

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan <u>SIGNET JEWELERS RETIREMENT SAVINGS PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/2016</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/2016</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/2016</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>STERLING JEWELERS INC.</u> <u>375 GHENT ROAD</u> <u>AKRON, OH 44333</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>27-3967537</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>330-668-5000</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>448310</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>27-3967537</u>	2c	Plan Sponsor's telephone number <u>330-668-5000</u>	2d	Business code (see instructions) <u>448310</u>
2b	Employer Identification Number (EIN) <u>27-3967537</u>						
2c	Plan Sponsor's telephone number <u>330-668-5000</u>						
2d	Business code (see instructions) <u>448310</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.	10/12/2018	RORY O'DONNELL
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 39421
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 36114 6a(2) 30316 6b 80 6c 4743 6d 35139 6e 71 6f 35210 6g 14548 6h 330
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: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

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

A Name of plan SIGNET JEWELERS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STERLING JEWELERS INC.	D Employer Identification Number (EIN) 27-3967537

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
AMERICAN BEACON
75-2401150

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EAGLE FUNDS
59-2385219

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

NORTHERN FUNDS

39-1777365

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

HARBOR

04-2679462

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

METROPOLITAN WEST FUNDS

95-4597302

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

MFS

04-2747644

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

PRINCIPAL FUNDS

42-1520346

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

VANGUARD

23-1945930

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

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(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 37 50 62 64	SERVICE PROVIDER	805655	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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)

(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 ☐

(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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> 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 SIGNET JEWELERS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STERLING JEWELERS INC.	D Employer Identification Number (EIN) 27-3967537	

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: PRIN TR SM TARGET 2060			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET INCOME			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2010			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2015			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2020			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2025			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2030			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2035		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2040		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2045		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2050		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TR TARGET 2055		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WF STABLE RETURN FUND N		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 41-6202499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37547964
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQ INDEX CIT N		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2525749
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX CIT N		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT N		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK US AGG BOND INDEX CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 20-5699010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE S&P 400		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20771247
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE AGG BOND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1775488
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE S&P 500		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21854291
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2060		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4910797
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2050		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18139554
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2055		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12910411
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2045		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16318158
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2040		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27561537
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2035		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26471318
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME TARGET 2030		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32255034

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETIME TARGET 2025**

b Name of sponsor of entity listed in (a): **PRINCIPAL GLOBAL INVESTORS TRUST COMPANY**

c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33953516
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETIME TARGET 2010**

b Name of sponsor of entity listed in (a): **PRINCIPAL GLOBAL INVESTORS TRUST COMPANY**

c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2956284
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETIME INCOME**

b Name of sponsor of entity listed in (a): **PRINCIPAL GLOBAL INVESTORS TRUST COMPANY**

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2128213
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETIME TARGET 2020**

b Name of sponsor of entity listed in (a): **PRINCIPAL GLOBAL INVESTORS TRUST COMPANY**

c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21539526
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETIME TARGET 2015**

b Name of sponsor of entity listed in (a): **PRINCIPAL GLOBAL INVESTORS TRUST COMPANY**

c EIN-PN 26-6447574-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9224358
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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>SIGNET JEWELERS RETIREMENT SAVINGS 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>STERLING JEWELERS INC.</u>	D Employer Identification Number (EIN) <u>27-3967537</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	203412	291952
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	
(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)	12885221	14832709
(9) Value of interest in common/collective trusts.....	1c(9)	251170171	292843445
(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)	166519020	188556390
(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)	1469051	818717
(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	432246875	497343213
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	936443	1109036
k Total liabilities (add all amounts in lines 1g through 1j)	1k	936443	1109036
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	431310432	496234177

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)	11726293	
(B) Participants	2a(1)(B)	35025736	
(C) Others (including rollovers)	2a(1)(C)	1690783	
(2) Noncash contributions	2a(2)		48442812
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			596411
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	596411	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		596411
(2) Dividends: (A) Preferred stock		2b(2)(A)	2470778
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2470778	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2470778
(3) Rents.....		2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	-52174
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	154364	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....		2b(5)(A)	-513276
(B) Other	2b(5)(B)	-513276	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
			-513276

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		38402811
(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)		25781522
c Other income	2c		56758
d Total income. Add all income amounts in column (b) and enter total.....	2d		115185642

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	48215819	
(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)		48215819
f Corrective distributions (see instructions)	2f		988274
g Certain deemed distributions of participant loans (see instructions).....	2g		331924
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	725880	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		725880
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		50261897

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		64923745
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: **BOBER, MARKEY & FEDOROVICH**

(2) EIN: **34-1523030**

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		6526570
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		20000000
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		X	
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 _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>SIGNET JEWELERS RETIREMENT SAVINGS 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>STERLING JEWELERS INC.</u>	D Employer Identification Number (EIN) <u>27-3967537</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SIGNET JEWELERS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

December 31, 2017 and 2016

SIGNET JEWELERS RETIREMENT SAVINGS PLAN

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 10
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	11
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12

INDEPENDENT AUDITORS' REPORT

To the Investment Committee of the
Signet Jewelers Retirement Savings Plan
Akron, Ohio

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., 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 executed investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, 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.

Other Matter

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2017 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

October 8, 2018

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual funds	\$ 188,556,390	\$ 166,519,020
Common stock	818,717	1,469,051
Common collective trusts	<u>292,843,445</u>	<u>251,170,171</u>
Total investments, at fair value	482,218,552	419,158,242
RECEIVABLES		
Employer contributions receivable	291,952	203,412
Participant notes receivable	<u>14,832,709</u>	<u>12,885,221</u>
Total receivables	15,124,661	13,088,633
 TOTAL ASSETS	 497,343,213	 432,246,875
LIABILITIES		
PAYABLES		
Corrective distributions payable	<u>1,109,036</u>	<u>936,443</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 496,234,177</u></u>	 <u><u>\$ 431,310,432</u></u>

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

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Interest and dividends	\$ 2,470,778	\$ 2,569,799
Interest on participant notes receivable	596,411	521,627
CONTRIBUTIONS		
Employee salary deferrals	35,025,736	36,626,922
Employee rollovers	1,690,783	1,695,308
Employer contributions	11,726,293	13,806,751
	<u>48,442,812</u>	<u>52,128,981</u>
TOTAL ADDITIONS	51,510,001	55,220,407
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	49,536,017	33,844,975
Administrative expenses	<u>725,880</u>	<u>584,556</u>
TOTAL DEDUCTIONS	50,261,897	34,429,531
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	<u>63,675,641</u>	<u>34,818,784</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	64,923,745	55,609,660
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>431,310,432</u>	<u>375,700,772</u>
END OF YEAR	<u><u>\$ 496,234,177</u></u>	<u><u>\$ 431,310,432</u></u>

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

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Signet Jewelers Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

On January 1, 2016, the Zale Corporation Savings and Investment Plan (“Zale Plan”) was merged into this Plan and the Plan adopted a new Plan document under the new trustee and recordkeeper. The Plan also amended the Plan name to the Signet Jewelers Retirement Savings Plan.

The Plan is a defined contribution plan covering substantially all employees of Signet Group Services US Inc. (the “Company” or “Plan Sponsor”) who have 30 days of service and are 18 years or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Trustee

The Plan’s trustee and recordkeeper is Wells Fargo Bank, N.A. (“Wells Fargo”). See Note 3.

Contributions

Each year participants can contribute all eligible compensation, not to exceed Internal Revenue Service (“IRS”) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Discretionary contributions may be contributed at the option of the Company’s board of directors annually.

The Company has a discretionary match (equal to uniform percentage or dollar amount of a participant’s elective deferral, 50 percent of the first 6 percent of compensation that a participant contributed for 2017 and 2016). Participants are eligible for the Company match after 1 year of service.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, and an allocation of the investment income (loss) based on account balances. Such amounts are allocated at the discretion of the participant.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Company’s contribution portion of participant’s accounts plus actual earnings thereon are based on years of credited service. Participants are partially vested after two years of credited service and become fully vested after five years of credited service.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

Forfeitures

The forfeited balances of terminated participants' non-vested accounts ("forfeitures") are used to reduce Company matching contributions or to reduce administrative fees paid by the Company. Forfeitures remaining for future use totaled \$121,127 and \$402,738 at December 31, 2017 and 2016, respectively. Forfeitures used amounted to \$1,152,096 and \$653 for the years ended December 31, 2017 and 2016, respectively.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. Loan terms range from 1 to 5 years or up to 10 years for the purchase of primary residence. Prior to January 1, 2016, the loan terms ranged from 1 to 5 years, or up to 20 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, typically the Prime rate plus 1 percent, at the time of granting the loan. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to retirement, death, or termination of employment a participant's vested account balance may be distributed in the form of a lump sum payment. Vested account balances of less than \$1,000 may be involuntarily distributed in a single lump sum payment. Vested account balance greater than \$1,000, but less than \$5,000 may be involuntarily distributed through direct rollover into a qualified Individual Retirement Account. Withdrawals for financial hardship, as defined, are also permitted under the Plan document.

Administrative Expenses

Fees paid by the Plan for trust services to Wells Fargo amounted to \$725,880 and \$584,556 for the years ended December 31, 2017 and 2016, respectively. There are also indirect fees deducted directly from investment earnings of the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

In preparing the Plan's financial statements, management is required to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities, and the reported increases and reductions of Plan assets during the reporting period. Actual results could differ from these estimates.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value. The Statements of Changes in Net Assets Available for Benefits presents net appreciation in fair value of investments, which includes both unrealized and realized gains and losses. The change in the difference between fair value and the cost of investments is reflected as unrealized appreciation or depreciation. The realized gain or loss on the sale of investments is the difference between the proceeds received and the cost of the investments sold. Securities listed on any generally recognized stock exchange are valued at the last sale price reported on an exchange on the valuation date, or, if there were no sales on the valuation date, then on the quoted bid price on the valuation date. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Administrative Expenses

The Plan pays all administrative fees, unless paid by the Company.

Payment of Benefits

Benefits are recorded when paid, except for corrective distributions required to be paid for the purpose of complying with non-discrimination regulations.

Subsequent Events

The Plan has evaluated subsequent events through October 8, 2018, the date the financial statements were available to be issued. See Note 9.

Reclassification

Certain asset fees in the prior year have been reclassified from Net Appreciation in Fair Value of Investments to Administrative Expenses to conform to the current year presentation.

NOTE 3 – TRUSTEE CERTIFICATIONS

Wells Fargo Bank, N.A. has certified the completeness and accuracy of investments it held on December 31, 2017 and 2016 and the changes in net assets arising from the investment activity for the years ended December 31, 2017 and 2016. Wells Fargo has also certified the notes receivable from participants and the related interest on the participant notes receivable as of and for the years ended December 31, 2017 and 2016.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 4 – NON-PARTICIPANT DIRECTED INVESTMENT

The common stock held by the Plan originated from the merger of an acquired company's defined contribution benefit plan and is not an active investment option of the Plan; therefore, participants are unable to direct their contributions into this fund. The stock fund is comprised of shares in Signet Jewelers Limited, the parent of the Company, and a small portion of cash maintained for liquidity purposes. The stock fund is recorded on a unit basis. The valuation per share of the Signet Jewelers Limited common stock was \$56.55 and \$94.26 at December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, shares held of Signet Jewelers Limited common stock was 14,091 and 15,188 shares, respectively with fair values of \$796,846 and \$1,431,621, respectively. The valuation per share of the stock fund was \$4.70 and \$7.70 at December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, the stock fund held 174,366 and 190,839 shares, respectively, with fair values of \$818,717 and \$1,469,051, respectively.

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Valuation is based upon quoted prices for similar assets or liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly for substantially the full term of the financial instrument.

Level 3: Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

The classification of fair value measurement within the hierarchy is based upon the lowest level of input that is significant to the measurement. Investments that were measured at net asset value ("NAV") per share are not classified in the fair value hierarchy. The fair value amounts presented in the below tables are intended to permit reconciliation of the fair value hierarchy to total investments at fair value. Valuation methodologies used for assets measured at fair value are as follows:

Mutual funds and common stock: Determined by quoted market prices on an active market and are classified within Level 1 of the valuation hierarchy.

Common collective trusts: Valued at the respective net asset value as reported by such trusts. The net asset value is a quoted price that is readily determinable in a market that is not active for certain investments.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016.

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 188,556,390	\$ -	\$ -	\$ 188,556,390
Stock fund				
Signet Jewelers Limited common stock	796,846	-	-	796,846
Cash and cash equivalents	-	21,871	-	21,871
Total stock fund	<u>796,846</u>	<u>21,871</u>	<u>-</u>	<u>818,717</u>
Common collective trust	-	248,442,419	-	248,442,419
Total assets in the fair value hierarchy	<u>\$ 189,353,236</u>	<u>\$ 248,464,290</u>	<u>\$ -</u>	<u>437,817,526</u>
Investment measured at fair value using NAV as a practical expedient:				
Common collective trusts				44,401,026
Total investments at fair value				<u>\$ 482,218,552</u>

	2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 166,519,020	\$ -	\$ -	\$ 166,519,020
Stock fund				
Signet Jewelers Limited common stock	1,431,621	-	-	1,431,621
Cash and cash equivalents	-	37,430	-	37,430
Total stock fund	<u>1,431,621</u>	<u>37,430</u>	<u>-</u>	<u>1,469,051</u>
Common collective trusts	-	251,170,171	-	251,170,171
Total investments at fair value	<u>\$ 167,950,641</u>	<u>\$ 251,207,601</u>	<u>\$ -</u>	<u>\$ 419,158,242</u>

Units of the Plan's investments in common/collective trusts with Northern Trust may be redeemed daily and require a 1 day redemption notice. There are no unfunded commitments related to the funds.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 6 – PLAN TERMINATION

Although it has not been expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

NOTE 7 – TAX STATUS

The Plan Sponsor merged with another plan on January 1, 2016 and adopted the Wells Fargo Bank NA Volume Submitter Profit Sharing Plan with CODA ("Prototype Plan"). The Prototype Plan obtained its latest determination letter on April 2, 2012, in which the IRS stated that the Prototype Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Prototype Plan has been amended, but not since the Plan's adoption of the Prototype Plan. However, the Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC at year end. 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended December 31, 2017 and 2016, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan files the United States Federal Form 5500.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were interests in common collective trusts maintained by Wells Fargo. Wells Fargo received income directly from certain investments, and one of the investments that was held (Signet) is the parent company of the Plan sponsor. Such transactions and investments qualified as party-in-interest.

NOTE 9 – SUBSEQUENT EVENTS

On January 19, 2018, the Plan was notified by the Department of Labor ("DOL") that an examination was to take place to determine compliance with provisions of ERISA. The examination is ongoing; however, as of the date of the financial statements, there have been no findings reported to the Plan Administrator.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
SCHEDULE H, 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EMPLOYER NO. 27-3967537

PLAN NO. 001

For the Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included: ☒	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$	6,526,570	\$ -	\$ 6,526,570	\$ -	\$ -

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 27-3967537
PLAN NO. 001
December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party.	Description of investment, including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Dodge & Cox Balanced Fund	Mutual Funds	**	\$ 45,483,046
	MFS Mid Cap Value Fund Class R6	Mutual Funds	**	24,273,813
	Vanguard Explorer Fund Admiral Shares	Mutual Funds	**	6,959,450
	Vanguard Small Cap Index Fund Admiral Shares	Mutual Funds	**	4,999,795
	Harbor Capital Appreciation Fund Institutional Class	Mutual Funds	**	27,756,843
	American Beacon Small Cap Value Fund Class	Mutual Funds	**	7,410,561
	Harbor International Fund Institutional Class	Mutual Funds	**	4,997,639
	American Beacon Large Cap Value Fund Institutional	Mutual Funds	**	24,736,594
	American Funds EuroPacific Growth Fund Class R6	Mutual Funds	**	13,648,393
	Metropolitan West Total Return Bond Fund Class 5	Mutual Funds	**	22,401,000
	Carillon Eagle Mid Cap Growth Fund R6	Mutual Funds	**	5,889,256
				<u>188,556,390</u>
*	Signet Jewelers Ltd Company Stock	Common Stock	\$ 239,978	818,717
	Principal Lifetime Hybrid Income Fund	Common/Collective Trust	**	2,128,213
	Principal Lifetime Hybrid Target 2010 Fund	Common/Collective Trust	**	2,956,284
	Principal Lifetime Hybrid Target 2015 Fund	Common/Collective Trust	**	9,224,358
	Principal Lifetime Hybrid Target 2020 Fund	Common/Collective Trust	**	21,539,526
	Principal Lifetime Hybrid Target 2025 Fund	Common/Collective Trust	**	33,953,516
	Principal Lifetime Hybrid Target 2030 Fund	Common/Collective Trust	**	32,255,034
	Principal Lifetime Hybrid Target 2035 Fund	Common/Collective Trust	**	26,471,318
	Principal Lifetime Hybrid Target 2040 Fund	Common/Collective Trust	**	27,561,537
	Principal Lifetime Hybrid Target 2045 Fund	Common/Collective Trust	**	16,318,158
	Principal Lifetime Hybrid Target 2050 Fund	Common/Collective Trust	**	18,139,554
	Principal Lifetime Hybrid Target 2055 Fund	Common/Collective Trust	**	12,910,411
	Principal Lifetime Hybrid Target 2060 Fund	Common/Collective Trust	**	4,910,797
*	Wells Fargo/BlackRock International Equity Index CIT	Common/Collective Trust	**	2,525,749
	Northern Trust S&P 400 Index Fund Tier 3	Common/Collective Trust	**	20,771,247
	Northern Trust S&P 500 Index Fund	Common/Collective Trust	**	21,854,291
	Northern Trust Aggregate Bond Index Fund	Common/Collective Trust	**	1,775,488
*	Wells Fargo Stable Return Fund N	Common/Collective Trust	**	37,547,964
				<u>292,843,445</u>
		Participant notes receivable with repayment terms of 1 to 20 years and interest from 4.25% to 6.00%		
*	Participant notes receivable		\$ -	<u>14,832,709</u>
	* Indicates party-in-interest.			<u>\$ 497,051,261</u>
	** Information not required pursuant to Form 5500 instructions for participant-directed funds.			

SIGNET JEWELERS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

December 31, 2017 and 2016

SIGNET JEWELERS RETIREMENT SAVINGS PLAN

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
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INDEPENDENT AUDITORS' REPORT

To the Investment Committee of the
Signet Jewelers Retirement Savings Plan
Akron, Ohio

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Management's Responsibility for the Financial Statements

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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.

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Disclaimer of Opinion

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Other Matter

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BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

October 8, 2018

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
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SIGNET JEWELERS RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2017 and 2016

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SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of Signet Jewelers Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

On January 1, 2016, the Zale Corporation Savings and Investment Plan (“Zale Plan”) was merged into this Plan and the Plan adopted a new Plan document under the new trustee and recordkeeper. The Plan also amended the Plan name to the Signet Jewelers Retirement Savings Plan.

The Plan is a defined contribution plan covering substantially all employees of Signet Group Services US Inc. (the “Company” or “Plan Sponsor”) who have 30 days of service and are 18 years or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Trustee

The Plan’s trustee and recordkeeper is Wells Fargo Bank, N.A. (“Wells Fargo”). See Note 3.

Contributions

Each year participants can contribute all eligible compensation, not to exceed Internal Revenue Service (“IRS”) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Discretionary contributions may be contributed at the option of the Company’s board of directors annually.

The Company has a discretionary match (equal to uniform percentage or dollar amount of a participant’s elective deferral, 50 percent of the first 6 percent of compensation that a participant contributed for 2017 and 2016). Participants are eligible for the Company match after 1 year of service.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, and an allocation of the investment income (loss) based on account balances. Such amounts are allocated at the discretion of the participant.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Company’s contribution portion of participant’s accounts plus actual earnings thereon are based on years of credited service. Participants are partially vested after two years of credited service and become fully vested after five years of credited service.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

Forfeitures

The forfeited balances of terminated participants' non-vested accounts ("forfeitures") are used to reduce Company matching contributions or to reduce administrative fees paid by the Company. Forfeitures remaining for future use totaled \$121,127 and \$402,738 at December 31, 2017 and 2016, respectively. Forfeitures used amounted to \$1,152,096 and \$653 for the years ended December 31, 2017 and 2016, respectively.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. Loan terms range from 1 to 5 years or up to 10 years for the purchase of primary residence. Prior to January 1, 2016, the loan terms ranged from 1 to 5 years, or up to 20 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, typically the Prime rate plus 1 percent, at the time of granting the loan. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to retirement, death, or termination of employment a participant's vested account balance may be distributed in the form of a lump sum payment. Vested account balances of less than \$1,000 may be involuntarily distributed in a single lump sum payment. Vested account balance greater than \$1,000, but less than \$5,000 may be involuntarily distributed through direct rollover into a qualified Individual Retirement Account. Withdrawals for financial hardship, as defined, are also permitted under the Plan document.

Administrative Expenses

Fees paid by the Plan for trust services to Wells Fargo amounted to \$725,880 and \$584,556 for the years ended December 31, 2017 and 2016, respectively. There are also indirect fees deducted directly from investment earnings of the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

In preparing the Plan's financial statements, management is required to make estimates and assumptions that affect the reported amounts of Plan assets, liabilities, and the reported increases and reductions of Plan assets during the reporting period. Actual results could differ from these estimates.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value. The Statements of Changes in Net Assets Available for Benefits presents net appreciation in fair value of investments, which includes both unrealized and realized gains and losses. The change in the difference between fair value and the cost of investments is reflected as unrealized appreciation or depreciation. The realized gain or loss on the sale of investments is the difference between the proceeds received and the cost of the investments sold. Securities listed on any generally recognized stock exchange are valued at the last sale price reported on an exchange on the valuation date, or, if there were no sales on the valuation date, then on the quoted bid price on the valuation date. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Administrative Expenses

The Plan pays all administrative fees, unless paid by the Company.

Payment of Benefits

Benefits are recorded when paid, except for corrective distributions required to be paid for the purpose of complying with non-discrimination regulations.

Subsequent Events

The Plan has evaluated subsequent events through October 8, 2018, the date the financial statements were available to be issued. See Note 9.

Reclassification

Certain asset fees in the prior year have been reclassified from Net Appreciation in Fair Value of Investments to Administrative Expenses to conform to the current year presentation.

NOTE 3 – TRUSTEE CERTIFICATIONS

Wells Fargo Bank, N.A. has certified the completeness and accuracy of investments it held on December 31, 2017 and 2016 and the changes in net assets arising from the investment activity for the years ended December 31, 2017 and 2016. Wells Fargo has also certified the notes receivable from participants and the related interest on the participant notes receivable as of and for the years ended December 31, 2017 and 2016.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 4 – NON-PARTICIPANT DIRECTED INVESTMENT

The common stock held by the Plan originated from the merger of an acquired company's defined contribution benefit plan and is not an active investment option of the Plan; therefore, participants are unable to direct their contributions into this fund. The stock fund is comprised of shares in Signet Jewelers Limited, the parent of the Company, and a small portion of cash maintained for liquidity purposes. The stock fund is recorded on a unit basis. The valuation per share of the Signet Jewelers Limited common stock was \$56.55 and \$94.26 at December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, shares held of Signet Jewelers Limited common stock was 14,091 and 15,188 shares, respectively with fair values of \$796,846 and \$1,431,621, respectively. The valuation per share of the stock fund was \$4.70 and \$7.70 at December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, the stock fund held 174,366 and 190,839 shares, respectively, with fair values of \$818,717 and \$1,469,051, respectively.

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Valuation is based upon quoted prices for similar assets or liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly for substantially the full term of the financial instrument.

Level 3: Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

The classification of fair value measurement within the hierarchy is based upon the lowest level of input that is significant to the measurement. Investments that were measured at net asset value ("NAV") per share are not classified in the fair value hierarchy. The fair value amounts presented in the below tables are intended to permit reconciliation of the fair value hierarchy to total investments at fair value. Valuation methodologies used for assets measured at fair value are as follows:

Mutual funds and common stock: Determined by quoted market prices on an active market and are classified within Level 1 of the valuation hierarchy.

Common collective trusts: Valued at the respective net asset value as reported by such trusts. The net asset value is a quoted price that is readily determinable in a market that is not active for certain investments.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016.

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 188,556,390	\$ -	\$ -	\$ 188,556,390
Stock fund				
Signet Jewelers Limited common stock	796,846	-	-	796,846
Cash and cash equivalents	-	21,871	-	21,871
Total stock fund	<u>796,846</u>	<u>21,871</u>	<u>-</u>	<u>818,717</u>
Common collective trust	-	248,442,419	-	248,442,419
Total assets in the fair value hierarchy	<u>\$ 189,353,236</u>	<u>\$ 248,464,290</u>	<u>\$ -</u>	<u>437,817,526</u>
Investment measured at fair value using NAV as a practical expedient:				
Common collective trusts				44,401,026
Total investments at fair value				<u>\$ 482,218,552</u>

	2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 166,519,020	\$ -	\$ -	\$ 166,519,020
Stock fund				
Signet Jewelers Limited common stock	1,431,621	-	-	1,431,621
Cash and cash equivalents	-	37,430	-	37,430
Total stock fund	<u>1,431,621</u>	<u>37,430</u>	<u>-</u>	<u>1,469,051</u>
Common collective trusts	-	251,170,171	-	251,170,171
Total investments at fair value	<u>\$ 167,950,641</u>	<u>\$ 251,207,601</u>	<u>\$ -</u>	<u>\$ 419,158,242</u>

Units of the Plan's investments in common/collective trusts with Northern Trust may be redeemed daily and require a 1 day redemption notice. There are no unfunded commitments related to the funds.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 6 – PLAN TERMINATION

Although it has not been expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

NOTE 7 – TAX STATUS

The Plan Sponsor merged with another plan on January 1, 2016 and adopted the Wells Fargo Bank NA Volume Submitter Profit Sharing Plan with CODA ("Prototype Plan"). The Prototype Plan obtained its latest determination letter on April 2, 2012, in which the IRS stated that the Prototype Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Prototype Plan has been amended, but not since the Plan's adoption of the Prototype Plan. However, the Plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC at year end. 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended December 31, 2017 and 2016, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan files the United States Federal Form 5500.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were interests in common collective trusts maintained by Wells Fargo. Wells Fargo received income directly from certain investments, and one of the investments that was held (Signet) is the parent company of the Plan sponsor. Such transactions and investments qualified as party-in-interest.

NOTE 9 – SUBSEQUENT EVENTS

On January 19, 2018, the Plan was notified by the Department of Labor ("DOL") that an examination was to take place to determine compliance with provisions of ERISA. The examination is ongoing; however, as of the date of the financial statements, there have been no findings reported to the Plan Administrator.

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
SCHEDULE H, 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EMPLOYER NO. 27-3967537

PLAN NO. 001

For the Year Ended December 31, 2017

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included: ☒	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$	6,526,570	\$ -	\$ 6,526,570	\$ -	\$ -

SIGNET JEWELERS RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 27-3967537
PLAN NO. 001
December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party.	Description of investment, including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Dodge & Cox Balanced Fund	Mutual Funds	**	\$ 45,483,046
	MFS Mid Cap Value Fund Class R6	Mutual Funds	**	24,273,813
	Vanguard Explorer Fund Admiral Shares	Mutual Funds	**	6,959,450
	Vanguard Small Cap Index Fund Admiral Shares	Mutual Funds	**	4,999,795
	Harbor Capital Appreciation Fund Institutional Class	Mutual Funds	**	27,756,843
	American Beacon Small Cap Value Fund Class	Mutual Funds	**	7,410,561
	Harbor International Fund Institutional Class	Mutual Funds	**	4,997,639
	American Beacon Large Cap Value Fund Institutional	Mutual Funds	**	24,736,594
	American Funds EuroPacific Growth Fund Class R6	Mutual Funds	**	13,648,393
	Metropolitan West Total Return Bond Fund Class 5	Mutual Funds	**	22,401,000
	Carillon Eagle Mid Cap Growth Fund R6	Mutual Funds	**	5,889,256
				<u>188,556,390</u>
*	Signet Jewelers Ltd Company Stock	Common Stock	\$ 239,978	818,717
	Principal Lifetime Hybrid Income Fund	Common/Collective Trust	**	2,128,213
	Principal Lifetime Hybrid Target 2010 Fund	Common/Collective Trust	**	2,956,284
	Principal Lifetime Hybrid Target 2015 Fund	Common/Collective Trust	**	9,224,358
	Principal Lifetime Hybrid Target 2020 Fund	Common/Collective Trust	**	21,539,526
	Principal Lifetime Hybrid Target 2025 Fund	Common/Collective Trust	**	33,953,516
	Principal Lifetime Hybrid Target 2030 Fund	Common/Collective Trust	**	32,255,034
	Principal Lifetime Hybrid Target 2035 Fund	Common/Collective Trust	**	26,471,318
	Principal Lifetime Hybrid Target 2040 Fund	Common/Collective Trust	**	27,561,537
	Principal Lifetime Hybrid Target 2045 Fund	Common/Collective Trust	**	16,318,158
	Principal Lifetime Hybrid Target 2050 Fund	Common/Collective Trust	**	18,139,554
	Principal Lifetime Hybrid Target 2055 Fund	Common/Collective Trust	**	12,910,411
	Principal Lifetime Hybrid Target 2060 Fund	Common/Collective Trust	**	4,910,797
*	Wells Fargo/BlackRock International Equity Index CIT	Common/Collective Trust	**	2,525,749
	Northern Trust S&P 400 Index Fund Tier 3	Common/Collective Trust	**	20,771,247
	Northern Trust S&P 500 Index Fund	Common/Collective Trust	**	21,854,291
	Northern Trust Aggregate Bond Index Fund	Common/Collective Trust	**	1,775,488
*	Wells Fargo Stable Return Fund N	Common/Collective Trust	**	37,547,964
				<u>292,843,445</u>
		Participant notes receivable with repayment terms of 1 to 20 years and interest from 4.25% to 6.00%		
*	Participant notes receivable		\$ -	<u>14,832,709</u>
	* Indicates party-in-interest.			<u>\$ 497,051,261</u>
	** Information not required pursuant to Form 5500 instructions for participant-directed funds.			