Normal Retirement.

Deferred Vested Retirement: A participant is fully vested upon completion of 5 years of service. Accrued Benefit is payable as early as age 55 and is reduced by 5/10 of 1% for each complete month the benefit commences prior to Normal Retirement.

Pre-retirement Death: If a participant has completed at least 5 years of service and dies before his or her Normal Retirement Date, his or her surviving spouse is entitled to a benefit payable at the later of the date the participant would attain age 55 or the date of death. The benefit is the 50% Joint and Contingent benefit with the participant's spouse as the contingent annuitant. It is reduced for Early Retirement at date of commencement.

Normal Form of Payment: Single Life Annuity for single participants and 50% J&S for married participants.

Optional Forms of Payment: A participant may elect a life annuity, 5 or 10-year Certain and Life annuity, 50%, 75%, or a 100% contingent annuitant options. In certain conditions, a lump sum payment on part or all of the Accrued Benefit may be payable.

Summary of Plan Provisions (continued)

For participants formerly in the Koehring & Northwest Engineering Hourly Pension Plan (“Waverly”):

Normal Retirement: Accrued Benefit payable at the later of age 65 and 5 years of service.

Early Retirement: Age 55 and 10 years of service. If payment commences prior to Normal Retirement, the Accrued Benefit is reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months that retirement precedes the Normal Retirement Date. Effective January 8, 2000, any employee with a minimum of 30 years of seniority may retire at age 55 or older without any reduction of pension benefits.

Deferred Vested Retirement: Payment of the participant's Accrued Benefit may commence at age 55 with the same reduction as Early Retirement should the participant have 10 years of service.

Disability: A participant is eligible for a Disability Retirement benefit if his or her employment is terminated by disability after 10 years of service. The amount of the benefit shall be equal to the participant's Accrued Benefit.

Pre-retirement Death: If a participant has completed at least 5 years of service and dies before his or her Normal Retirement, his or her surviving spouse is entitled to a benefit payable at the later of age 55 or the date of death. The benefit is the 50% Joint and Contingent benefit with the spouse as the Contingent Annuitant. It is reduced for Early Retirement at date of commencement.

Normal Form of Payment: Single Life Annuity for single participants and 50% J&S for married participants

Optional Forms of Payment: A participant may elect a life annuity, ten-year certain and life annuity, or a 50%, 75% or 100% contingent annuitant option.

TEREX PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

EIN: 34-1531521
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current value
*	Fidelity Institutional Cash Portfolio	Cash equivalent	\$ 609,613	\$ 609,613
*	Spartan 500 Index Pool	Common/Collective Trust Fund	20,981,877	22,556,935
*	FIAM High Yield Bond	Common/Collective Trust Fund	1,970,806	4,409,947
*	FIAM Floating Rate High Income Fund	Common/Collective Trust Fund	3,831,684	4,434,120
*	FIAM International Growth	Common/Collective Trust Fund	5,292,130	9,117,198
	FIAM Long Corporate A or Better			
*	Comm Pool	Common/Collective Trust Fund	21,702,011	36,331,544
*	FIAM Long Duration	Common/Collective Trust Fund	22,719,540	36,145,521
*	FIAM Small/Mid Cap Core Commingled	Common/Collective Trust Fund	2,041,424	4,883,954
	Interest Receivable		-	1,350
			<u>\$ 79,149,085</u>	<u>\$ 118,490,182</u>

* Party-in-interest as defined by ERISA

2017 Form 5500 Schedule SB Attachments
Schedule SB, Line 24 – Change in Actuarial Assumptions
Terex Pension Plan
EIN 34-1531521 / PN 001

Change in Actuarial Assumptions

The administrative expense load to the target normal cost increased from \$750,000 to \$975,000 to better reflect expectations for the current plan year.