# 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NIDEC RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 04/08/1998

**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)
NIDEC MOTOR CORPORATION

8050 WEST FLORISSANT AVE
ST. LOUIS, MO 63136

**2b** Employer Identification Number (EIN)
27-3330722

**2c** Plan Sponsor's telephone number
314-595-8000

**2d** Business code (see instructions)
335900

**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. | 07/13/2020 | CARLA OTTO |
| | **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 |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 849 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 500 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 478 |
| **b** Retired or separated participants receiving benefits | **6b** | 174 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 180 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 832 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 7 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 839 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 0 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 8 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1B

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 530051 | 866 | 10/01/2018 | 09/30/2019 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | 0 |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | 3140957 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | |
| **c** | Premiums due but unpaid at the end of the year | **6c** | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | **6d** | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) | **7c(5)** | | | |
| | ▶ | | | | |
| | (6) Total additions | | | **7c(6)** | 0 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | **7d** | 0 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) | **7e(4)** | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | **7e(5)** | 0 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 10 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 32511000 |
| **b** Actuarial value | **2b** | 31943845 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 151 | 9712081 | 9712081 |
| **b** For terminated vested participants | 198 | 2932837 | 2932837 |
| **c** For active participants | 500 | 13424184 | 13968504 |
| **d** Total | 849 | 26069102 | 26613422 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.74 % |
| **6** Target normal cost | **6** | 2368585 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 06/19/2020

SCOTT LESINSKI — Type or print name of actuary

20-08121 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

314-719-5950 — Telephone number (including area code)

101 SOUTH HANLEY ROAD
SUITE 900
ST. LOUIS, MO 63105-3437

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 764928 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 764928 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 7.34 % | 56146 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 1997318 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.94% | | 118641 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 2115959 |
| | **d** Portion of (c) to be added to prefunding balance | | 1500000 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 821074 | 1500000 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 111.30% |
| 15 | Adjusted funding target attainment percentage | 15 | 120.02% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 118.44% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.92% | 5.52% | 6.29% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 2368585 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 2368585 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |

**38** Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 50 64 | CONTRACT ADMINISTRATOR | 55154 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 11 13 27 50 | ACTUARY | 55050 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LOCKTON INVESTMENT ADVISORS

20-8874282

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 99 | INVESTMENT ADVISORY | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 40000 | Yes [ ] No [X] |

**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 |
|---|---|---|
| LOCKTON INVESTMENT ADVISORS | 27 99 | 40000 |

| **(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. |
|---|---|
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290 | INVESTMENT ADVISORY (PLAN) |

| **(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: ELIZABETH M. ASHMORE
**b** EIN: 53-0181291
**c** Position: ENROLLED ACTUARY
**d** Address: 101 S. HANLEY RD SUITE 900
ST. LOUIS, MO 63105
**e** Telephone: 314-719-5900

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-024 | P | 694007 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-027 | P | 2446950 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3498026 | 3140957 |
| **(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) | 26897015 | 31727215 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 30395041 | 34868172 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 30395041 | 34868172 |

## 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) | 2200000 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2200000 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 806846 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 806846 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 172453 |
| (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) | | 2384330 |
| c Other income | 2c | | 15000 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5578629 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 932468 | |
| (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) | | 932468 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 110204 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 62826 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 173030 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1105498 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4473131 |
| 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: BROWN SMITH & WALLACE LLP **(2)** EIN: 43-1001367

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 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 | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 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 4211497. (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

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

**A** Name of plan
NIDEC RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
NIDEC MOTOR CORPORATION

**D** Employer Identification Number (EIN)
27-3330722

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290 36-3608252

**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** 1

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% 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):

EIN: 27-3330722 / 003

# NIDEC RETIREMENT PLAN

Financial Statements
with
Independent Auditor's Report

## SEPTEMBER 30, 2019

BROWN SMITH WALLACE

THE FIRM FOR GROWTH.®

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BROWN SMITH WALLACE
THE FIRM FOR GROWTH.
6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141 PH 314.983.1200 FX 314.983.1300 BROWNSMITHWALLACE.COM

# Independent Auditor's Report

To the Plan Administrator of the
Nidec Retirement Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Nidec Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by the Principal Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended September 30, 2019 and 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

## Disclaimer of Opinion

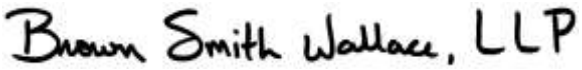
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended September 30, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.




St. Louis, Missouri
July 13, 2020

# NIDEC RETIREMENT PLAN

## Statements of Net Assets Available for Benefits

September 30, 2019 and 2018
(See Independent Auditor's Report)

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value | **$ 34,868,172** | $ 30,395,041 |
| Contributions receivable | **-** | 2,200,000 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 34,868,172** | $ 32,595,041 |

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

# NIDEC RETIREMENT PLAN

## Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2019 and 2018
(See Independent Auditor's Report)

| | 2019 | 2018 |
|---|---|---|
| **Additions:** | | |
| Employer contributions | **$ -** | $ 2,200,000 |
| Net appreciation in fair value of investments | **2,556,783** | 1,063,037 |
| Interest and dividend income | **806,846** | 825,259 |
| Other income | **15,000** | - |
| **Total additions:** | **3,378,629** | 4,088,296 |
| **Deductions:** | | |
| Benefits paid directly to participants | **932,468** | 833,994 |
| Plan expenses | **173,030** | 127,487 |
| **Total deductions:** | **1,105,498** | 961,481 |
| **NET INCREASE** | **2,273,131** | 3,126,815 |
| **Net assets available for benefits at beginning of year** | **32,595,041** | 29,468,226 |
| **Net assets available for benefits at end of year** | **$ 34,868,172** | $ 32,595,041 |

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

# NIDEC RETIREMENT PLAN

## Notes to Financial Statements

September 30, 2019
(See Independent Auditor's Report)

### Note A – Description of the Plan

The following description of the Nidec Retirement Plan (formerly the Pension Plan for Kato Engineering, Inc. Employee Member of International Brotherhood of Electrical Workers Local 1999) (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined benefit plan sponsored by Nidec Motor Corporation (the "Company") covering employees of the following subsidiaries of the Company:

- Control Techniques – Americas, LLC
- Leroy-Somer North America Division (Lexington)
- Leroy-Somer Alternators North America/Kato
- Kato Engineering Employee Members of International Brotherhood of Electrical Workers Local 1999

Effective February 1, 2017, Nidec Corporation became the Plan's sponsor. Prior to February 1, 2017, the Plan was sponsored by Emerson Electric Company.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective April 1, 2019 the Company amended the Plan to freeze accruals for all non-union participants. Effective September 29, 2019, the Company closed the Plan to union new hires and effective October 1, 2019 increased the dollar per month multiplier by $.25 for union participants.

#### *Pension Benefits*

Under terms of the Plan, participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. However, a participant whose employment with the Company is terminated, is eligible for early retirement benefit payments commencing at age 55, provided the credited service of the employee at separation is at least 10 years. Early retirement benefits are available and require age and service requirements under certain appendices of the Plan. Death benefits are paid pursuant to the applicable appendix of the Plan and applicable laws.

The Plan also contains provisions for disability death and automatic survivor benefits.

#### *Vesting*

Under the terms of the Plan, a participant who terminates before becoming entitled to retirement pension benefits is eligible for a pension benefit if the participant has completed five years or more of vesting services.

# NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

## Note A – Description of the Plan (Continued)

### *Death and Disability Benefits*

If an employee dies after becoming vested, the participant's surviving spouse shall be paid a survivor annuity for the life of the surviving spouse, equal to the annuity that would be payable to the surviving spouse under an automatic survivor benefit commencing at the date the employee would have become eligible for an early retirement benefit had the employee lived. Active employees who become totally disabled receive annual disability in accordance with the terms of the Plan document.

### *Contribution and Funding*

Contributions from the Company are subject to Internal Revenue Code (IRC) limitations and are based on actuarial calculations of normal cost. The Company satisfied the minimum funding requirements of ERISA. The Company contributed $0 and $2,200,000 for the Plan years ending September 30, 2019 and 2018, respectively.

## Note B – Summary of Significant Accounting Policies

### *Basis of Accounting*

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

### *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### *Investment Valuation*

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (See Note C). The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by investment advisors and the investment custodian.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held.

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note B – Summary of Significant Accounting Policies (Continued)

***Expenses***

Investment management and certain administrative expenses are paid by the Plan. Expenses include Pension Benefit Guaranty Corporation (PBGC) premiums and professional fees. Certain investments related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Subsequent Events***

Management has evaluated all subsequent events through July 13, 2020, which represents the date the financial statements were available to be issued.

### Note C – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note C – Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2019 and 2018.

Mutual funds: Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at the NAV of units of an insurance company pooled separate account. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by these investments less its liabilities. This practical expedient is not used when it is determined to be probable that the investment will sell for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30:

**Investments at Fair Value**
**As of September 30, 2019**

| **Description** | **Total** | **Level 1** | **Level 2** | **Level 3** |
|---|---|---|---|---|
| **Mutual funds** | **$31,727,215** | **$31,727,215** | **$ -** | **$ -** |
| **Pooled separate accounts (a)** | **3,140,957** | **-** | **-** | **-** |
| **Total Investments** | **$34,868,172** | **$31,727,215** | **$ -** | **$ -** |

**Investments at Fair Value**
**As of September 30, 2018**

| Description | Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Mutual funds | $26,897,015 | $26,897,015 | $ - | $ - |
| Pooled separate accounts (a) | 3,498,026 | - | - | - |
| Total Investments | $30,395,041 | $26,897,015 | $ - | $ - |

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note D – Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of September 30:

| | 2019 | | | |
|---|---|---|---|---|
| **Investment** | **Fair Value** | **Unfunded Commitments** | **Redemption Frequency** | **Redemption Notice Period** |
| Pooled separate accounts | **$3,140,957** | **-** | **Daily** | **Daily** |

| | 2018 | | | |
|---|---|---|---|---|
| **Investment** | **Fair Value** | **Unfunded Commitments** | **Redemption Frequency** | **Redemption Notice Period** |
| Pooled separate accounts | $3,498,026 | - | Daily | Daily |

### Note E – Plan Termination and PBGC Matters

The Company has not expressed any intention to terminate the Plan. However, in the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note F – Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees of their beneficiaries.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of October 1, 2018 are as follows:

| | |
|---|---|
| Discount rate | 4.20% |
| Mortality | RP-2014 Mortality Table, with no collar adjustments adjusted backwards to 2006 with scale MP-2014 projections removed and projected generationally with scale MP-2018 were used. |
| Retirement age | Varies by age between 55 and 69 with 100% retired by age 70. |

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

The actuarial present value of accumulated Plan benefits as of October 1, 2018 is as follows:

| | |
|---|---|
| Actuarial present value of accumulated Plan benefits | |
| Vested benefits | |
| Participants and/or beneficiaries currently receiving benefits | $ 11,187,531 |
| Other participants | 21,198,381 |
| Total vested benefits | 32,385,912 |
| Non-vested benefits | 467,871 |
| Total actuarial present value of accumulated Plan benefits | $ 32,853,783 |

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note F – Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in actuarial present value of accumulated Plan benefits for the year ended September 30, 2018, consist of the following:

| | |
|---|---|
| Actuarial present value of accumulated Plan benefits, October 1, 2017 | $ 32,000,540 |
| Increase during the year attributable to | |
| Benefits accumulated | 3,302,593 |
| Actuarial (gain) losses | (921,950) |
| Increase for interest due to the decrease in discount period | 1,325,821 |
| Benefits paid | (833,994) |
| Assumption changes | (2,019,227) |
| Net increase | 853,243 |
| Actuarial present value of accumulated Plan benefits, September 30, 2018 | $ 32,853,783 |

Changes in assumptions since the prior valuation are as follows:

- The discount rate was updated from 3.80% to 4.20%.
- The mortality was changed to the RP-2014 mortality tables with no collar adjustments adjusted backward to 2006 with scale MP-2014 projections removed and projected generationally with scale MP-2018.

### Note G – Income Tax Status

The Internal Revenue Service (IRS) has determined, and informed the Company by a letter dated September 20, 2016, that the Plan was designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

# NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

## Note H – Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## Note I – Information Certified by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Trustee that all of the investment information provided by the Trustee and included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions is complete and accurate. Information as to the investments in the accounts of the Trustee, investment income, interest and all information appearing in the accompanying statements and the supplemental schedules are presented in reliance solely upon these certifications.

## Note J – Parties-In-Interest

The Plan's investments were held at the Principal Trust Company, the trustee. The trustee charges fees for the management of the accounts. Fees charged to the Trust are ordinary and customary. These fees qualify as permitted party-in-interest transactions under ERISA.

## Note K – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2019 and 2018 to the Form 5500:

| | **2019** | 2018 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$34,868,172** | $ 32,595,041 |
| Less: Contributions receivable | **-** | 2,200,000 |
| Net assets available for plan benefits per the Form 5500 | **$34,868,172** | $ 30,395,041 |

## NIDEC RETIREMENT PLAN

**Notes to Financial Statements**
September 30, 2019
(See Independent Auditor's Report)

### Note K – Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements at September 30, 2019, to the Form 5500:

| | |
|---|---|
| Change in net assets available for benefits per the financial statements | $ 2,273,131 |
| Add: Employer contributions, net | 2,200,000 |
| Change in net assets available for benefits per Form 5500 | $ 4,473,131 |

# Supplemental Schedules

**NIDEC RETIREMENT PLAN**
**EIN#27-3330722 Plan 003**

**Schedule of Assets (Held at End of Year)**
**Form 5500 - Schedule H - Line 4i**
September 30, 2019
(See Independent Auditor's Report)

| a) | b) Identity of issue, Identity of Issue, Borrower Lessor, or Similar Party | c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | d) Cost | e) Current Value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| | Vanguard Long-Term Investment Grade Bond | Mutual Fund | $17,093,825 | $17,098,597 |
| | American Funds Europacific Growth R6 | Mutual Fund | 3,311,101 | 3,476,495 |
| | Pimco Extended Duration Institution Fund | Mutual Fund | 3,139,682 | 3,129,913 |
| | Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 7,464,876 | 8,022,210 |
| | Total Mutual Funds: | | 31,009,484 | 31,727,215 |
| | Pooled Separate Accounts: | | | |
| * | Principal Real Estate Individual US Property | Pooled Separate Account | 2,211,819 | 2,446,950 |
| * | Principal Liquid Assets Separate Account | Pooled Separate Account | 690,473 | 694,007 |
| | Total Pooled Separate Accounts: | | 2,902,292 | 3,140,957 |
| | Total Investments: | | $33,911,777 | $34,868,172 |

* Represents party-in-interest to the Plan.

**NIDEC RETIREMENT PLAN**
**EIN#27-3330722 Plan 003**

**Schedule of Reportable Transactions**
**Form 5500 - Schedule H - Item 4j**
For the year ended September 30, 2019
(See Independent Auditor's Report)

| a) Identity of the party involved | b) Description of asset | Number of transactions | c) Purchase price | d) Selling Price | i) Net gain or loss |
|---|---|---|---|---|---|
| Pimco Extended Duration Institutional Fund | Mutual Fund | 3 | $ 3,143,431 | $ - | $ - |
| Vanguard Group-Vanguard LT Bond Index I Fund | Mutual Fund | 14 | 7,269,140 | - | - |
| Vanguard Group-Vanguard LT Bond Index I Fund | Mutual Fund | 2 | - | 21,187,521 | 7,624,394 |
| Vanguard Long Term Investment Grade Bond | Mutual Fund | 3 | 17,129,007 | - | - |
| Vanguard Long Term Investment Grade Bond | Mutual Fund | 1 | - | 10,383,546 | 3,746,698 |
| Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 9 | 11,366,383 | - | - |
| Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 2 | - | 3,991,489 | 89,982 |
| American Funds Euro-Pacific Growth R6 Fund | Mutual Fund | 1 | - | 1,654,764 | 1,037,896 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26
## Schedule of Active Participant Data as of October 1, 2018

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 25-29 | 0 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| 30-34 | 0 | 5 | 10 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| 35-39 | 0 | 3 | 6 | 12 | 6 | 0 | 0 | 0 | 0 | 0 | 27 |
| 40-44 | 0 | 2 | 12 | 12 | 10 | 1 | 0 | 0 | 0 | 0 | 37 |
| 45-49 | 0 | 4 | 8 | 16 | 32 | 3 | 3 | 1 | 0 | 0 | 67 |
| 50-54 | 1 | 8 | 10 | 15 | 34 | 3 | 2 | 1 | 0 | 0 | 74 |
| 55-59 | 3 | 4 | 8 | 14 | 46 | 1 | 8 | 8 | 19 | 9 | 120 |
| 60-64 | 0 | 4 | 6 | 10 | 40 | 2 | 5 | 5 | 16 | 26 | 114 |
| 65-69 | 1 | 0 | 1 | 3 | 11 | 3 | 0 | 1 | 0 | 2 | 22 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 5 | 45 | 63 | 94 | 179 | 13 | 18 | 16 | 35 | 37 | 505 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Nidec Retirement Plan
EIN / PN: 27-3330722/003
Plan Sponsor: Nidec Motor Corporation
Valuation Date October 1, 2018

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Statement of Actuarial Assumptions/Methods

### Economic Assumptions

**Interest rate basis**

| | |
|---|---|
| ■ Applicable month | June 2018 |
| ■ Interest rate basis | 3-Segment Rates |

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| ■ First segment rate | 3.92% | 2.07% |
| ■ Second segment rate | 5.52% | 3.70% |
| ■ Third segment rate | 6.29% | 4.43% |
| ■ Effective interest rate | 5.74% | 3.97% |

**Annual rates of increase**

| | |
|---|---|
| ■ Compensation | 3.25% |
| ■ Future Social Security wage bases | 3.00% |

| | |
|---|---|
| **Plan-related expenses** | $140,000 |

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

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

**New or rehired employees**

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

**Mortality**

- Healthy

Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA).

- Disabled

RP-2000 “Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA.

**Termination**

Rates varying by age and service, per 1,000 participants as follows:

**Representative Termination Rates**

| Percentage leaving during the year | | | |
|---|---|---|---|
| | Years of Service | | |
| Attained Age | 0-3 | 3-5 | 5+ |
| 20 | 200 | 150 | 150 |
| 25 | 200 | 150 | 150 |
| 30 | 200 | 150 | 120 |
| 35 | 200 | 150 | 100 |
| 40 | 200 | 150 | 90 |
| 45 | 200 | 150 | 80 |
| 50 | 200 | 150 | 70 |
| 55 | 200 | 150 | 60 |
| 60 | 200 | 150 | 50 |
| 65 | 0 | 0 | 0 |

# SCHEDULE SB ATTACHMENTS

**Disability**

The rates at which participants become disabled by age and gender, per 1,000 participants as follows:

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 39 or less | 0.68 | 0.82 |
| 40-44 | 1.41 | 2.38 |
| 45-49 | 2.70 | 3.29 |
| 50-54 | 5.11 | 4.72 |
| 55-59 | 9.28 | 7.18 |
| 60-64 | 12.42 | 8.14 |

**Retirement**

Rates varying by age, per 1,000 participants as follows:

| Percentage retiring during the year | |
|---|---|
| Age | Rate |
| 55-59 | 70 |
| 60-61 | 110 |
| 62 | 300 |
| 63-64 | 210 |
| 65-69 | 300 |
| 70 | 1,000 |

**Benefit commencement date:**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

**Form of payment** — Employees are assumed to take the normal form of payment.

**Percent married** — 80%

**Spouse age** — Wife three years younger than husband.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Covered pay** | 2018 calendar year pay, projected to the measurement date using the salary increase assumption. |
| **Timing of benefit payments** | Annuity payments are payable mid-year. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year. |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/1/2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor as well. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

| | |
|---|---|
| **Discount rate** | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| **Plan-related expenses** | Assumed plan related expenses are set based on a combination of recent plan experiences and expectations for the current year. |

## Assumptions Rationale - Significant Demographic Assumptions

| | |
|---|---|
| **Healthy Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| **Termination** | Termination rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.<br>Assumed termination rates differ by age and service because of observed differences in termination rates by service. |
| **Retirement** | Retirement rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| **Commencement dates** | Commencement dates were based on an annual high-level review of experience, including considerations of whether any conditions have changed that would be expected to produce different results in the future. |

# SCHEDULE SB ATTACHMENTS

## Prescribed Methods

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

## Changes in Assumptions and Methods

| | |
|---|---|
| **Change in assumptions and methods since prior valuation** | The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.<br><br>The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.<br><br>The assumed plan-related expenses added to the target normal cost were changed from $130,000 for the prior valuation to $140,000 for the current valuation to account for expected expenses to be paid from the trust. |

**NIDEC RETIREMENT PLAN**
**EIN#27-3330722 Plan 003**

**Schedule of Reportable Transactions**
**Form 5500 - Schedule H - Item 4j**
For the year ended September 30, 2019
(See Independent Auditor's Report)

| a) Identity of the party involved | b) Description of asset | Number of transactions | c) Purchase price | d) Selling Price | i) Net gain or loss |
|---|---|---|---|---|---|
| Pimco Extended Duration Institutional Fund | Mutual Fund | 3 | $ 3,143,431 | $ - | $ - |
| Vanguard Group-Vanguard LT Bond Index I Fund | Mutual Fund | 14 | 7,269,140 | - | - |
| Vanguard Group-Vanguard LT Bond Index I Fund | Mutual Fund | 2 | - | 21,187,521 | 7,624,394 |
| Vanguard Long Term Investment Grade Bond | Mutual Fund | 3 | 17,129,007 | - | - |
| Vanguard Long Term Investment Grade Bond | Mutual Fund | 1 | - | 10,383,546 | 3,746,698 |
| Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 9 | 11,366,383 | - | - |
| Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 2 | - | 3,991,489 | 89,982 |
| American Funds Euro-Pacific Growth R6 Fund | Mutual Fund | 1 | - | 1,654,764 | 1,037,896 |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

**A** Name of plan
Nidec Retirement Plan

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Nidec Motor Corporation

**D** Employer Identification Number (EIN)
27-3330722

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 10 Day 01 Year 2018

**2** Assets:

| | | |
|---|---|---|
| a Market value | 2a | 32,511,000 |
| b Actuarial value | 2b | 31,943,845 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| a For retired participants and beneficiaries receiving payment | 151 | 9,712,081 | 9,712,081 |
| b For terminated vested participants | 198 | 2,932,837 | 2,932,837 |
| c For active participants | 500 | 13,424,184 | 13,968,504 |
| d Total | 849 | 26,069,102 | 26,613,422 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| **5** Effective interest rate | 5 | 5.74% |
| **6** Target normal cost | 6 | 2,368,585 |

**Statement by Enrolled Actuary**

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

**SIGN HERE** Scott Lesinski SLL — 6/19/2020

Signature of actuary — Date

Scott Lesinski — 2008121

Type or print name of actuary — Most recent enrollment number

Willis Towers Watson US LLC — 314-719-5950

Firm name — Telephone number (including area code)

101 South Hanley Road
Suite 900
St. Louis MO 63105-3437

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 764,928 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 764,928 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 7.34% | 56,146 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 1,997,318 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.94% | | 118,641 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 2,115,959 |
| | d Portion of (c) to be added to prefunding balance | | 1,500,000 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 821,074 | 1,500,000 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 111.30% |
| 15 | Adjusted funding target attainment percentage | 15 | 120.02% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 118.44% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 3.92 % | 5.52 % | [illegible] % | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | 21b | 4 |
| **22** Weighted average retirement age | 22 | 62 |

**23** Mortality table(s) (see instructions)

| | | | | |
|---|---|---|---|---|
| Prior regulation: | ☐ Prescribed - combined | ☒ Prescribed - separate | ☐ Substitute | |
| Current regulation: | ☐ Prescribed - combined | ☐ Prescribed - separate | ☐ Substitute | |

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | ☒ Yes | ☐ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | ☐ Yes | ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | ☒ Yes | ☐ No |

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | 28 | [illegible] |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | [illegible] |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | [illegible] |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | 31a | [illegible] |
| **b** Excess assets, if applicable, but not greater than line 31a | 31b | 2,368,585 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | [illegible] | [illegible] |
| **b** Waiver amortization installment | [illegible] | [illegible] |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | [illegible] |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | [illegible] |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | [illegible] | [illegible] | [illegible] |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | 36 | [illegible] |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | [illegible] 0 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | [illegible] |
| **40** Unpaid minimum required contributions for all years | 40 | [illegible] |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

| | | |
|---|---|---|
| **a** Schedule elected | ☐ 2 plus 7 years | ☐ 15 years |
| **b** Eligible plan year(s) for which the election in line 41a was made | ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011 | |

# SCHEDULE SB ATTACHMENTS

## Schedule SB – Statement by Enrolled Actuary

| | |
|---|---|
| **Plan Sponsor** | Nidec Motor Corporation |
| **EIN/PN** | 27-3330722/003 |
| **Plan Name** | Nidec Retirement Plan |
| **Valuation Date** | October 1, 2018 |
| **Enrolled Actuary** | Scott Lesinski |
| **Enrollment Number** | 20-08121 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of October 1, 2018

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| Age | Retirement Rate | Assumed Number Eligible | Assumed Number Retiring | Age * Number Retiring |
|---|---|---|---|---|
| 55 | 7% | 1,000 | 70 | 3,850 |
| 56 | 7% | 930 | 65 | 3,640 |
| 57 | 7% | 865 | 61 | 3,477 |
| 58 | 7% | 804 | 56 | 3,248 |
| 59 | 7% | 748 | 52 | 3,068 |
| 60 | 11% | 696 | 77 | 4,620 |
| 61 | 11% | 619 | 68 | 4,148 |
| 62 | 30% | 551 | 165 | 10,230 |
| 63 | 21% | 386 | 81 | 5,103 |
| 64 | 21% | 305 | 64 | 4,096 |
| 65 | 30% | 241 | 72 | 4,680 |
| 66 | 30% | 169 | 51 | 3,366 |
| 67 | 30% | 118 | 35 | 2,345 |
| 68 | 30% | 83 | 25 | 1,700 |
| 69 | 30% | 58 | 17 | 1,173 |
| 70 | 100% | 41 | 41 | 2,870 |
| Average age at retirement | | | 1000 | 61,614 / 1000 |
| | | | Weighted Average Retirement Age | 62 |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Statement of Actuarial Assumptions/Methods

### Economic Assumptions

**Interest rate basis**

| | |
|---|---|
| ■ Applicable month | June 2018 |
| ■ Interest rate basis | 3-Segment Rates |

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| ■ First segment rate | 3.92% | 2.07% |
| ■ Second segment rate | 5.52% | 3.70% |
| ■ Third segment rate | 6.29% | 4.43% |
| ■ Effective interest rate | 5.74% | 3.97% |

**Annual rates of increase**

| | |
|---|---|
| ■ Compensation | 3.25% |
| ■ Future Social Security wage bases | 3.00% |

| | |
|---|---|
| **Plan-related expenses** | $140,000 |

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date**

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

**New or rehired employees**

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

**Mortality**

- Healthy

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

- Disabled

RP-2000 "Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA.

**Termination**

Rates varying by age and service, per 1,000 participants as follows:

**Representative Termination Rates**

| Percentage leaving during the year | | | |
|---|---|---|---|
| | Years of Service | | |
| Attained Age | 0-3 | 3-5 | 5+ |
| 20 | 200 | 150 | 150 |
| 25 | 200 | 150 | 150 |
| 30 | 200 | 150 | 120 |
| 35 | 200 | 150 | 100 |
| 40 | 200 | 150 | 90 |
| 45 | 200 | 150 | 80 |
| 50 | 200 | 150 | 70 |
| 55 | 200 | 150 | 60 |
| 60 | 200 | 150 | 50 |
| 65 | 0 | 0 | 0 |

# SCHEDULE SB ATTACHMENTS

**Disability**

The rates at which participants become disabled by age and gender, per 1,000 participants as follows:

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 39 or less | 0.68 | 0.82 |
| 40-44 | 1.41 | 2.38 |
| 45-49 | 2.70 | 3.29 |
| 50-54 | 5.11 | 4.72 |
| 55-59 | 9.28 | 7.18 |
| 60-64 | 12.42 | 8.14 |

**Retirement**

Rates varying by age, per 1,000 participants as follows:

| Percentage retiring during the year | |
|---|---|
| Age | Rate |
| 55-59 | 70 |
| 60-61 | 110 |
| 62 | 300 |
| 63-64 | 210 |
| 65-69 | 300 |
| 70 | 1,000 |

**Benefit commencement date:**

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

**Form of payment** — Employees are assumed to take the normal form of payment.

**Percent married** — 80%

**Spouse age** — Wife three years younger than husband.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Covered pay** | 2018 calendar year pay, projected to the measurement date using the salary increase assumption. |
| **Timing of benefit payments** | Annuity payments are payable mid-year. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year. |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 10/1/2018. Information on assets, contributions and plan provisions was supplied by the plan sponsor as well. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

| | |
|---|---|
| **Discount rate** | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. |
| **Plan-related expenses** | Assumed plan related expenses are set based on a combination of recent plan experiences and expectations for the current year. |

## Assumptions Rationale - Significant Demographic Assumptions

| | |
|---|---|
| **Healthy Mortality** | Assumptions used for funding purposes are as prescribed by IRC §430(h). |
| **Termination** | Termination rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.<br>Assumed termination rates differ by age and service because of observed differences in termination rates by service. |
| **Retirement** | Retirement rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| **Commencement dates** | Commencement dates were based on an annual high-level review of experience, including considerations of whether any conditions have changed that would be expected to produce different results in the future. |

# SCHEDULE SB ATTACHMENTS

## Prescribed Methods

**Funding methods**

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

## Changes in Assumptions and Methods

**Change in assumptions and methods since prior valuation**

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from $130,000 for the prior valuation to $140,000 for the current valuation to account for expected expenses to be paid from the trust.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $130,000 for the prior valuation to $140,000 for the current valuation to account for expected expenses to be paid from the trust.

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Part V
### Summary of Plan Provisions

Nidec Retirement Plan

**Plan Provisions**

| | | | |
|---|---|---|---|
| Plan Name | Kato Local #1999 | Plan Effective | 04/08/98 |
| Appendix Number | N/A | Last Change Effective | 1/31/17 |
| Type of Plan | Flat Dollar | Normal Form | Life Annuity |
| Plan Eligibility | First of Month Following 1 Year of Service | | |
| Credited Service | From Date of Employment | | |
| Pension Earnings | N/A | | |
| EE Contributions | None | | |
| Class | Union Employees | | |
| Accumulated Benefit | (A) minus (B): | | |

(A) $390 times Credited Service for terminations on or after 09/26/11 and before 09/26/12
$396 times Credited Service for terminations on or after 09/26/12 and before 09/26/13
$402 times Credited Service for terminations on or after 09/26/13 and before 10/01/14
$408 times Credited Service for terminations on or after 10/01/14 and before 10/01/15
$414 times Credited Service for terminations on or after 10/01/15 and before 10/01/16
$420 times Credited Service for terminations on or after 10/01/16 and before 10/01/17
$426 times Credited Service for terminations on or after 10/01/17

(B) Reliance Benefit effective 04/07/98

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| | 62 | 10 | | |
| Early | 55 | 10 | | AB, reduced actuarially for early payment |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | -- | | Not provided |
| Deferred | -- | -- | | AB, payable at NRD |

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Corporate | Plan Effective | 01/01/75 |
| Appendix Number | 10 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of the Corporate Division | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service (limited to 35 years) prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years<br>For Corporate employees (completion of 1 hour of service on or after 01/01/91) only, the total Pre-75 benefit is subject to a minimum benefit equal to 1.00%*FAE times Pre-75 Credited Service. | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability: | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Liebert Corporation Non-Union | Plan Effective | 01/01/76 |
| Appendix Number | 14 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 Following 1 Year of Service. Mexicali employees must be hired before 01/01/15, all other employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of Liebert Corporation in Irvine, CA and Salaried Employees at the Mexicali location | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16). For all other participants, Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii), (iii) and (iv) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/76 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/76<br>(iii) .95%/1.45%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/76 ($85 min)<br>(iv) Prior Borg-Warner Benefit: .95%/1.45%*FAE (Covered Compensation) times Credited Service prior to 09/01/73 ($85 min)<br>(B) .95%*FAE times Credited Service in excess of 35 years | | |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year to age 60, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 5 | | 40% of AB, payable until the earliest of (i) 10 years; (ii) remarriage; or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

**Plan Provisions (for legacy service purposes only)**

| | | | |
|---|---|---|---|
| Plan Name | White-Rodgers | Plan Effective | 02/04/75 |
| Appendix Number | 25 | Last Change Effective | 10/01/15 |
| Type of Plan | Final Pay (5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following 1 Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment (No service earned at Logansport, Indiana after 07/01/95) | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees (Harrison, Arkansas; Batesville, Arkansas; Affton, Missouri; El Paso, Texas; Logansport, Indiana) | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced by J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Copeland Salaried | Plan Effective | 07/01/55 |
| Appendix Number | 47 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 60 months/12), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 10 Year Certain and Continuous | | |
| Optional Forms | Life Annuity, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | 1971 GAT Mortality Table (70% Male), 6.5% Interest Rate | | |
| Plan Eligibility | From Date of Employment. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1/365 for each day of employment (No service earned at Humboldt, TN after 09/30/89; for Former Flow Control Employees, service begins at 01/01/10) | | |
| Pension Earnings | Total cash pay received each month | | |
| EE Contributions | None | | |
| Class | Salaried Employees of Copeland Corporation | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Greater of (A) and (B) less (C):<br>(A) .95%/1.45%*FAE (bkpt Covered Compensation) times Credited Service limited to 35 years<br>(B) $156 times Credited Service limited to 35 years<br>(C) Accrued Benefit as of 08/27/85 | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 5 | | AB, reduced 6% per year for the first three years, then reduced by 4% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | -- | | Not provided |
| Deferred | -- | -- | | Not provided |
| Pre Ret Death | 55 | 5 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Motors | Plan Effective | 01/01/75 |
| Appendix Number | 53 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Calendar Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of Emerson Motor Company and Emerson Hermetic Motors | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

**Plan Provisions (for legacy service purposes only)**

| | | | |
|---|---|---|---|
| Plan Name | ETC Salaried | Plan Effective | 01/01/75 |
| Appendix Number | 55 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1 or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | Salaried Employees of Emerson Tool Company | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, Sum of (A) and (B)<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions | | | |
|---|---|---|---|
| Plan Name | Control Techniques – Americas LLC | Plan Effective | 10/01/88 |
| Appendix Number | 72 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following 1 Year of Service, no new participants as of 10/01/10 | | |
| Credited Service | From Date of Employment after 01/01/80, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Salaried Employees of Control Techniques – Americas LLC | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, greater of (i) and (ii) where:<br>(i) .75%/1.25%*FAE (bkpt Covered Compensation) times Credited Service<br>(ii) $85 times Credited Service<br>(B) .75%*FAE times Credited Service in excess of 35 years | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | 5 | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year |
| Postponed | >65 | 5 | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | 15 | | AB at disablement, payable at NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

**Plan Provisions (for legacy service purposes only)**

| | | | |
|---|---|---|---|
| Plan Name | Fisher Salaried | Plan Effective | 10/01/92 |
| Appendix Number | 81 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | Life Annuity | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | 1971 Towers, Perrin, Forster & Crosby Mortality Table using 1 year setback for the participant, Interest Rate equal to the 30-year Treasury Rate on the 1st day of the calendar year. Optional Forms are based on the factors outlined below | | |
| Plan Eligibility | From Date of Employment. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16 | | |
| Credited Service | From Date of Employment, Con-Tek Employees from 06/01/99, North Stonington, CT Employees from 01/01/91 (No service earned after 10/01/98 for Austin, TX Employees, and after 09/30/13 for Remote Automation Solutions Employees). 1/2,080 for each hour of employment, not more than one per year | | |
| Pension Earnings | Total W-2 Compensation during a calendar year | | |
| EE Contributions | None | | |
| Class | Non-Union Salaried Employees of Fisher Controls International, Inc. | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants:<br>Sum of (A) and (B)<br>(A) 1.00%/1.30%*FAE (bkpt Covered Compensation) times Credited Service limited to 30 years<br>(B) .50%*FAE times Credited Service in excess of 30 years<br>(Minimum benefit of $300 times Credited Service) | | |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

**Plan Provisions (for legacy service purposes only)**

| | | | |
|---|---|---|---|
| Plan Name | Fisher Salaried | Plan Effective | 10/01/92 |
| Appendix Number | 81 | Last Change Effective | 10/01/16 |

**Optional Form Factors**

| | |
|---|---|
| 50% Joint and Survivor | 0.9 at age 62 +/- 0.004 for each year younger/older than 62, +/- 0.004 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.98 |
| 72% Joint and Survivor | 0.86 at age 62 +/- 0.005 for each year younger/older than 62, +/- 0.005 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.96 |
| 100% Joint and Survivor | 0.82 at age 62 +/- 0.006 for each year younger/older than 62, +/- 0.006 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.97 |
| 10 Year Certain and Continuous | 0.94 at age 62 +/- 0.007 for each year younger/older than 62, +/- 0.005 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.98 |
| Social Security Option | Benefit payable for life is life annuity reduced by 0.008 for first 30 months prior to Social Security commencement, 0.006 for each of the next 30 months, 0.004 for each month in excess of 60 |

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | 5 | | AB, payable immediately |
| | 55 | -- | 85 | |
| Early | 55 | -- | 75 | AB, reduced 6.0% per year from 62 ($1,200 minimum) |
| Postponed | >65 | 5 | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 10 | | If eligible for SS, AB at disablement payable until NRD |
| Deferred | -- | 5 | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 50 | 10 | | 50% of AB, reduced by J&S factor, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Plan Provisions | | | |
|---|---|---|---|
| Plan Name | Leroy-Somer – Lexington | Plan Effective | 04/26/99 |
| Appendix Number | 101 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg) (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following One Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Later of 04/26/99 or Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Salaried Employees in Lexington, TN (formerly Magnetek) | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>1% times FAE5 times Credited Service after 04/26/99 with a minimum (for former Magnetek Employees) equal to the greater of (A) or (B):<br>(A) 0.833% times FAE10 (at termination) times Credited Service (at termination) minus 04/26/99 Accrued Benefit<br>(B) 0.833% times FAE10 (at termination) times Credited Service (prior to 04/26/99) plus, 1.00%*FAE5 (at termination) times Credited Service (after 04/26/99) minus 04/26/99 Accrued Benefit | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced by 4.0% per year to age 60, then 5.0% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced by J&S factor, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

## SCHEDULE SB ATTACHMENTS

**Plan Provisions**

| | | | |
|---|---|---|---|
| Plan Name | Leroy Somer – Kato | Plan Effective | 06/15/99 |
| Appendix Number | 104 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following One Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Non-Union Employees of Leroy Somer Alternators North America/Kato | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Greater of (A) and (B) minus (C)<br>(A) (i) 0.75%/1.25% of FAE5 (bkpt Covered Compensation) times Credited Service limited to 35 years plus<br>(ii) 0.75% times FAE5 times Credited Service in excess of 35 years<br>(B) For date of hire before 06/15/99, 1.5% of FAE5 times Credited Service up to 16 years, plus 1% of FAE5 times Credited Service in excess of 16 years up to a maximum of 10 years<br>(C) Accrued benefit as of 06/15/99 | | |

## SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year for first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | 60 | 10 | | ERB, payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 26
### Schedule of Active Participant Data as of October 1, 2018

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 25-29 | 0 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| 30-34 | 0 | 5 | 10 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| 35-39 | 0 | 3 | 6 | 12 | 6 | 0 | 0 | 0 | 0 | 0 | 27 |
| 40-44 | 0 | 2 | 12 | 12 | 10 | 1 | 0 | 0 | 0 | 0 | 37 |
| 45-49 | 0 | 4 | 8 | 16 | 32 | 3 | 3 | 1 | 0 | 0 | 67 |
| 50-54 | 1 | 8 | 10 | 15 | 34 | 3 | 2 | 1 | 0 | 0 | 74 |
| 55-59 | 3 | 4 | 8 | 14 | 46 | 1 | 8 | 8 | 19 | 9 | 120 |
| 60-64 | 0 | 4 | 6 | 10 | 40 | 2 | 5 | 5 | 16 | 26 | 114 |
| 65-69 | 1 | 0 | 1 | 3 | 11 | 3 | 0 | 1 | 0 | 2 | 22 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 5 | 45 | 63 | 94 | 179 | 13 | 18 | 16 | 35 | 37 | 505 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Nidec Retirement Plan
EIN / PN: 27-3330722/003
Plan Sponsor: Nidec Motor Corporation
Valuation Date October 1, 2018

# SCHEDULE SB ATTACHMENTS

## Schedule SB – Statement by Enrolled Actuary

| | |
|---|---|
| **Plan Sponsor** | Nidec Motor Corporation |
| **EIN/PN** | 27-3330722/003 |
| **Plan Name** | Nidec Retirement Plan |
| **Valuation Date** | October 1, 2018 |
| **Enrolled Actuary** | Scott Lesinski |
| **Enrollment Number** | 20-08121 |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of October 1, 2018

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| Age | Retirement Rate | Assumed Number Eligible | Assumed Number Retiring | Age * Number Retiring |
|---|---|---|---|---|
| 55 | 7% | 1,000 | 70 | 3,850 |
| 56 | 7% | 930 | 65 | 3,640 |
| 57 | 7% | 865 | 61 | 3,477 |
| 58 | 7% | 804 | 56 | 3,248 |
| 59 | 7% | 748 | 52 | 3,068 |
| 60 | 11% | 696 | 77 | 4,620 |
| 61 | 11% | 619 | 68 | 4,148 |
| 62 | 30% | 551 | 165 | 10,230 |
| 63 | 21% | 386 | 81 | 5,103 |
| 64 | 21% | 305 | 64 | 4,096 |
| 65 | 30% | 241 | 72 | 4,680 |
| 66 | 30% | 169 | 51 | 3,366 |
| 67 | 30% | 118 | 35 | 2,345 |
| 68 | 30% | 83 | 25 | 1,700 |
| 69 | 30% | 58 | 17 | 1,173 |
| 70 | 100% | 41 | 41 | 2,870 |
| Average age at retirement | | | 1000 | 61,614 / 1000 |
| | | | Weighted Average Retirement Age | 62 |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

Nidec Retirement Plan

**Plan Provisions**

| | | | |
|---|---|---|---|
| Plan Name | Kato Local #1999 | Plan Effective | 04/08/98 |
| Appendix Number | N/A | Last Change Effective | 1/31/17 |
| Type of Plan | Flat Dollar | Normal Form | Life Annuity |
| Plan Eligibility | First of Month Following 1 Year of Service | | |
| Credited Service | From Date of Employment | | |
| Pension Earnings | N/A | | |
| EE Contributions | None | | |
| Class | Union Employees | | |
| Accumulated Benefit | (A) minus (B): | | |

(A) $390 times Credited Service for terminations on or after 09/26/11 and before 09/26/12
$396 times Credited Service for terminations on or after 09/26/12 and before 09/26/13
$402 times Credited Service for terminations on or after 09/26/13 and before 10/01/14
$408 times Credited Service for terminations on or after 10/01/14 and before 10/01/15
$414 times Credited Service for terminations on or after 10/01/15 and before 10/01/16
$420 times Credited Service for terminations on or after 10/01/16 and before 10/01/17
$426 times Credited Service for terminations on or after 10/01/17

(B) Reliance Benefit effective 04/07/98

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| | 62 | 10 | | |
| Early | 55 | 10 | | AB, reduced actuarially for early payment |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | -- | | Not provided |
| Deferred | -- | -- | | AB, payable at NRD |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Corporate | Plan Effective | 01/01/75 |
| Appendix Number | 10 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of the Corporate Division | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service (limited to 35 years) prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years<br>For Corporate employees (completion of 1 hour of service on or after 01/01/91) only, the total Pre-75 benefit is subject to a minimum benefit equal to 1.00%*FAE times Pre-75 Credited Service. | | |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability: | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Liebert Corporation Non-Union | Plan Effective | 01/01/76 |
| Appendix Number | 14 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 Following 1 Year of Service. Mexicali employees must be hired before 01/01/15, all other employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of Liebert Corporation in Irvine, CA and Salaried Employees at the Mexicali location | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16). For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii), (iii) and (iv) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/76 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/76<br>(iii) .95%/1.45%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/76 ($85 min)<br>(iv) Prior Borg-Warner Benefit: .95%/1.45%*FAE (Covered Compensation) times Credited Service prior to 09/01/73 ($85 min)<br>(B) .95%*FAE times Credited Service in excess of 35 years | | |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year to age 60, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 5 | | 40% of AB, payable until the earliest of (i) 10 years; (ii) remarriage; or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | White-Rodgers | Plan Effective | 02/04/75 |
| Appendix Number | 25 | Last Change Effective | 10/01/15 |
| Type of Plan | Final Pay (5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following 1 Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment (No service earned at Logansport, Indiana after 07/01/95) | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees (Harrison, Arkansas; Batesville, Arkansas; Affton, Missouri; El Paso, Texas; Logansport, Indiana) | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced by J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Copeland Salaried | Plan Effective | 07/01/55 |
| Appendix Number | 47 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 60 months/12), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 10 Year Certain and Continuous | | |
| Optional Forms | Life Annuity, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | 1971 GAT Mortality Table (70% Male), 6.5% Interest Rate | | |
| Plan Eligibility | From Date of Employment. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1/365 for each day of employment (No service earned at Humboldt, TN after 09/30/89; for Former Flow Control Employees, service begins at 01/01/10) | | |
| Pension Earnings | Total cash pay received each month | | |
| EE Contributions | None | | |
| Class | Salaried Employees of Copeland Corporation | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Greater of (A) and (B) less (C):<br>(A) .95%/1.45%*FAE (bkpt Covered Compensation) times Credited Service limited to 35 years<br>(B) $156 times Credited Service limited to 35 years<br>(C) Accrued Benefit as of 08/27/85 | | |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 5 | | AB, reduced 6% per year for the first three years, then reduced by 4% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | -- | | Not provided |
| Deferred | -- | -- | | Not provided |
| Pre Ret Death | 55 | 5 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Motors | Plan Effective | 01/01/75 |
| Appendix Number | 53 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Calendar Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | All Non-Union Employees of Emerson Motor Company and Emerson Hermetic Motors | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | ETC Salaried | Plan Effective | 01/01/75 |
| Appendix Number | 55 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1 or October 1 following one Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | Made to Prior Plan | | |
| Class | Salaried Employees of Emerson Tool Company | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Sum of (A) and (B)<br>(A) For Credited Service limited to 35 years, sum of (i), (ii) and (iii) where:<br>(i) .85%/1.00%*FAE (bkpt $16,000) times Credited Service prior to 01/01/75 ($85 min)<br>(ii) 1.40%/2.00%*FAE (bkpt $16,000) times Contributory Service prior to 01/01/75<br>(iii) 1.00%/1.50%*FAE (bkpt Covered Compensation) times Credited Service after 01/01/75 ($85 min)<br>(B) 1.00%*FAE times Credited Service in excess of 35 years | | |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions | | | |
|---|---|---|---|
| Plan Name | Control Techniques – Americas LLC | Plan Effective | 10/01/88 |
| Appendix Number | 72 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following 1 Year of Service, no new participants as of 10/01/10 | | |
| Credited Service | From Date of Employment after 01/01/80, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Salaried Employees of Control Techniques – Americas LLC | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, Sum of (A) and (B):<br>(A) For Credited Service limited to 35 years, greater of (i) and (ii) where:<br>(i) .75%/1.25%*FAE (bkpt Covered Compensation) times Credited Service<br>(ii) $85 times Credited Service<br>(B) .75%*FAE times Credited Service in excess of 35 years | | |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | 5 | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year |
| Postponed | >65 | 5 | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | 15 | | AB at disablement, payable at NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

| Plan Provisions (for legacy service purposes only) | | | |
|---|---|---|---|
| Plan Name | Fisher Salaried | Plan Effective | 10/01/92 |
| Appendix Number | 81 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | Life Annuity | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | 1971 Towers, Perrin, Forster & Crosby Mortality Table using 1 year setback for the participant, Interest Rate equal to the 30-year Treasury Rate on the 1st day of the calendar year. Optional Forms are based on the factors outlined below | | |
| Plan Eligibility | From Date of Employment. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16 | | |
| Credited Service | From Date of Employment, Con-Tek Employees from 06/01/99, North Stonington, CT Employees from 01/01/91 (No service earned after 10/01/98 for Austin, TX Employees, and after 09/30/13 for Remote Automation Solutions Employees). 1/2,080 for each hour of employment, not more than one per year | | |
| Pension Earnings | Total W-2 Compensation during a calendar year | | |
| EE Contributions | None | | |
| Class | Non-Union Salaried Employees of Fisher Controls International, Inc. | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants**:**<br>Sum of (A) and (B)<br>(A) 1.00%/1.30%*FAE (bkpt Covered Compensation) times Credited Service limited to 30 years<br>(B) .50%*FAE times Credited Service in excess of 30 years<br>(Minimum benefit of $300 times Credited Service) | | |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

## Plan Provisions (for legacy service purposes only)

| | | | |
|---|---|---|---|
| Plan Name | Fisher Salaried | Plan Effective | 10/01/92 |
| Appendix Number | 81 | Last Change Effective | 10/01/16 |

**Optional Form Factors**

| | |
|---|---|
| 50% Joint and Survivor | 0.9 at age 62 +/- 0.004 for each year younger/older than 62, +/- 0.004 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.98 |
| 72% Joint and Survivor | 0.86 at age 62 +/- 0.005 for each year younger/older than 62, +/- 0.005 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.96 |
| 100% Joint and Survivor | 0.82 at age 62 +/- 0.006 for each year younger/older than 62, +/- 0.006 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.97 |
| 10 Year Certain and Continuous | 0.94 at age 62 +/- 0.007 for each year younger/older than 62, +/- 0.005 for each year younger/older than the contingent annuitant. Factor shall not exceed 0.98 |
| Social Security Option | Benefit payable for life is life annuity reduced by 0.008 for first 30 months prior to Social Security commencement, 0.006 for each of the next 30 months, 0.004 for each month in excess of 60 |

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | 5 | | AB, payable immediately |
| | 55 | -- | 85 | |
| Early | 55 | -- | 75 | AB, reduced 6.0% per year from 62 ($1,200 minimum) |
| Postponed | >65 | 5 | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 10 | | If eligible for SS, AB at disablement payable until NRD |
| Deferred | -- | 5 | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 50 | 10 | | 50% of AB, reduced by J&S factor, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Plan Provisions | | | |
|---|---|---|---|
| Plan Name | Leroy-Somer – Lexington | Plan Effective | 04/26/99 |
| Appendix Number | 101 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg) (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following One Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Later of 04/26/99 or Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Salaried Employees in Lexington, TN (formerly Magnetek) | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>1% times FAE5 times Credited Service after 04/26/99 with a minimum (for former Magnetek Employees) equal to the greater of (A) or (B):<br>(A) 0.833% times FAE10 (at termination) times Credited Service (at termination) minus 04/26/99 Accrued Benefit<br>(B) 0.833% times FAE10 (at termination) times Credited Service (prior to 04/26/99) plus, 1.00%*FAE5 (at termination) times Credited Service (after 04/26/99) minus 04/26/99 Accrued Benefit | | |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced by 4.0% per year to age 60, then 5.0% per year |
| Postponed | >65 | -- | | AB, including service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced by J&S factor, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | -- | 5 | | 50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 60 | 10 | | ERB, payable for 1 year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

# SCHEDULE SB ATTACHMENTS

## Plan Provisions

| | | | |
|---|---|---|---|
| Plan Name | Leroy Somer – Kato | Plan Effective | 06/15/99 |
| Appendix Number | 104 | Last Change Effective | 10/01/16 |
| Type of Plan | Final Pay (Highest Consecutive 5 Year Avg), Excess Plan (frozen for participants with less than 45 points on 10/01/16) | | |
| Normal Form | 5 Year Certain and Continuous | | |
| Optional Forms | 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option | | |
| Actuarial Equivalence | UP-1984 Mortality Table, 6.5% Interest Rate | | |
| Plan Eligibility | January 1, April 1, or October 1 following One Year of Service. Employees must be hired before 01/01/16, and no further employees shall become participants after 10/01/16. | | |
| Credited Service | From Date of Employment, 1 Year of Service for each calendar year with at least 1,000 hours | | |
| Pension Earnings | All cash pay received during the calendar year | | |
| EE Contributions | None | | |
| Class | Non-Union Employees of Leroy Somer Alternators North America/Kato | | |
| Accumulated Benefit | Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants,<br>Greater of (A) and (B) minus (C)<br>(A) (i) 0.75%/1.25% of FAE5 (bkpt Covered Compensation) times Credited Service limited to 35 years plus<br>(ii) 0.75% times FAE5 times Credited Service in excess of 35 years<br>(B) For date of hire before 06/15/99, 1.5% of FAE5 times Credited Service up to 16 years, plus 1% of FAE5 times Credited Service in excess of 16 years up to a maximum of 10 years<br>(C) Accrued benefit as of 06/15/99 | | |

| | |
|---|---|
| Plan Name: | Nidec Retirement Plan |
| EIN / PN: | 27-3330722/003 |
| Plan Sponsor: | Nidec Motor Corporation |
| Valuation Date | October 1, 2018 |

# SCHEDULE SB ATTACHMENTS

| Benefit | Age | Cont Svc | Age + Memb Svc | Description |
|---|---|---|---|---|
| Normal Retirement | 65 | -- | | AB, payable immediately |
| Early | 55 | 10 | | AB, reduced 4% per year for first five years, then 5% per year |
| Postponed | >65 | -- | | AB, including earnings and service to actual retirement |
| Vesting | -- | 5 | | AB, payable at NRD |
| Disability | | | | |
| Immediate | -- | 15 | | If eligible for SS, $1,200 payable until NRD |
| Deferred | -- | -- | | If eligible for SS, service accrual continues to NRD |
| Pre Ret Death | 55 | 10 | | 50% of ERB, reduced for J&S, payable for life of spouse |
| | -- | 5 | | 50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse |
| | 40 | 10 | | 40% of AB, payable until the earliest of (i) 10 years, (ii) remarriage or (iii) death |
| | 60 | 10 | | ERB, payable for one year |

The Nidec Retirement Plan was amended to include the future service and pay accruals for former Emerson Retirement Plan participants acquired by Nidec Motor Corporation on January 31, 2017. Nidec is only responsible for the portion of the benefit earned after this date.

**NIDEC RETIREMENT PLAN**
**EIN#27-3330722 Plan 003**

**Schedule of Assets (Held at End of Year)**
**Form 5500 - Schedule H - Line 4i**
September 30, 2019
(See Independent Auditor's Report)

| a) | b) Identity of issue, Identity of Issue, Borrower Lessor, or Similar Party | c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | d) Cost | e) Current Value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| | Vanguard Long-Term Investment Grade Bond | Mutual Fund | $17,093,825 | $17,098,597 |
| | American Funds Europacific Growth R6 | Mutual Fund | 3,311,101 | 3,476,495 |
| | Pimco Extended Duration Institution Fund | Mutual Fund | 3,139,682 | 3,129,913 |
| | Vanguard Total Stock Market Index Institutional Fund | Mutual Fund | 7,464,876 | 8,022,210 |
| | Total Mutual Funds: | | 31,009,484 | 31,727,215 |
| | Pooled Separate Accounts: | | | |
| * | Principal Real Estate Individual US Property | Pooled Separate Account | 2,211,819 | 2,446,950 |
| * | Principal Liquid Assets Separate Account | Pooled Separate Account | 690,473 | 694,007 |
| | Total Pooled Separate Accounts: | | 2,902,292 | 3,140,957 |
| | Total Investments: | | $33,911,777 | $34,868,172 |

* Represents party-in-interest to the Plan.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $130,000 for the prior valuation to $140,000 for the current valuation to account for expected expenses to be paid from the trust.