

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                             |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                |                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------|-------------------|-----------|---------------------------------|---------------------|-----------|----------------------------------|---------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                            |                     |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>1a</b>      | Name of plan<br><u>DOVER CORPORATION PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                                     |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶</td> <td><u>004</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan</td> <td><u>05/01/1961</u></td> </tr> </table>                                                                                                                        | <b>1b</b>           | Three-digit plan number (PN) ▶       | <u>004</u>        | <b>1c</b> | Effective date of plan          | <u>05/01/1961</u>   |           |                                  |               |
| <b>1b</b>      | Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                            | <u>004</u>          |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>1c</b>      | Effective date of plan                                                                                                                                                                                                                                                                                                                                                                                    | <u>05/01/1961</u>   |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DOVER CORPORATION</u><br><br><u>3005 HIGHLAND PARKWAY, SUITE 200</u><br><u>DOWNERS GROVE, IL 60515</u>                                          |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)</td> <td><u>53-0257888</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number</td> <td><u>630-541-1540</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)</td> <td><u>333200</u></td> </tr> </table> | <b>2b</b>           | Employer Identification Number (EIN) | <u>53-0257888</u> | <b>2c</b> | Plan Sponsor's telephone number | <u>630-541-1540</u> | <b>2d</b> | Business code (see instructions) | <u>333200</u> |
| <b>2b</b>      | Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                                                      | <u>53-0257888</u>   |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2c</b>      | Plan Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                                                           | <u>630-541-1540</u> |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2d</b>      | Business code (see instructions)                                                                                                                                                                                                                                                                                                                                                                          | <u>333200</u>       |                                      |                   |           |                                 |                     |           |                                  |               |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/22/2020 | DANIEL J. CURCIO                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 4991                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 1191<br><b>6a(2)</b> 1107<br><b>6b</b> 1762<br><b>6c</b> 1368<br><b>6d</b> 4237<br><b>6e</b> 495<br><b>6f</b> 4732<br><b>6g</b><br><b>6h</b> 0      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

**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 1C 3H

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DOVER CORPORATION PENSION PLAN</u>                                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>004</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>DOVER CORPORATION</u>                                      | <b>D</b> Employer Identification Number (EIN)<br><u>53-0257888</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>488899954</u>                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>488899954</u>                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>2262</u> <u>182397104</u> <u>182397104</u>                                 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>1612</u> <u>79723657</u> <u>79723657</u>                                   |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>1275</u> <u>109375339</u> <u>112827398</u>                                 |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>5149</u> <u>371496100</u> <u>374948159</u>                                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                     |
| <b>b</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..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.57</u> %                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>8423820</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                            |                                        |
|----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                           |                                        |
| Signature of actuary                                                       | <u>09/02/2020</u>                      |
| <u>MEGAN M YEE</u>                                                         | Date                                   |
| Type or print name of actuary                                              | <u>20-07691</u>                        |
| <u>WILLIS TOWERS WATSON US LLC</u>                                         | Most recent enrollment number          |
| Firm name                                                                  | <u>212-309-3400</u>                    |
| <u>200 LIBERTY STREET</u><br><u>6TH FLOOR</u><br><u>NEW YORK, NY 10281</u> | Telephone number (including area code) |
| Address of the firm                                                        |                                        |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2019**  
**v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 181895729             | 99276                  |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 181895729             | 99276                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-5.48</u> % .....                                                                                | -9967886              | -5440                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 171927843             | 93836                  |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 84.51 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 130.39 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 150.16 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 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:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

62

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

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 8423820**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 8423820**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2019                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                      |     |
| A Name of plan<br>DOVER CORPORATION PENSION PLAN                                           | B Three-digit plan number (PN) ▶                     | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DOVER CORPORATION                | D Employer Identification Number (EIN)<br>53-0257888 |     |

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

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

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

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

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

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

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

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**(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)

AON PLC

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | NONE                                                                                              | 729726                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NISA INVESTMENT ADVISORS, LLC

48-1140940

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 450860                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52               | NONE                                                                                              | 407239                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

J.P. MORGAN

13-6038770

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 322612                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SILCHESTER INTL INVESTORS LLP

36-7045783

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52               | NONE                                                                                              | 277368                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 16<br>38 50      | NONE                                                                                              | 258953                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WELLS FARGO BANK N.A.

94-1347393

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 25 50                         | NONE                                                                                                     | 170647                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ALIGHT SOLUTIONS

82-1061233

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 17 50                         | NONE                                                                                                     | 12750                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

BAKER AND MCKENZIE, LLP

36-2137456

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 10200                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                        | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| A Name of plan<br>DOVER CORPORATION PENSION PLAN                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                        | B Three-digit plan number (PN) ▶ 004                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>DOVER CORPORATION                                                                                                    |  |                                                                                                                                                                                                                                   |                                                                                                        | D Employer Identification Number (EIN)<br>53-0257888                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DOVER CORP. MASTER RETIREMENT TRUST                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): DOVER CORPORATION                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN 53-0257888-100                                                                                                                                                               |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 549803000 |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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)**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>DOVER CORPORATION PENSION PLAN</b>                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>004</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DOVER CORPORATION</b>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><b>53-0257888</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 280000                | 435000          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 488620000             | 549803000       |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 488900000             | 550238000       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 488900000 | 550238000 |
|-----------------------------------------------------------|-----------|-----------|-----------|

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 102495000 |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 102495000 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 38093000 |          |
| (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) |          | 38093000 |
| 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) | 1182275  |          |
| (2) Contract administrator fees .....                                                | 2i(2) | 0        |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 1458080  |          |
| (4) Other .....                                                                      | 2i(4) | 423645   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 3064000  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 41157000 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 61338000 |
| 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) ☐ Unmodified (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: **INSERO & CO CPAS LLP**

(2) EIN: **47-5324570**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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.) .....                                          |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> 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.).....                                |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> 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?.....                                                     |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> 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?.....                                           |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     |    |          |
| <b>4i</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>j</b> 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.) ..... |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> 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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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 4215568. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>DOVER CORPORATION PENSION PLAN                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 004                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DOVER CORPORATION                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>53-0257888                                            |
| 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):<br><br>EIN(s): 94-1347393                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 155                                                                                           |
| 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |
| <b>a</b>  | The current year .....                                                                                                                                                                                                                               | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year .....                                                                                                                                                                                      | <b>14b</b> |
| <b>c</b>  | The second preceding plan year .....                                                                                                                                                                                                                 | <b>14c</b> |
| <b>15</b> | 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:                                                                         |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                         | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year .....                                                                                                                                                                                    | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                      | <b>16a</b> |
| <b>b</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 .....                                                                                        | <b>16b</b> |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: <u>34.2</u> % Investment-Grade Debt: <u>54.8</u> % High-Yield Debt: <u>5.5</u> % Real Estate: <u>0.0</u> % Other: <u>5.5</u> %</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input checked="" type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input checked="" type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):</p>                                                                                                                              |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br/> <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**Dover Corporation**  
**Pension Plan**  
**Report on Financial Statements**  
**Years Ended December 31, 2019 and 2018**

**Dover Corporation Pension Plan**  
**Index to Financial Statements**  
**December 31, 2019 and 2018**

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| Notes to Financial Statements                                                    | 5    |



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the  
Dover Corporation Pension Plan  
Downers Grove, Illinois

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Dover Corporation Pension Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2019 and 2018, and for the years then ended, 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.

***Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to this matter.

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

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

Respectfully Submitted,

A handwritten signature in black ink that reads "Insero & Co. CPAs, LLP". The signature is written in a cursive, flowing style.

Insero & Co. CPAs, LLP  
Certified Public Accountants

Rochester, New York  
August 31, 2020

## Dover Corporation Pension Plan

### Statements of Net Assets Available for Benefits (Modified Cash Basis)

| <i>(in thousands)</i>                                          | At December 31, |            |
|----------------------------------------------------------------|-----------------|------------|
|                                                                | 2019            | 2018       |
| Cash                                                           | \$ 435          | \$ 280     |
| Investments:                                                   |                 |            |
| Participation in the Dover Corporation Master Retirement Trust | 549,803         | 488,620    |
| <b>Net assets available for benefits</b>                       | \$ 550,238      | \$ 488,900 |

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

## Dover Corporation Pension Plan

### Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

| <i>(in thousands)</i>                                                              | <b>For the Years Ended December 31,</b> |                   |
|------------------------------------------------------------------------------------|-----------------------------------------|-------------------|
|                                                                                    | <b>2019</b>                             | <b>2018</b>       |
| <b>Additions:</b>                                                                  |                                         |                   |
| Participation in the Dover Corporation Master Retirement Trust net investment gain | \$ 102,495                              | \$ —              |
| <b>Total additions</b>                                                             | <b>102,495</b>                          | <b>—</b>          |
| <b>Deductions:</b>                                                                 |                                         |                   |
| Benefits paid to participants                                                      | (38,093)                                | (92,189)          |
| Participation in the Dover Corporation Master Retirement Trust net investment loss | —                                       | (28,801)          |
| Administrative expenses                                                            | (3,064)                                 | (4,139)           |
| <b>Total deductions</b>                                                            | <b>(41,157)</b>                         | <b>(125,129)</b>  |
| <b>Net increase (decrease) in assets available for benefits prior to transfers</b> | <b>61,338</b>                           | <b>(125,129)</b>  |
| Net plan transfers                                                                 | —                                       | (3,812)           |
| <b>Net increase (decrease) in assets available for benefits after transfers</b>    | <b>61,338</b>                           | <b>(128,941)</b>  |
| <b>Net assets available for benefits:</b>                                          |                                         |                   |
| Beginning of year                                                                  | 488,900                                 | 617,841           |
| <b>End of year</b>                                                                 | <b>\$ 550,238</b>                       | <b>\$ 488,900</b> |

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

**Dover Corporation Pension Plan**  
Notes to Financial Statements  
December 31, 2019 and 2018  
(Amounts in thousands except where otherwise indicated)

## **1. Description of the Plan**

The following brief description of the Dover Corporation Pension Plan (**the "Plan"**) is provided for general information purposes only. Participants should refer to the Plan document for further information.

### ***General***

The Plan is a defined benefit pension plan sponsored by Dover Corporation and its subsidiaries, (**the "Company" or "Dover"**) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("**ERISA**"). Covered employees include eligible salaried employees of the Company who generally have attained the age of 21, and who have completed one year of service, or who have met other eligibility requirements which vary by operating company. Covered employees also include those paid on an hourly basis at certain participating locations or operating companies, and/or employees represented by collective bargaining units.

The Plan was amended to be closed to new employees effective January 1, 2014. All pension-eligible employees as of December 31, 2013 will continue to earn a pension benefit through December 31, 2023 as long as they remain employed by an operating company participating in the Plan. Effective December 31, 2023, the Plan will be frozen to any future benefit accruals for salaried and non-union hourly employees. Benefits for employees represented by collective bargaining units become frozen at different dates.

On May 9, 2018, Dover completed the spin-off of entities conducting the upstream energy businesses within the Dover Energy segment into a standalone, publicly traded company named Apergy Corporation ("**Apergy**"). Dover retained the assets and liabilities for these employees except Norris USW employees described below. These former Dover employees who were covered in the Dover Corporation Pension Plan who transferred to Apergy and met the eligibility requirements became fully vested in their accrued benefit under the Plan and were credited with one full year of service for the 2018 plan year. As of May 9, 2018, which was their termination date from Dover, these employees became eligible to receive lump sum distributions and also ceased to accrue benefits under the Plan. In addition, included in the spin-off of Apergy, were assets of approximately \$3,800 attributable to Norris USW active, terminated vested and retired participants.

In addition to the active Apergy employees lump-sum distribution eligibility mentioned above, lump sum payment opportunities were offered in 2018 to certain terminated vested participants under the Harbison-Fischer Manufacturing Company Pension (who terminated prior to January 1, 2014), Inpro/Seal Employee's Pension and Waukesha Bearings Hourly Pension programs. These programs are all part of the Plan.

The Plan made total lump-sum payments of \$19,855 and \$74,016 in 2019 and 2018, respectively. The distributions are included in the benefits paid to participants within the Statements of Changes in Net Assets Available for Benefits.

### ***Benefit Payments***

Under the terms of the Plan, all participants are eligible for monthly benefit payments upon reaching age 62 or 65 or meeting other requirements specified in the Plan. For eligible salaried employees, monthly benefit payments generally are based on a specified percentage of their five-year final average compensation above and below the Social Security integration level (as defined in the Plan), multiplied by their years of service up to 35 years, although benefit formulas vary by operating company. For covered employees paid on an hourly basis, monthly benefit payments generally are based on a fixed dollar amount multiplied by the participant's years of service, although in some instances the benefits of hourly employees are determined in a comparable manner to those of salaried employees. Participants may also be eligible for monthly benefit payments in the event of early retirement, death or disability. A participant who has completed five years of vesting service and terminates employment is entitled to a vested pension payable at age 62 or 65. One year of vesting service is accrued for each calendar year during which an employee completes at least 1,000 hours of service. Other vesting conditions apply in some instances.

### ***Funding Policy***

The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The Company absorbs a portion of the Plan's cost of administration and such costs are not reflected in these financial statements.

**Dover Corporation Pension Plan**  
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The minimum required contributions for the Plan are determined in accordance with the Internal Revenue Service ("**IRS**") regulations which for 2019 and 2018 reflect modifications enacted by the Pension Protection Act. The Company has met the minimum funding requirements as set forth under ERISA for 2019 and 2018.

***Plan Termination***

The Company reserves the right to amend, modify, suspend or terminate the Plan subject to the provisions set forth in ERISA except that such action shall not alter the Plan or its operation with respect to a participant who is covered by a collective bargaining agreement in contravention of the provisions of the collective bargaining agreement pertaining to pension benefits, as long as such agreement is in effect.

If the Plan is terminated by the Company, and the assets of the Plan are not sufficient to provide all benefits accrued under the Plan, the Company will be required to contribute additional amounts as shall be necessary to provide accrued benefits. If the Company is not financially able (as determined by the Pension Benefit Guaranty Corporation ("**PBGC**")) to provide such funds, the amount in the pension fund shall be allocated to participants to the extent the assets shall be sufficient for the purpose of paying retirement benefits in the following order of precedence:

- (a) To participants whose benefits are derived from employee contributions, if any.
- (b) To participants who, at least three years prior to the termination of the Plan, were actually retired or were eligible to retire, or were receiving or were eligible to receive disability benefits.
- (c) To participants whose benefits are guaranteed under the termination insurance provisions of ERISA.
- (d) To other participants with vested benefits.
- (e) To all other participants under the Plan.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of Plan termination. There is, however, a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceilings are adjusted periodically and, for straight life annuities commencing when a participant is age 65, were \$5,608 and \$5,420 per month for plans terminating in 2019 and 2018, respectively. In addition, benefit increases as the result of a Plan amendment are phased into the guarantee umbrella at 20% per year from the date of the amendment. Therefore, the incremental vested benefits due to amendments put into effect during the five years preceding the Plan termination would not be fully guaranteed by the PBGC. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**2. Significant Accounting Policies**

***Basis of Presentation***

These financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("**U.S. GAAP**"). Interest and dividend income are recognized when earned, security transactions are recognized on the trade date, contributions are recognized when received, pension benefits are recognized when paid, and expenses are recognized when paid instead of as incurred as required by U.S. GAAP.

***Use of Estimates***

The preparation of financial statements requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated benefits at the date of the financial statements. Actual results could differ from those estimates.

**Dover Corporation Pension Plan**  
Notes to Financial Statements  
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***Valuation of Investments***

The carrying value of the Plan's participation in the Dover Corporation Master Retirement Trust (the "**Master Trust**" (see Note 5 - Master Retirement Trust)) reflects its interest in the underlying net assets of the Master Trust. The net investment gain (loss) resulting from the Plan's interest in the Master Trust is the Plan's allocable percentage of the changes in net assets of the Master Trust.

***Administrative and Investment Management Expenses***

Administrative expenses are generally paid by the Plan, except for certain fees that are paid by the Company, at its discretion. Included in administrative expenses are fees paid to investment fund managers. Certain investment management fees may also be treated as a reduction of return and included in the investment income (loss) reported by the Plan.

***Risks and Uncertainties***

The Company's contributions to the Plan and the actuarial present value of accumulated benefits are calculated 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 these estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment securities held in the Master Trust are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

***Recently Adopted Accounting Standards***

In February 2017, Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2017-06, Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965), Employee Benefit Plan Master Trust Reporting. The amendments in this ASU clarify presentation requirements for a plan's interest in a master trust and require more detailed disclosures of the plan's interest in the master trust. The amendments in this update are effective for fiscal years beginning after December 15, 2018. The Plan adopted this guidance on January 1, 2019. There was no impact upon adoption of this guidance. See Note 5 - Master Retirement Trust for further detail.

**3. Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the Plan provisions as discussed in Note 1 - Description of the Plan. The accumulated plan benefits for active employees are based on the Plan provisions for benefits ending on the date as of which the benefit information is presented (valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**Dover Corporation Pension Plan**  
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The actuarially determined present value of accumulated benefits under the Plan as of the beginning of the Plan year was as follows:

|                                                       | <b>January 1, 2019</b> |
|-------------------------------------------------------|------------------------|
| <b>Vested Benefits</b>                                |                        |
| Participants receiving benefits                       | \$ 163,442             |
| Participants with deferred benefits                   | 184,564                |
| Total vested accumulated benefits                     | 348,006                |
| Non-vested accumulated benefits                       | 1,585                  |
| Total actuarial present value of accumulated benefits | <u>\$ 349,591</u>      |

The change in the actuarial present value of accumulated benefits during the period from January 1, 2018 through January 1, 2019, was as follows:

|                                             |                   |
|---------------------------------------------|-------------------|
| <b>Beginning of the Year (2018)</b>         | \$ 402,995        |
| Benefits accrued and actuarial experience   | 22,921            |
| Interest due to decrease in discount period | 24,944            |
| Benefits paid                               | (92,189)          |
| Assumptions changes                         | (9,155)           |
| Plan amendments                             | 75                |
| Net decrease                                | (53,404)          |
| <b>End of the Year (2018)</b>               | <u>\$ 349,591</u> |

Calculations of the present value of accumulated benefits under the Plan were made by the Plan's consulting actuaries as of January 1, 2019. Significant assumptions underlying the actuarial computations are outlined in the table below.

|                                   |                                                                                                                                                            |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rate of Return (discount rate):   | 6.8%                                                                                                                                                       |
| Turnover:                         | Expected termination rates that were determined based on actual turnover experience and Dover's expectation for the future.                                |
| Retirement:                       | Expected retirement rates that were determined based on actual retirement experience and Dover's expectation for the future. Average retirement age is 62. |
| Mortality:                        |                                                                                                                                                            |
| For employee & annuitants         | RP-2018 projected with MP-2018 improvement scale                                                                                                           |
| Lump sum payments                 | IRS 417(e) Prescribed Table for 2019                                                                                                                       |
| Lump sum conversion discount rate | 4.35%                                                                                                                                                      |

These assumption changes, as presented in the change in the actuarial present value of accumulated benefits above for the period January 1, 2018 through January 1, 2019, are primarily the result of the change in the lump sum conversion discount rate of 4.35% in 2019 compared to 3.65% in 2018, and the change in mortality table. The mortality table used for the prior year January 1, 2017 through January 1, 2018 was RP-2017 projected with MP-2017 improvement scale for annuitants and the IRS 417(e) Prescribed Table for 2018 for lump sums.

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

#### **4. Summary of Financial Information Certified by the Trustee (Unaudited)**

Pursuant to Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA (the "Rules"), no auditing procedures were performed by the independent auditor with respect to the Plan's investments included

**Dover Corporation Pension Plan**  
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in the financial statements, including the associated investment income (loss), which was obtained or derived from information supplied to the Plan Administrator and certified to be complete and accurate by Wells Fargo Bank, N.A., the Trustee of the Plan ("Trustee.")

### **5. Master Retirement Trust (Unaudited)**

The Plan holds a 100% investment in the Master Trust. No other plans participated in the Master Trust as of December 31, 2019 and 2018 and for the years then ended.

Northern Trust Investment Inc. acts as the investment advisor for the Master Trust.

The net assets of the Master Trust were comprised of the following:

|                                        | <b>At December 31,</b> |                   |
|----------------------------------------|------------------------|-------------------|
|                                        | <b>2019</b>            | <b>2018</b>       |
| Investments at fair value (see Note 6) | <u>\$ 549,803</u>      | <u>\$ 488,620</u> |

The net investment income (loss) of the Master Trust was as follows:

|                                                              | <b>For the Years Ended December 31,</b> |                    |
|--------------------------------------------------------------|-----------------------------------------|--------------------|
|                                                              | <b>2019</b>                             | <b>2018</b>        |
| Net appreciation (depreciation) in fair value of investments | \$ 72,941                               | \$ (43,247)        |
| Interest income                                              | 28,705                                  | 13,007             |
| Dividend income                                              | 849                                     | 1,439              |
| Net investment income (loss)                                 | <u>\$ 102,495</u>                       | <u>\$ (28,801)</u> |

### **6. Fair Value Measurements**

Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the accounting principle in conjunction with the most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 establishes three levels of inputs that may be used to measure fair value:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs include inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 inputs are unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions.

The following is a description of the valuation methodologies used for assets held at fair value by the Master Trust:

**Fixed income investments:** These investments include U.S. treasury bonds and notes, which are valued based on quoted market prices, as well as investments in other U.S. government and municipal securities and corporate bonds which are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

**Collective funds:** These investments are valued at their respective Net Asset Value ("NAV") as reported by such trust. The NAV

**Dover Corporation Pension Plan**  
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is used as a practical expedient to estimate fair value based on the underlying assets of the trust. The fair value of the underlying assets is obtained by the Plan's Trustee from information provided by each fund manager using their respective audited financial statements of the collective trusts at year end. Generally there are no restrictions on redemption of these investments; however, some investments may require an advance written notice to the trustee prior to redemption of trust units.

**Real estate investments:** These investments were held in the J.P. Morgan Strategic Property Fund. This fund owns and seeks improved real estate projects with stabilized occupancies that produce a relatively high level of current income combined with moderate appreciation potential. Investments in this fund were valued using NAV on the last day of the Plan year as determined by the investment manager, using third-party appraisals, with adjustments estimated on a quarterly basis using discounted cash flow models which consider such inputs as revenue and expense growth rates, terminal capitalization rates and discount rates. Fund participants may withdraw from the fund once per quarter subject to available cash, as determined by the fund's trustee. A written withdrawal request is required 30 days prior to the quarter end.

**Short-term investment funds:** These investments are held in the Wells Fargo/BlackRock Short-Term Investment Fund, a highly liquid collective trust valued using NAV on the last day of the Plan year. This fund seeks to provide investors with a competitive rate of return and a high level of stability of principal and liquidity. The fund seeks to maintain a constant unit value of \$1.00. The fund pursues its investment objective through active management of a diversified portfolio of money market instruments with an overall dollar-weighted average maturity of 60 days or less. Redemptions are permitted on a daily basis pursuant to the terms of the fund.

Below are the Master Trust's investments carried at fair value on a recurring basis by their fair value hierarchy levels:

| At December 31, 2019                            |                 |                   |                   |
|-------------------------------------------------|-----------------|-------------------|-------------------|
|                                                 | Level 1         | Level 2           | Total             |
| Fixed income investments:                       |                 |                   |                   |
| Corporate bonds                                 | \$ —            | \$ 216,981        | \$ 216,981        |
| Government securities                           | 5,846           | 69,486            | 75,332            |
| Interest-bearing cash                           | 1,003           | —                 | 1,003             |
| <b>Total assets in the fair value hierarchy</b> | <b>6,849</b>    | <b>286,467</b>    | <b>293,316</b>    |
| Investments measured at net asset value*        |                 |                   |                   |
| Collective funds                                | —               | —                 | 241,058           |
| Short-term investment funds                     | —               | —                 | 15,429            |
| <b>Total Investments</b>                        | <b>\$ 6,849</b> | <b>\$ 286,467</b> | <b>\$ 549,803</b> |

\* In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

| At December 31, 2018                            |                 |                   |                   |
|-------------------------------------------------|-----------------|-------------------|-------------------|
|                                                 | Level 1         | Level 2           | Total             |
| Fixed income investments:                       |                 |                   |                   |
| Corporate bonds                                 | \$ —            | \$ 150,179        | \$ 150,179        |
| Government securities                           | 1,586           | 113,931           | 115,517           |
| Interest-bearing cash                           | 1,786           | —                 | 1,786             |
| <b>Total assets in the fair value hierarchy</b> | <b>3,372</b>    | <b>264,110</b>    | <b>267,482</b>    |
| Investment measured at net asset value*         |                 |                   |                   |
| Collective funds                                | —               | —                 | 175,963           |
| Real estate investments                         | —               | —                 | 32,686            |
| Short-term investment funds                     | —               | —                 | 12,489            |
| <b>Total Investments</b>                        | <b>\$ 3,372</b> | <b>\$ 264,110</b> | <b>\$ 488,620</b> |

\* In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

There were no Level 3 investments during 2019 and 2018.

**Dover Corporation Pension Plan**  
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**7. Related Party and Party-in-Interest Transactions**

The Plan invests in a Master Trust in which certain underlying investments are shares of collective funds managed by the Trustee or companies owned by the Trustee. The Plan invests in collective trusts managed by Northern Trust Investment Inc., who is also hired as an outsourced chief investment officer for the Plan during the year. These transactions qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by employees of Dover. No such employee receives compensation from the Plan. Other expenses relating to the Plan, including legal and consulting services, are paid directly by Dover. Fees or commissions associated with each of the investment options and certain administrative expenses of the Plan are paid primarily from Plan assets, as a deduction from the amount invested, or as an offset to investment earnings.

**8. Federal Income Taxes**

The IRS has determined and informed the Company by a letter dated May 5, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

There is currently a Department Of Labor ("DOL") audit in progress. Dover does not believe it will have a material effect on the financial statements.

**9. Subsequent Event**

Plan management has evaluated subsequent events for recognition and disclosure through August 31, 2020, which is the date the financial statements were available to be issued.

In March 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As a result, the value of the Plan's investment portfolio has experienced significant volatility since December 31, 2019. However, because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

**Dover Corporation Pension Plan**  
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**January 1, 2020 Valuation - Unaudited Information**

In July 2020, the Company received an actuarial valuation report for the Plan year beginning January 1, 2020. The actuarially determined present value of accumulated benefits under the Plan as of January 1, 2020 was as follows:

|                                                       | <b>January 1, 2020</b> |
|-------------------------------------------------------|------------------------|
| <b>Vested Benefits</b>                                |                        |
| Participants receiving benefits                       | \$ 165,967             |
| Participants with deferred benefits                   | 195,455                |
| Total vested accumulated benefits                     | 361,422                |
| Non-vested accumulated benefits                       | 997                    |
| Total actuarial present value of accumulated benefits | <u>\$ 362,419</u>      |

The change in the actuarial present value of accumulated benefits during the period from January 1, 2019 through January 1, 2020 was as follows:

|                                             |                   |
|---------------------------------------------|-------------------|
| <b>Beginning of the Year (2019)</b>         | \$ 349,591        |
| Benefits accrued and actuarial experience   | 5,266             |
| Interest due to decrease in discount period | 22,979            |
| Benefits paid                               | (38,093)          |
| Assumptions changes                         | 22,675            |
| Plan amendments                             | 1                 |
| Net increase                                | 12,828            |
| <b>End of the Year (2019)</b>               | <u>\$ 362,419</u> |

Changes from the prior year to the assumptions underlying the actuarial computations include a discount rate of 6.30%, a Pri-2012 sex-distinct with contingent survivor healthy mortality table (for employees and annuitants) projected using MP-2019 improvement scale, a lump sum conversion rate of 3.40%, and a mortality table for lump sums according to the IRS 417(e) Prescribed Table for 2020.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data for Frozen Plans as of January 1, 2019

| Attained Age | Years of Credited Service |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
|--------------|---------------------------|-----------|--------|-----------|--------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|
|              | Under 1                   |           | 1 to 4 |           | 5 to 9 |           | 10 to 14 |           | 15 to 19 |           | 20 to 24 |           | 25 to 29 |           | 30 to 34 |           | 35 to 39 |           | 40 & Over |           |
|              | No.                       | Avg. Ben. | No.    | Avg. Ben. | No.    | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.       | Avg. Ben. |
| Under 25     | 0                         |           | 0      |           | 3      |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 25 - 29      | 0                         |           | 0      |           | 12     | 70,845    | 2        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 30 - 34      | 0                         |           | 1      |           | 22     | 97,586    | 15       | 80,230    | 3        |           | 0        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 35 - 39      | 0                         |           | 0      |           | 39     | 123,807   | 30       | 81,490    | 18       | 80,449    | 1        |           | 0        |           | 0        |           | 0        |           | 0         |           |
| 40 - 44      | 0                         |           | 0      |           | 35     | 137,947   | 21       | 81,215    | 20       | 106,101   | 14       |           | 4        |           | 0        |           | 0        |           | 0         |           |
| 45 - 49      | 0                         |           | 1      |           | 37     | 128,364   | 17       | 116,949   | 23       | 115,328   | 32       | 95,290    | 15       | 93,319    | 6        |           | 0        |           | 0         |           |
| 50 - 54      | 0                         |           | 0      |           | 37     | 140,997   | 22       | 113,445   | 32       | 106,098   | 27       | 117,116   | 21       | 113,093   | 44       | 77,684    | 3        |           | 0         |           |
| 55 - 59      | 0                         |           | 0      |           | 31     | 126,835   | 25       | 132,314   | 30       | 139,688   | 31       | 81,325    | 27       | 113,002   | 46       | 93,302    | 27       | 108,116   | 5         |           |
| 60 - 64      | 0                         |           | 0      |           | 24     | 125,160   | 22       | 144,605   | 21       | 127,940   | 24       | 90,214    | 19       |           | 36       | 70,279    | 22       | 103,612   | 37        | 73,563    |
| 65 - 69      | 0                         |           | 0      |           | 4      |           | 8        |           | 6        |           | 4        |           | 2        |           | 5        |           | 4        |           | 12        |           |
| 70 & Over    | 0                         |           | 0      |           | 1      |           | 1        |           | 0        |           | 4        |           | 1        |           | 0        |           | 2        |           | 2         |           |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

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

### Assumptions and methods for contribution purposes

#### Actuarial Assumptions and Methods — Contributions

#### Economic Assumptions

Interest rate basis:

- Applicable month January 2019
- Yield curve basis Segment rate

| Interest rates:                        | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|----------------------------------------|-------------------------|-----------------------------|
| ■ First segment rate                   | 3.74%                   | 2.55%                       |
| ■ Second segment rate                  | 5.35%                   | 3.93%                       |
| ■ Third segment rate                   | 6.11%                   | 4.49%                       |
| ■ Effective interest rate              | 5.57%                   | 4.13%                       |
| ■ Cash balance interest crediting rate |                         | 4.50%                       |

Annual rates of increase

- Compensation (pay related programs only) 4.00%
- Future Social Security wage bases 3.50%

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## Demographic and Other 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                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>Healthy &amp; Disabled</li> </ul> | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017). |
| Termination                                                              | Rates varying by age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Representative Termination Rates

#### Percentage leaving during the year

| Age | Hourly | Salaried |
|-----|--------|----------|
| 25  | 15.0%  | 13.0%    |
| 40  | 7.0%   | 10.0%    |
| 50  | 4.0%   | 8.0%     |

|            |                                                                                                                                                                                                                                                                                                                                                                             |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability | Hourly Programs (except XXII) and Salaried Program IV disability rates are based on the Wyatt Class II Clerical Table (moderate rates). Salaried programs I, II, III, VI and X disability rates are based on the Wyatt Class-I Professional Table (light rates). Salaried Program XI disability rates are based on 1952 Society of Actuaries Intercompany Disability Study. |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Percentage becoming disabled during the year

| Age | Hourly<br>XXII | Hourly (except<br>XXII) | Salaried<br>I, II,<br>VI, X | Salaried<br>XI |
|-----|----------------|-------------------------|-----------------------------|----------------|
| 25  | .039%          | .094%                   | .043%                       | .105%          |
| 40  | .142%          | .329%                   | .158%                       | .215%          |
| 50  | .403%          | .838%                   | .448%                       | .587%          |

Hourly Program XII, Hourly Program XVII, and Salaried Program VIII do not offer disabled retirement. No disability rates assumed.

|                |                                |
|----------------|--------------------------------|
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## SCHEDULE SB ATTACHMENTS

### Retirement

Rates varying by age, average age 62

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

| Percentage retiring during the year |                              |                |                           |                  |
|-------------------------------------|------------------------------|----------------|---------------------------|------------------|
| Age                                 | Hourly all<br>Except<br>XXII | Hourly<br>XXII | Salaried all<br>except II | Salaried<br>II * |
| 55                                  | 4.0%                         | 0.0%           | 5.0%                      | 5.0%             |
| 56                                  | 4.0%                         | 0.0%           | 5.0%                      | 5.0%             |
| 57                                  | 4.0%                         | 0.0%           | 5.0%                      | 5.0%             |
| 58                                  | 4.0%                         | 0.0%           | 5.0%                      | 5.0%             |
| 59                                  | 4.0%                         | 0.0%           | 10.0%                     | 5.0%             |
| 60                                  | 5.0%                         | 5.0%           | 10.0%                     | 7.0%             |
| 61                                  | 5.0%                         | 5.0%           | 10.0%                     | 7.0%             |
| 62                                  | 20.0%                        | 50.0%          | 25.0%                     | 100.0%           |
| 63                                  | 20.0%                        | 10.0%          | 20.0%                     | 100.0%           |
| 64                                  | 20.0%                        | 10.0%          | 20.0%                     | 100.0%           |
| 65                                  | 40.0%                        | 100.0%         | 30.0%                     | 100.0%           |
| 66                                  | 50.0%                        | 100.0%         | 30.0%                     | 100.0%           |
| 67                                  | 30.0%                        | 100.0%         | 30.0%                     | 100.0%           |
| 68                                  | 30.0%                        | 100.0%         | 25.0%                     | 100.0%           |
| 69                                  | 30.0%                        | 100.0%         | 25.0%                     | 100.0%           |
| 70+                                 | 100.0%                       | 100.0%         | 100.0%                    | 100.0%           |

\* Salaried Program II is subject to 100% retirement at age 62 with 10 years of service. As of January 1, 2019, all active participants age 62 or older have attained 10 years of service

|                |                                |
|----------------|--------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## Form of payment for actives

|                                               | <b>Lump<br/>Sum</b> | <b>50% Joint &amp;<br/>Survivor<br/>Annuity<sup>1</sup></b> | <b>Life<br/>Annuity</b> |
|-----------------------------------------------|---------------------|-------------------------------------------------------------|-------------------------|
| Programs without lump sum, except Hourly XIII | 0%                  | 70% <sup>2</sup>                                            | 30%                     |
| Hourly XIII                                   | 0%                  | 100% <sup>2</sup>                                           | 0%                      |
| Hourly programs with lump sums                | 85%                 | 10%                                                         | 5%                      |
| Salaried programs with lump sums              | 80%                 | 10%                                                         | 10% <sup>3</sup>        |

<sup>1</sup> For unmarried participants, assumed payable as life annuity

<sup>2</sup> 55% Joint & Survivor Annuity for Hourly XIII and XXII

<sup>3</sup> 10 Year Certain & Life Annuity for Salaried XI

Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) with application of static mortality.

## Form of payment for current deferred vested participants

|                               |                                |
|-------------------------------|--------------------------------|
| Salaried IX Cash Balance Plan | Lump Sum                       |
| Salaried IX FAP Plan          | Life Annuity                   |
| Salaried X                    | Life Annuity                   |
| Salaried XI                   | 10 Year Certain & Life Annuity |
| Hourly XXII                   | 55% Joint & Survivor Annuity   |
| All other programs            | 50% Joint & Survivor Annuity   |

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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      Normal retirement date
- Disability benefit      Upon disablement
- Retirement benefit      Upon termination of employment

Benefit commencement date for current deferred vested participants      Age 65 for Salaried Program IX, X, XI, and Hourly Program XXII  
Age 62 for all other programs

Benefit adjustments applied to participants past age 65 to reflect actuarial increase for late commencement and potential to be a missing participant.

Percent married      85% of males and females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age      Wife three years younger than husband

Covered pay      For programs with a Salaried base formula, assumed plan compensation for the year beginning on the valuation date was determined as pensionable earnings during the prior year increased with expected salary scale.

Administrative expenses      \$1,400,000

Timing of benefit payments      Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable immediately on date of decrement (lump sum payments for HF are payable at later of age 65 and date of decrement).

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## Methods

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date                  | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Funding target                  | Present value of accrued benefits as required by regulation under IRS § 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 regulation under IRS § 430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Actuarial value of assets       | Actuarial Value of Assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2018 plan year, discounted using the effective interest rate for the 2018 plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Accumulated and vested benefits | <p>Accumulated benefits include benefits earned under the plan's benefit formula based on service rendered and compensation earned before the measurement date.</p> <p>Benefits included in vested benefit are the same as described above for accrued benefits, except the following benefits are excluded:</p> <ul style="list-style-type: none"><li>■ Disability benefits in excess of the value of standard termination benefits (retirement benefits for those eligible) for participants who are not disabled on the measurement date</li><li>■ Early retirement benefits and supplements in excess of standard termination benefits for participants who have not yet satisfied the eligibility requirements for those benefits.</li><li>■ All benefits for participants who are not yet vested in their accrued benefits.</li></ul>                              |
| Benefits not valued             | <p>All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Dover Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The incidental death benefit in the Tranter Hourly program is assumed to be totally offset by company life insurance.</p> <p>The special plan provision for Salaried Programs III and IV (Tipper Tie Salaried and Hourly) in the event of a plant shutdown or a significant reduction in workforce were not valued. It is assumed that the probability of shutdown is negligible. These plan provisions have not been triggered by any work force changes.</p> <p>Some programs pay small benefits in a single lump sum payment. Such lump sums are not explicitly valued as such;</p> |

|                |                                |
|----------------|--------------------------------|
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rather such participants' benefits are valued using the benefit choice assumptions described above.

## Data Sources

Dover, through its third party administrator, furnished participant data as of 1/1/2019. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumption 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Cash balance interest crediting rate                                    | The plan credits interest to Knowles cash balance accounts using the annual yield on the 10-year Treasury Constant Maturity, but with a minimum interest credit rate of 4.50%. After considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Lump sum conversion rate                                                | Lump sum benefits are valued using a long term assumption for the plan's lump sum conversion rate that is based on current high-quality corporate bond rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Rates of increase in compensation, National Average Wages (NAW) and CPI | <p>The Dover Corporation Pension Plan has several programs where the benefit is integrated with Social Security. Therefore, an assumption is needed for how the wage base will increase in future years.</p> <p>The wage base growth assumption is comprised of wage inflation and real per capita economic growth. Historical information (past 50 years) shows real per capita GDP growth in the 1.5% to 2.0% range. In recent years, real wage growth has been suppressed below growth in real per capita GDP, likely due to diversion of wages to cover large health care cost increases, growth in the rate of labor force participation, and dampened economic activity.</p> <p>The assumption for real wage growth differential was set at 1.0% at December 31, 2012. Given the level of health care costs and other demographic factors, we believe this is still a reasonable assumption.</p> <p>Reflecting the above and a cost-of-living assumption of 2.5% produces a wage base growth assumption of 3.5%. The current assumption is 3.5%, and our current</p> |

|                |                                |
|----------------|--------------------------------|
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recommendation is to retain that rate as of December 31, 2018.

## Administrative expenses

Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the average expenses paid from the trust over the past few years.

Expected return on assets      Dover has selected their expected return on plan assets based on input from their investment advisor.

## Assumptions Rationale - Significant Demographic Assumptions

Mortality (other than for lump sums) Assumptions used for funding purposes are prescribed by IRS § 430(h).

For ASC 960, assumptions were selected by the plan sponsor and represent a best estimate of future experience.

## Lump Sum Mortality

Assumptions used for funding purposes are prescribed by IRS § 430(h).

For ASC 960, assumptions were based on the table published by the IRS for determining lump sums under the plan based on current law.

## Termination

Termination rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

## Disability

Disability rates were based on published tables for participants believed to have reasonably similar characteristics, differentiating between the expected differences in disability patterns between hourly and salaried workforces.

## Retirement

Retirement rates were based on an experience study conducted in 2016, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement date for deferred benefits:

- Preretirement death benefit      Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later date is expected to be of approximately equal value.
- Deferred vested benefit      Deferred vested benefits are assumed to begin at a single age benefits - either at Normal Retirement Date for active participants or age 65 or age 62, depending on the program, for current deferred vested participants. Deferred vested early commencement factors for programs with age 65 benefit commencement are generally not subsidized so that the difference between this approach and using

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assumed commencement rates at earlier ages is not expected to be significant. For current deferred vested participants already past age 65 as of the valuation date, benefit adjustments are applied to reflect actuarial increase for late commencement. Additionally, adjustments are made for participants over age 75 to reflect the possibility that these participants may be missing (i.e. 80% likelihood of payment at age 75, grading down to 40% by age 89, and 0% for age 90+).

### Form of payment

The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2013-2015.

The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2013-2015.

### Marital Assumptions

#### ■ Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

#### ■ Spouse age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

### Source of Prescribed Methods

#### Funding methods

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

### Changes in Assumptions and Methods

#### Change in assumptions since prior valuation

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

The valuation mortality assumption was updated to one additional year of projected mortality improvement as required by IRS § 430.

The lump sum mortality table was updated to one additional year of projected mortality improvement as required by IRS § 430.

#### Change in methods since prior valuation

None.

|                |                                |
|----------------|--------------------------------|
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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>DOVER CORPORATION PENSION PLAN                                                                                   | <b>B</b> Three-digit plan number (PN) ▶ 004                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>DOVER CORPORATION                                             | <b>D</b> Employer Identification Number (EIN)<br>53-0257888                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                    |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2019                                                                                                                                                    |                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                             |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 488,899,954                                                                                       |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 488,899,954                                                                                       |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants 2,262 (2) Vested Funding Target 182,397,104 (3) Total Funding Target 182,397,104 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 1,612 79,723,657 79,723,657                                                                                 |
| <b>c</b> For active participants .....                                                                                                                                                                          | 1,275 109,375,339 112,827,398                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | 5,149 371,496,100 374,948,159                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                   |
| <b>b</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 ..... | <b>4b</b>                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> 5.57%                                                                                              |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> 8,423,820                                                                                          |

**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.

|                                                      |                               |                                        |
|------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                     | Megan M Yee <i>My</i>         | 9/2/2020                               |
|                                                      | Signature of actuary          | Date                                   |
| Megan M Yee                                          | Type or print name of actuary | 2007691                                |
| Willis Towers Watson US LLC                          | Firm name                     | Most recent enrollment number          |
|                                                      |                               | 212-309-3400                           |
| 200 Liberty Street<br>6th Floor<br>New York NY 10281 | Address of the firm           | Telephone number (including area code) |

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 181,895,729           | 99,276                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 181,895,729           | 99,276                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-5.48%</u> .....                                                                                | -9,967,886            | -5,440                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 171,927,843           | 93,836                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 84.51%  |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 130.39% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 150.16% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

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

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

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

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.74 %                                                                                                                       | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|-------------------------------------------------------|---|---|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                    | 8,423,820         |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                    | 8,423,820         |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                           | Installment       |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                             | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                             | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>33</b> 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 ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                     |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Carryover balance | Prefunding balance |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                                                                                                                                                                                                                                                                                                                               | 0                 | 0                  |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |

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

|                                                                                  |                                                                                                                         |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                |
|--------------------------|--------------------------------|
| <b>Plan Sponsor</b>      | Dover Corporation              |
| <b>EIN/PN</b>            | 53-0257888/004                 |
| <b>Plan Name</b>         | Dover Corporation Pension Plan |
| <b>Valuation Date</b>    | January 1, 2019                |
| <b>Enrolled Actuary</b>  | Megan M Yee                    |
| <b>Enrollment Number</b> | 20-07691                       |

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

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

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Salaried Program I - Dover Salaried Plan

**Effective Date** Effective January 1, 1959. Amended and restated effective January 1, 2014.

**Covered Employees** All salaried employees of participating companies. Non-union hourly employees that were prior plan participants in the Sargent Industries Pension Plan at the time of merger December 31, 1992, employees of K&L Microwave hired on or after July 1, 2002, Heil Salaried employees hired on or after January 1, 2002, as well as Tipper Tie Co. Salaried and Hourly employees hired on or after January 1, 2003. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014.

### Participating Companies

| Segment                        | Operating Company                                     | Status              |
|--------------------------------|-------------------------------------------------------|---------------------|
| Corporate                      | Headquarters hired prior to 1/1/14                    | Active              |
|                                | Delaware Capital Formation (1/1/2004)                 | Active              |
|                                | Dover Luxemborg Finance SARL, Inc (5/1/2003)          | Active              |
|                                | Dover Services, LLC hired prior to 1/1/14             | Active              |
| Engineered Systems             | Ernest Holmes                                         | Inactive            |
|                                | Peerless Manufacturing                                | Inactive            |
|                                | Supply Chain hired prior to 1/1/14                    | Active              |
|                                | Headquarters (1/1/2010)*                              | Active              |
|                                | Airtomic                                              | Inactive            |
|                                | Central Research Laboratories hired prior to 1/1/14   | Active              |
|                                | De-Sta-Co Manufacturers                               | Divested (9/17/04)  |
|                                | De-Sta-Co Industries hired prior to 1/1/05            | Active              |
|                                | Heil (Environmental) hired after 1/1/03               | Active              |
|                                | Heil (Trailer) hired after 1/1/03                     | Divested (12/30/11) |
|                                | K&L Microwave hired after 7/1/02 and prior to 6/30/06 | Active              |
|                                | Sargent – Aerospace                                   | Inactive            |
|                                | Sargent – Airite                                      | Inactive            |
|                                | Sargent - Fowler                                      | Inactive            |
|                                | Sargent - Franklin, IN hired prior to 1/1/2011        | Divested (4/24/15)  |
|                                | Sargent - Garwood                                     | Inactive            |
| Fluids                         | Sargent - Stillman Steel                              | Inactive            |
|                                | Sargent Controls                                      | Divested (4/24/15)  |
|                                | Vehicle Service Group hired prior to 1/1/14           | Active              |
|                                | Headquarters hired prior to 1/1/14                    | Active              |
|                                | Blackmer hired prior to 1/1/14                        | Active              |
|                                | Cook Compression Machinists hired prior to 1/1/08     | Active              |
|                                | Former Civacon employees                              | Active              |
|                                | OPW Engineered Systems hired prior to 1/1/14          | Active              |
|                                | OPW Fueling Components hired prior to 1/1/06          | Active              |
|                                | Pump Solutions Group (4/1/2009)                       | Active              |
| Refrigeration & Food Equipment | Waukesha Bearings hired prior to 1/1/14               | Active              |
|                                | Headquarters hired prior to 1/1/14                    | Active              |
|                                | SWEP hourly hired prior to 1/1/05                     | Active              |
|                                | SWEP salaried hired prior to 1/1/05                   | Active              |
| Discontinued Operations        | Tipper Tie Sal & Hrly ees hired after 1/1/03          | Divested (11/1/16)  |
|                                | Kurz-Kasch                                            | Inactive (2/28/07)  |
|                                | Norris O'Bannon hired prior to 1/1/14                 | Divested (5/9/18)   |
|                                | Norris Sucker hired prior to 1/1/14                   | Divested (5/9/18)   |
|                                | Norriseal hired prior to 1/1/14                       | Divested (5/9/18)   |
|                                | RPA Technologies                                      | Divested (8/31/06)  |

**Plan Name:** Dover Corporation Pension Plan  
**EIN / PN:** 53-0257888/004  
**Plan Sponsor:** Dover Corporation  
**Valuation Date** January 1, 2019

# SCHEDULE SB ATTACHMENTS

Participation Date Participants as of December 31, 1992 shall continue to participate. All other employees participate first of the month coincident or next following age 21 and 1 year of service.

## Definitions

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                   | One year for each 1,000-hour calendar year of employment excluding plan years prior to attaining age 18.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit Service                   | <p>Prior to January 1, 1976 - Years and complete months of service excluding service prior to attaining age 21.</p> <p>After December 31, 1975 - one year for each calendar year of employment that hours worked are greater than 1,000. A participant will earn 0.1 years of service for every 100 hours worked (rounded up to the next hundred). Benefit service excludes service prior to age 21 and for employees hired after age 60, service prior to 1988.</p>                                                                  |
| Pensionable Pay                   | Prior to January 1, 2003, base compensation plus 50% of bonus, OT, commissions, etc. (92% for employees of Blackmer Pump and OPW Engineered Systems). For employees active on July 1, 2003, base compensation plus 100% of bonus, OT, commissions, etc. For Heil, prior to January 1, 2003, pensionable pay is base pay, OT, commissions and accrued bonus. For Tipper Tie Salaried and Hourly, refer to summary of Plan Provision for Salaried Programs III and IV respectively for definition of pay prior to December 31, 2003.    |
| Average Earnings                  | Twelve times the 60 month average compensation of the highest 60 consecutive calendar months of pensionable pay during the 120 month period ending on the earlier of the participant's termination date or retirement date.                                                                                                                                                                                                                                                                                                           |
| Social Security Integration Level | 158% of the average of the 35 most recent social security taxable wage bases.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Normal Retirement Date            | First of the month coincident or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Monthly Pension Benefit           | <p>As of any date, one twelfth of 1.5% of final average earnings multiplied by benefit service up to 35 years reduced by .5% of final average earnings up to one twelfth of the Social Security Integration Level in effect at determination multiplied by benefit service up to 35 years.</p> <p>Pension benefits will freeze as of December 31, 2023.</p> <p>In no event shall the monthly pension benefit be less than the 12/31/1992 (12/31/1988 if a Super Highly Compensated Employee in 1988) grandfather accrued benefit.</p> |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

Former participants in Sargent Industries Inc. Pension Plan receive one twelfth of the 12/31/1992 accrued benefit indexed for increases in average earnings from 12/31/1992 to date of determination plus the monthly accrued benefit described above based on benefit service after 1/1/1993. The 35 year service cap shall be reduced by the benefit service accrued as of 12/31/1992.

Former participants in the Sweeny Pension Plan receive one twelfth of the 12/31/86 accrued benefit plus the monthly accrued benefit described above based on benefit service after 1/1/87. The 35-year service cap shall be reduced by the benefit service accrued as of 12/31/86.

Tranter employees hired on or before January 1, 1985 receive the greater of the benefit described above and one twelfth of 1% times final average earnings (base pay only) times credited service up to 30 years. Employees can elect the grandfathered tranter benefit unreduced at 62 and 10 years of service.

However, such a Tranter employee will accrue no additional "grandfathered" benefits after December 31, 1991 for any period of time that they are a "highly compensated employee" as described in Section 414(q) of the IRC.

Former participants in Kurz-Kasch Inc. Salaried Retirement Plan receive the greater of one twelfth of their 12/31/2001 accrued benefit under the prior plan or the monthly benefit described above.

Monthly preretirement spouse benefit

50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.

### Eligibility for Benefits

|                              |                                                                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                                                                                                           |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completion of 5 years of vesting service.<br><br>For the Tranter grandfather, retirement before NRD and on or after age 55 and completion of 10 years of service. |
| Postponed Retirement         | Retirement after NRD.                                                                                                                                                                                                        |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.                                                                                                              |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.                                                                                                                          |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse.                                                                                                            |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months of payment prior to NRD.<br><br>The Tranter grandfathered benefit is unreduced at 62 and 10 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Postponed Retirement                      | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Disability Retirement                     | Participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date, with early retirement reductions for payments prior to age 65 (as described under early retirement above). Payments prior to age 55 are reduced on an actuarial basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity (married participants), a five-year certain and life annuity, a ten-year certain and life annuity, lump sum distribution of the full amount payable, or (for married participants) a life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/1993.                                                                                                                                                                                                                                                                                                                                               |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

As a result of the spin-off to Apergy on May 9, 2018, Hourly Program III (Norris USW) is no longer a part of the Dover Corporation Pension Plan.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

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## Salaried Program II - K&L Microwave

|                    |                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective January 1, 1978. Amended and restated effective January 1, 2014.                                                                                                                                            |
| Covered Employees  | Non-Bargaining unit employees hired prior to July 1, 2002. Employees hired on or after July 1, 2002 and before June 30, 2006 are covered under the provisions of Salaried Program I.                                  |
| Participation Date | Employees as of December 31, 1978 that are age 21 with 1 or more years of service participate on January 1, 1978. All other employees participate on the January 1, or July 1 following age 21 and 1 year of service. |

## Definitions

|                         |                                                                                                                                                                                                                    |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service         | One year for each 1,000-hour calendar year of employment.                                                                                                                                                          |
| Benefit Service         | One year for each 1000-hour calendar year of employment after age 21.                                                                                                                                              |
| Participation Service   | One year for each 1000-hour calendar year after date of participation.                                                                                                                                             |
| Pensionable Pay         | Total pay including overtime and regular bonuses but excluding payments under Dover's long term incentive programs.                                                                                                |
| Average Earnings        | Twelve times the average compensation of the highest 60 consecutive calendar months of pensionable pay during the 120 month period ending on the earlier of the participant's termination date or retirement date. |
| Social Security Benefit | The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.        |
| Normal Retirement Date  | First of the month coincident or next following the earlier of the attainment of age 65 with 5 years of participation service or the attainment of age 62 with 10 years of participation service.                  |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Pension Benefit              | <p>As of any date, one twelfth of 1.6% of final average earnings multiplied by benefit service projected to normal retirement date up to 41 years reduced by 1.25% of the primary Social Security Benefit multiplied by benefit service projected to normal retirement up to 41 years. This amount is multiplied by a fraction not greater than 1 equal to participation service at determination date over participation service projected to normal retirement date (no limit).</p> <p>Pension benefits will freeze as of December 31, 2023.</p> <p>Participants as of June 30, 1984 shall have a minimum "grandfathered" benefit payable at attainment of both age 55 and 10 years of participation service. This minimum "grandfathered" benefit is frozen as of December 31, 2003. The guaranteed minimum is based on the prior plan formula and form of payment assuming the Average Compensation is the greatest of:</p> <ul style="list-style-type: none"><li>- 1983 compensation</li><li>- 60% of current Average Earnings (as of the earlier of determination date or 12/31/2003).</li><li>- 100% of Average earnings determined as of December 31, 1983</li></ul> |
| "Grandfathered" Benefit              | <p>One twelfth of 1.1254% of Average Compensation plus .6222% of Average Compensation in excess of Social Security Covered Compensation multiplied by benefit service projected to normal retirement up to 27 years. This amount is multiplied by a fraction not greater than 1 equal to participation service at the earlier of determination date or December 31, 2003 over participation service projected to normal retirement date (no limit).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Monthly preretirement spouse benefit | <p>50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

### Eligibility for Benefits

|                              |                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completing 5 years of vesting service.                 |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.   |
| Postponed Retirement         | Retirement after NRD.                                                                                             |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.               |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced by .4% for each month of payment prior to NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Postponed Retirement                      | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Disability Retirement                     | Participants can choose from an unreduced monthly benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date, with early retirement reductions for payments prior to NRD (as described under early retirement above). Payments prior to age 55 are reduced on an actuarial basis.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, or 100% joint and survivor annuity (married participants), a lump sum of the full amount payable, a ten-year certain and life annuity, and a five-year certain and life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/1993.                                                                                                                                                                                                                                                                                                   |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program III - Tipper Tie Salaried

|                    |                                                                                                                                                                                                                                                               |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective September 1, 1981. Amended and restated effective January 1, 2014. Divested on 11/1/2016                                                                                                                                                            |
| Covered Employees  | All salaried employees of the employer not covered by a collective bargaining agreement and hired prior to January 1, 2003. Employees hired on or after January 1, 2003 are covered under the provisions of Salaried Program I.                               |
| Participation Date | Participants as of December 31, 1988 shall continue to participate. All other employees participate upon date of employment. As of January 1, 2003, participation begins on the first of the month coincident or next following age 21 and 1 year of service. |

## Definitions

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                   | One year for each 1,000-hour calendar year of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefit Service                   | <p>Prior to January 1, 1989 - years and complete months of service earned under the prior plan.</p> <p>After December 31, 1988 one year for each 1000-calendar year of employment. After January 1, 2004, a participant will earn 0.1 years of service for every 100 hours worked (rounded up to the next hundred).</p>                                                                                                                                                                                                                 |
| Pensionable Pay                   | Prior to January 1, 2004, regular basic salary plus shift differentials and overtime but excluding incentive payments, bonuses, commissions and accrued vacation at termination. After January 1, 2004, base pay, plus 100% of bonus, OT and commissions.                                                                                                                                                                                                                                                                               |
| Average Earnings                  | The average of the highest five consecutive plan years out of 10 consecutive plan years ending on the earlier of the participant's termination date or retirement date. Plan year in which the participant did not complete 1,000 hours of service are excluded.                                                                                                                                                                                                                                                                        |
| Social Security Integration Level | 158% of the average of the 35 most recent social security taxable wage bases.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Normal Retirement Date            | First of the month coincident or next following the attainment of age 65 with 5 years of benefit service. In the case of a plant closing, normal retirement shall be the earlier of age 65 with 5 years of benefit service or age 55 with 10 years of vesting service                                                                                                                                                                                                                                                                   |
| Monthly Pension Benefit           | <p>The sum of A plus B:</p> <p>(A) One twelfth of the larger of 1-1/3% of average annual earnings multiplied by benefit service (through December 31, 2003), or, \$102 multiplied by benefit service (through December 31, 2003). This monthly benefit is offset by the 9/1/1981 Rheem Manufacturing Company frozen accrued benefit.</p> <p>(B) One twelfth of 1.5% of final average earnings multiplied by benefit service (after December 31, 2003) limited to 35 years reduced by .5% of final average earnings up to the Social</p> |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

Security Integration Level in effect at determination multiplied by benefit service (after December 31, 2003).

Pension benefits will freeze as of December 31, 2023.

Monthly preretirement spouse benefit 50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.

## Eligibility for Benefits

|                              |                                                                                                                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                                                                                                |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completion 10 years of vesting service.                                                                                                                |
| Postponed Retirement         | Retirement after NRD.                                                                                                                                                                                             |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.                                                                                                   |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.                                                                                                               |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse.                                                                                                 |
| Special Unreduced Retirement | The unreduced monthly pension benefit is payable after attaining age 55 with 10 years of vesting service if the participant terminated by reason of plant closing, department closing or reduction in work force. |

## Monthly Benefits Paid Upon the Following Events

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement     | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Early Retirement      | <p>The "A" portion of the monthly pension benefit determined as of early retirement date is unreduced if 30 or more years of vesting service, otherwise, this amount is reduced by 3% for each year of payment prior to the earlier of attaining age 65 or 30 years of vesting service, plus</p> <p>The "B" portion of the monthly pension benefit determined as of early retirement date reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months of payment prior to NRD.</p> |
| Postponed Retirement  | For participants who postponed retirement prior to December 31, 2003, the greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined as of December 31, 2003 based on service and pay as of NRD. For all other participants, the monthly pension benefit determined based on service and pay as of actual retirement date.                                                                               |
| Disability Retirement | Participants can choose from an unreduced monthly pension benefit payable for life with a minimum monthly amount of \$150, and deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                        |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date payable on NRD. With 10 year of vesting service at termination, early payment at age 55 is permitted with actuarial reduction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity (married participants), 5-year certain and life, a 10-year certain and life annuity lump sum distribution of the full amount payable, or (for married participants) a life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/1993.                                                                                                                                                                                                                                                                                                                                 |
| Transfers                                 | Transfers into Program III from Program IV (Tipper Tie Hourly) receive benefit service from date of transfer with pensionable pay before transfer considered in the average earnings calculation. All other transfers into Program III receive benefit service from date of transfer and pensionable pay from date of transfer. Transfers out of Program III cease to accrue benefit service or reflect pensionable pay earned as of the transfer-out date.                                                                                                                                                                                                                        |

### Plan Provisions Not Valued

The plant closing retirement enhancement was not valued.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program IV - Tipper Tie Hourly

|                    |                                                                                                                                                                                                                                                               |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective September 1, 1981. Amended and restated effective January 1, 2014. Divested 11/2                                                                                                                                                                    |
| Covered Employees  | All hourly employees of the employer not covered by a collective bargaining agreement and hired prior to January 1, 2003. Employees hired on or after January 1, 2003 are covered under the provisions of Salaried Program I.                                 |
| Participation Date | Participants as of December 31, 1988 shall continue to participate. All other employees participate upon date of employment. As of January 1, 2003, participation begins on the first of the month coincident or next following age 21 and 1 year of service. |

## Definitions

|                                   |                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                   | One year for each 1,000-hour calendar year of employment.                                                                                                                                                                                                                                                              |
| Benefit Service                   | <p>Prior to January 1, 1989 - years and complete months of service earned under the prior plan.</p> <p>After December 31, 1988 one year for each 1000-calendar year of employment. After January 1, 2004 a participant will earn 0.1 years of service for every 100 hours worked (rounded up to the next hundred).</p> |
| Pensionable Pay                   | Prior to January 1, 2004, regular basic salary plus shift differentials and overtime but excluding incentive payments, bonuses, commissions and accrued vacation at termination. After January 1, 2004, base pay, plus 100% of bonus, OT and commissions.                                                              |
| Average Earnings                  | The average of the highest five consecutive plan years out of 10 consecutive plan years ending on the earlier of the participant's termination date or retirement date.                                                                                                                                                |
| Social Security Integration Level | 158% of the average of the 35 most recent social security taxable wage bases.                                                                                                                                                                                                                                          |
| Normal Retirement Date            | First of the month coincident or next following the attainment of age 65 with 5 years of benefit service. In the case of a plant closing, normal retirement shall be the earlier of age 65 with 5 years of benefit service or age 55 with 10 years of vesting service                                                  |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Pension Benefit              | <p>The sum of A plus B:</p> <p>(A) One twelfth of \$108 multiplied by service through December 31, 1988 plus the larger of 1-1/3% of average annual earnings multiplied by benefit service on or after January 1, 1989 and through December 31, 2003, or \$102 multiplied by benefit service on or after January 1, 1989 and through December 31, 2003.</p> <p>This monthly benefit is offset by the 9/01/1981 Rheem Manufacturing Company frozen accrued benefit.</p> <p>(B) One twelfth of 1.5% of final average earnings multiplied by benefit service (after December 31, 2003) limited to 35 years reduced by .5% of final average earnings up to the Social Security Integration Level in effect at determination multiplied by benefit service (after December 31, 2003) limited to 35 years.</p> <p>Pension benefits will freeze as of December 31, 2023.</p> |
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

### Eligibility for Benefits

|                              |                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                                                                              |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completion 10 years of vesting service.                                                                                              |
| Postponed Retirement         | Retirement after NRD.                                                                                                                                                                           |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.                                                                                 |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.                                                                                             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse.                                                                               |
| Special Unreduced Retirement | An unreduced amount is payable after attaining age 55 with 10 years of vesting service if the participant terminated by reason of plant closing, department closing or reduction in work force. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Early Retirement                          | <p>The "A" portion of the monthly pension benefit determined as of early retirement date is unreduced if 30 or more years of vesting service, otherwise, this amount is reduced by 3% for each year of payment prior to the earlier of attaining age 65 or 30 years of vesting service, plus</p> <p>The "B" portion of the monthly pension benefit determined as of early retirement date reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months of payment prior to NRD.</p>                                                                                                                                                                   |
| Postponed Retirement                      | For participants who postponed retirement prior to December 31, 2003, the greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined as of December 31, 2003 based on service and pay as of NRD. For all other participants, the monthly pension benefit determined based on service and pay as of actual retirement date.                                                                                                                                                                                                                                                 |
| Disability Retirement                     | Participants can choose from an unreduced monthly pension benefit payable for life with a minimum monthly amount of \$150, and deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date payable on NRD. With 10 years of vesting service at termination early payment at age 55 permitted with actuarial reduction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity (married participants), a 5-year certain and life, a 10-year certain and life annuity, lump sum distribution of the full amount payable, or (for married participants) a life annuity, |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/1993.                                                                                                                                                                                                                                                                                                                                    |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions Not Valued

The retirement enhancement payable in the event of plan closing was not valued.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
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| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program V - Duncan Industries

|                    |                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective August 1, 1975. Amended and restated effective January 1, 1996.                                                                                                                                                                                                                                                                                                       |
| Covered Employees  | All permanent and full time employees of the employer not covered by a collective bargaining agreement. All non-bargaining employees of the employer that are not permanent and full time must be age 21 with one year of service.                                                                                                                                              |
| Participation Date | Permanent and full time covered employees participate on the January 1 following employment. All other covered employees participate on the January 1 following attainment of age 21 and 1 year of service and completion of 1,000 hours during first year or subsequent plan years. This location was sold effective June 30, 2003. There are no new entrants after this date. |

## Definitions:

|                        |                                                                                                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service        | The number of plan years prior to August 1, 1990 in which the participant is credited with 1,000 hours plus years and months of service after August 1, 1990.                                                                                                                                                                            |
| Benefit Service        | Years and months of service from the later of participation or August 1, 1975, through June 30, 2003.                                                                                                                                                                                                                                    |
| Pensionable Pay        | Basic compensation excluding overtime, bonuses, commissions, reimbursements for expenses, severance pay and unused vacation pay.                                                                                                                                                                                                         |
| Average Earnings       | Twelve times the monthly average of the highest 5 consecutive plan years out of 10 consecutive plan years ending on the earlier of the participant's termination date or retirement date. The greater of the earnings from 8/1/1989 through 7/31/1990 or from 1/1/1990 through 12/31/1990 will be used for the plan year ending in 1990. |
| Covered Compensation   | The average of Social Security Taxable Wage Bases for the 35 calendar years ending with the year a participant attains Social Security Retirement Age, projected at current wage base when necessary.                                                                                                                                    |
| Normal Retirement Date | First of the month coincident or next following the attainment of age 65 with 5 years of vesting service.                                                                                                                                                                                                                                |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Pension Benefit              | As of any date, one twelfth of the larger of (A) or (B).<br><br>(A) 3/4% of average earnings multiplied by years of benefit service plus 1/2% of average earnings in excess of covered compensation multiplied by years of benefit service up to 35 years.<br><br>(B) the sum of (i) and (ii) below:<br><br>(i.) The prior plan accrued benefit as of July 31, 1989 adjusted by a fraction (not less than 1) where the numerator is the average earnings at determination and the denominator is the average earnings as of July 31, 1989.<br><br>(ii.) 3/4% of average earnings multiplied by years of benefit service after July 31, 1989 plus 1/2% of average earnings in excess of covered compensation multiplied by years of benefit service after July 31, 1989 up to a maximum of 35 years less the amount of service accrued as of July 31, 1989. |
| Monthly preretirement spouse benefit | See below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### Eligibility for Benefits

|                              |                                                                                                                                                                          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                                                       |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completion ten years of vesting service.                                                                      |
| Postponed Retirement         | Retirement after NRD.                                                                                                                                                    |
| Disability Retirement        | Retirement after becoming permanently disabled.                                                                                                                          |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service. Effective June 30, 2003 all participants are considered 100% vested. |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement.                                                                                         |

### Monthly Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                                                               |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement    | Monthly pension determined as of NRD.                                                                                                                                                                         |
| Early Retirement     | Monthly pension benefit determined as of early retirement date reduced by 1/180 for the first 60 months and 1/360 for the next 60 months of payment prior to NRD.                                             |
| Postponed Retirement | The greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined based on service and pay as of NRD. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability Retirement                     | Actuarially reduced monthly pension benefit determined as of date of disability and payable 6 months after disability retirement date until the later of full recovery or death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date payable on NRD, less preretirement death benefit charge if notified and option not waived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Death with preretirement spouse benefits  | Actuarial equivalent lump sum value of the monthly pension benefit determined as of date of death payable immediately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% or 100% joint and survivor annuity, any methods available under the plan with a period certain feature, lump sum distribution of the full amount payable, or (for married participants) a life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/93.                                                                                                                                                                                                                                                                                                                           |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program VI – Heil Salaried

|                    |                                                                                                                                                                                                                                                                |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective January 1, 1944. Amended and restated effective November 1, 1989. Amended effective January 1, 2014.                                                                                                                                                 |
| Covered Employees  | All salaried, clerical or commissioned employees of the employer not covered by a collective bargaining agreement that are hired prior to January 1, 2003. Employees hired on or after January 1, 2003 are covered under the provisions of Salaried Program I. |
| Participation Date | Participants as of October 31, 1989 shall continue to participate. All other employees participate on the first of the month following 1 year of service in which 1,000 hours are worked with participation effective from date of hire.                       |

## Definitions

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                   | Years and months from date of hire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit Service                   | Years and months from date of hire. Benefit service commences September 1, 1993 for J&L Tank employees. Benefit service commences January 1, 1998 for Trailmaster employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pensionable Pay                   | Prior to January 1, 2003, total compensation including bonus, overtime, and commissions. After January 1, 2003, base pay plus 100% of bonus, OT and commissions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Average Earnings                  | Twelve times the 60 month average compensation preceding severance or the highest 5 consecutive calendar years of pensionable pay during the 10 year period ending on the earlier of the participant's termination date or retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Social Security Integration Level | 158% of the average of 35 most recent social security taxable wage bases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Normal Retirement Date            | First of the month coincident or next following the attainment of age 65 with 5 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Monthly Pension Benefit           | <p>As of any date, one twelfth of the greater of (A) + (B) or (C). Participants as of December 31, 1991 are also entitled to a grandfathered minimum benefit.</p> <p>(A) 1.4% of average earnings (as of the earlier of termination date or December 31, 2007) multiplied by years of benefit service through December 31, 2002.</p> <p>(B) 1.5% of average earnings multiplied by benefit service after December 31, 2002 and up to 35 years reduced by .5% of average earnings up to the Social Security Integration Level in effect at determination multiplied by benefit service after December 31, 2002 and up to 35 years.</p> <p>(C) The formula shown in (B) above applied for all service.</p> <p>Pension benefits will freeze as of December 31, 2023.</p> |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grandfathered Minimum Benefit        | <p>For participants with 1988 earnings less than \$52,235, the amount calculated as (A)+(BxC) below:</p> <p>(A) The participant's December 31, 1991 accrued benefit under the prior plan.</p> <p>(B) 1.4% of average earnings as of December 31, 2002.</p> <p>(C) Benefit service between December 31, 1991 and December 31, 2002.</p> <p>For participants with 1988 earnings of at least \$52,235, the amount calculated as (A)+(BxC) below:</p> <p>(A) The participant's December 31, 1989 accrued benefit under the prior plan.</p> <p>(B) 1.4% of average earnings as of December 31, 2002.</p> <p>(C) Benefit service between October 31, 1989 and December 31, 2002.</p> |
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

### Eligibility for Benefits

|                              |                                                                                                                                       |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                    |
| Early Retirement             | Retirement before NRD and on or after attaining age 60 and completion 15 years of vesting service.                                    |
| Postponed Retirement         | Retirement after NRD.                                                                                                                 |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.                       |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.                                   |
| Preretirement spouse benefit | Death on or after 8/22/84 while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse. |

### Monthly Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement    | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Early Retirement     | Monthly pension benefit determined as of early retirement date by 5/9 of 1% for each month of payment prior NRD. For participants prior to November 1, 1991, the greater of this amount or the sum of the frozen accrued benefit as of transition date, reduced by 5/9 of 1% for each month of payment prior to age 62 plus the current benefit formula based on years of benefit service after the transition date reduced by 5/9 of 1% for each month of payment prior NRD. |
| Postponed Retirement | Monthly pension determined as of postponed retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability Retirement                                               | Participants can choose from an unreduced monthly pension benefit payable for life, and deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Termination with deferred vested benefits                           | Monthly pension benefit determined as of termination date payable on NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Death with preretirement spouse benefits                            | Monthly pre-retirement spouse benefit is payable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Forms of payment                                                    | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity (married participants), 5 or 10 year certain and life, lump sum distribution, or a life annuity. |
| Maximum on benefits and pay                                         | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits in the plan year prior to January 1, 1994 (October 31, 1994).                                                                                                                                                                                                  |
| Transfers                                                           | Transfers from Heil Hourly are credited with all service as a Heil employee and their salaried benefit based on all service is offset by the benefit earned as an hourly employee.                                                                                                                                                                                                                                                                                                                                                                                                              |
| Participants in the Prior Woodbridge, Cleveland and Teamsters Plans | <p>As of November 1, 1988, these three plans were merged into this plan. These three plans have no active participants. All terminated participants with deferred vested benefits and retired participants have fixed accrued benefits governed by the provisions of these plans when they were active participants.</p> <p>The Cleveland and Teamsters plans have no participants other than current retirees. The Woodbridge plan has terminated deferred vested employees.</p>                                                                                                               |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program VII – Salwasser

|                    |                                                                                                                                                                                                                                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective April 1, 1959. Amended and restated effective April 1, 1987. Latest amendment effective December 31, 2000.                                                                                                               |
| Covered Employees  | All permanent and full time employees of the employer not covered by a collective bargaining agreement. All non-bargaining employees of the employer that are not permanent and full time must be age 21 with one year of service. |
| Participation Date | Effective December 31, 2000, the plan is closed to new participants. Employees 50 with 15 years of vesting service as of December 30, 2000 continue to accrue benefits. This group was sold effective January 31, 2007.            |

## Definitions:

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service              | One year for each plan year in which the employee is credited with 1,000 hours of service. Service prior to age 18 is excluded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Benefit Service              | One year for each plan year in which the employee is a participant in the plan and is credited with 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pensionable Pay              | Basic compensation excluding overtime, bonuses and commissions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Average Earnings             | Twelve times the monthly average of the highest 3 consecutive plan years out of 10 consecutive plan years ending on the last day of the plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal Retirement Date (NRD) | First of the month coincident or next following the attainment of age 65 with 5 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Monthly Pension Benefit      | <p>As of any date, one twelfth of the larger of (A) or (B) multiplied by the ratio of current benefit service over benefit service projected to NRD. This monthly pension benefit is only applicable for those participants who have attained age 50 with 15 years of benefit service as of December 31, 2000. All other participants will have their benefits frozen as of December 31, 2000 and will not continue to accrue a future monthly pension benefit.</p> <p>(A) 20% of average earnings.</p> <p>(B) Based upon date of hire, (i.) or (ii.) below:</p> <p>(i.) If hired prior to April 1, 1995:<br/>1.50% of average earnings multiplied by years of vesting service up to a maximum of 27 years.</p> <p>(ii.) If hired after March 31, 1995:<br/>1.35% of average earnings multiplied by years of vesting service up to a maximum of 30 years.</p> |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

Monthly preretirement spouse benefit      See below.

### Eligibility for Benefits

|                              |                                                                                                      |                            |                            |
|------------------------------|------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                   |                            |                            |
| Early Retirement             | Retirement before NRD and on or after attaining age 60 and completion of 5 years of benefit service. |                            |                            |
| Postponed Retirement         | Retirement after NRD.                                                                                |                            |                            |
| Vesting                      |                                                                                                      | Hired before April 1, 1995 | Hired after March 31, 1995 |
|                              | First Year                                                                                           | 10%                        | 0%                         |
|                              | Second Year                                                                                          | 20%                        | 0%                         |
|                              | Third Year                                                                                           | 30%                        | 20%                        |
|                              | Fourth Year                                                                                          | 40%                        | 40%                        |
|                              | Fifth Year                                                                                           | 60%                        | 60%                        |
|                              | Sixth Year                                                                                           | 80%                        | 80%                        |
|                              | Seventh Year                                                                                         | 100%                       | 100%                       |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement.                     |                            |                            |

### Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                               |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date is reduced on an actuarially equivalent basis using a 6% discount rate and the 1971 GAM-male annuity table.                                                                                                                                                                                                                                                          |
| Postponed Retirement                      | The greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined based on service and pay as of NRD.                                                                                                                                                                                                                       |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date payable on NRD. With 5 years of vesting service at termination, early payment at age 60 is permitted with actuarial reduction.                                                                                                                                                                                                                                            |
| Death with preretirement spouse benefits  | If the Plan has purchased life insurance contracts on the employee's behalf, the regular death benefit is the greater of the face value of the contract or the lump sum value of the vested accrued benefit. If a pre-retirement survivor annuity is payable, the regular death benefit is reduced by the value of the pre-retirement survivor annuity. An optional payment form can be selected with lump sum as the default form. |

Plan Name:           Dover Corporation Pension Plan  
EIN / PN:           53-0257888/004  
Plan Sponsor:       Dover Corporation  
Valuation Date      January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment            | Monthly pension benefits are paid as described above, in the form of a 10 year certain and continuous annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% or 100% joint and survivor annuity, any methods available under the plan with a period certain feature, lump sum distribution of the full amount payable, or (for married participants) a life annuity. Postponed retirees can elect an in-service withdrawal as a form of payment. |
| Maximum on benefits and pay | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of December 31, 1993.                                                                                                                                                                                                                                                                                                                                                                                   |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program VIII – Warn Industries

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective July 1, 1970. Amended and restated effective January 1, 2003. Divested as of November 1, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Covered Employees  | All permanent and full time employees of the employer not covered by a collective bargaining agreement. All non-bargaining employees of the employer that are not permanent and full time must be age 21 with one year of service.                                                                                                                                                                                                                                                                                                                                                 |
| Participation Date | Permanent and full time covered employees participate on the July 1 or January 1 coincident or next following attainment of age 21 and 1 year of service. Effective December 31, 2001 the plan is closed to all new entrants and the last participation date shall be July 1, 2001. After December 31, 2001, only participants who have attained age 50 with 15 years of benefit service and the sum of age and service greater than or equal to 70 as of December 31, 2001 continue to accrue benefits. Warn was sold on November 1, 2017 and all remaining accruals were frozen. |

## Definitions:

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                      | One year for each 1,000 hour calendar year of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit Service                      | One year for each 1,000 hour calendar year of participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Pensionable Pay                      | Total W2 earnings plus elective deferrals to 403(b) accounts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Average Earnings                     | The average of the highest 3 consecutive plan years out of 10 consecutive plan years ending on the earlier of the participant's termination date or retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Normal Retirement Date               | First of the month coincident or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Monthly Pension Benefit              | <p>As of any date, one twelfth of 1.6% of average annual earnings times benefit service projected to normal retirement date up to 25 years. This amount is multiplied by a fraction not greater than 1 equal to benefit service at determination date over benefit service projected to normal retirement date (no limit).</p> <p>For those participants who have attained age 50 with 15 years of benefit service or the sum of age and service greater than or equal to 70 as of December 31, 2001, this monthly benefit was applicable through October 31, 2017 and no further benefits were accrued after that time. All other participants had their benefits frozen as of December 31, 2001 and accrued no further benefits after that time.</p> |
| Monthly preretirement spouse benefit | See below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                              |                                                                                                                                                                                         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                                                                                      |
| Early Retirement             | Retirement before NRD and on or after attaining age 62 and completion twenty years of vesting service.                                                                                  |
| Postponed Retirement         | Retirement after NRD.                                                                                                                                                                   |
| Disability Retirement        | Retirement after becoming permanently disabled for six months.                                                                                                                          |
| Deferred Vested              | Prior to January 1, 2002, termination for reasons other than death or retirement after completing 5 years of vesting service. All participants are 100% vested as of December 31, 2001. |
| Preretirement spouse benefit | Death of a participant.                                                                                                                                                                 |

## Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date. The benefit is not reduced for early commencement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Postponed Retirement                      | The greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined based on service and pay as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Disability Retirement                     | Actuarially reduced monthly pension benefit determined as of date of disability and payable 6 months after disability retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Termination with deferred vested benefits | Actuarially reduced monthly pension benefit determined as of termination date payable as early as age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Death with preretirement spouse benefits  | Actuarial equivalent lump sum value of the monthly pension benefit determined as of date of death payable immediately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity (married participants), a life annuity with a period certain feature not to exceed the participant's expected future lifetime, lump sum distribution of the full amount payable, installments, or (for married participants) a life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/93.                                                                                                                                                                                                                                                                                                                                                                                                   |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program IX – Knowles Electronics

Effective January 1, 2002, a "cash balance" benefit structure was added to the Knowles Electronics, LLC Pension Plan.

- ▶ Employees who were hired prior to May 1, 2002 and who were age forty or older on May 1, 2002 will remain covered under the prior version of the plan, which is a traditional "final average earnings" benefit structure.
- ▶ Employees who are hired after May 1, 2002 are covered under the cash balance benefit structure.
- ▶ Employees who were hired prior to May 1, 2002 and who were under age forty on May 1, 2002 are covered under the final average earnings benefit structure for service prior to January 1, 2002 and under the cash balance benefit structure for service after December 31, 2001.

The final average earnings benefit, for service prior to January 1, 2002, is indexed to reflect the individual's final average earnings at termination or retirement.

The cash balance account on January 1, 2002 is \$0 and will accumulate with pay credits and interest credits for service after December 31, 2001.

The total accrued benefit at termination or retirement cannot be less than the accrued benefit the individual would have earned under the final average earnings formula as of the cash balance amendment adoption date.

Effective December 31, 2013, all plan benefits were frozen and all active participants who did not satisfy vesting as of such date were immediately vested as of that date. Knowles was divested on February 28, 2014. Former Knowles terminated vested entitled to a final average pay plan benefit were offered a one-time option to receive their benefit as a lump sum in October, 2014.

## Final Average Pay Plan Provisions

|                    |                                                                                                                                                                                                                                                                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date     | Amended and restated effective January 1, 2002. Amended effective January 1, 2014.                                                                                                                                                                                                                      |
| Covered employees  | Employees who were hired prior to May 1, 2002 and who were age forty or older on May 1, 2002: for all service.<br><br>Employees who were hired prior to May 1, 2002 and who were under age forty on May 1, 2002: for service prior to January 1, 2002<br><br>Knowles was divested on February 28, 2014. |
| Plan participation | All employees who were participants under the prior provisions of the plan continue to be participants.                                                                                                                                                                                                 |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Definitions

|                                  |                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuous service               | Elapsed time since last date of hire. If a break in service of less than 12 months occurs, the severance period and the prior service period will be included in the participant's continuous service. If a break in service exceeds 12 months but does not exceed the prior period of service, the prior period of service will be included. |
| Vesting service                  | Same as Continuous Service.                                                                                                                                                                                                                                                                                                                   |
| Credited service                 | Continuous Service from the participant's date of participation, including the one year required for participation eligibility.<br><br>Periods of severance are not included, even if considered as Continuous Service.                                                                                                                       |
| Compensation                     | Total cash compensation, before withholding, including base pay, overtime, bonuses, commissions, elective contributions under Section 401(k) and Section 125 plans, and excluding any employer contributions to a deferred compensation plan.<br><br>Compensation is limited by the pay cap provided in Code Section 401(a)(17).              |
| Average monthly earnings         | Monthly average of the participant's compensation, limited to the Social Security Wage Base, during that period of three consecutive years ending with or within the year of determination.                                                                                                                                                   |
| Final average monthly earnings   | Monthly average of the participant's compensation during that period of five consecutive years during which the participant received his highest compensation within the ten-year period ending on the date of termination.                                                                                                                   |
| Covered compensation             | The 35-year average of the Social Security Wage bases ending in the year a participant attains Social Security normal retirement age.                                                                                                                                                                                                         |
| Social Security offset allowance | .65% multiplied by years of Credited Service (not to exceed 25 years) multiplied by the Average Monthly Earnings or 1/12th of Covered Compensation.                                                                                                                                                                                           |
| Monthly pension benefit          | 2% of Final Average Monthly Earnings multiplied by years of Credited Service (not to exceed 25 years), reduced by the participant's Social Security Offset Allowance.<br><br>Effective December 31, 2013, all plan benefits were frozen.                                                                                                      |

## Benefit eligibility

|                              |                                                                                                                                                                          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Age 65 with five years of Vesting Service.                                                                                                                               |
| Early retirement             | Age 55 with five years of Vesting Service.                                                                                                                               |
| Deferred vested              | Five years of Vesting Service. Effective December 31, 2013, all active participants who did not satisfy vesting as of such date were immediately vested as of that date. |
| Pre-retirement death benefit | Death of a married participant while eligible for retirement or deferred vested benefit.                                                                                 |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

Disability retirement Total and permanent disability after 5 years of Vesting Service.

### Benefits payable

|                                          |                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly Pension Benefit.                                                                                                                                                                                                                                                                                                    |
| Early retirement                         | Monthly Pension Benefit reduced by 8% per year early for ages 62 to 65 and by 4% per year for ages 55 to 62.                                                                                                                                                                                                                |
| Termination with deferred vested benefit | Monthly Pension Benefit, payable at age 65. Payments may commence as early as age 55, and are then reduced as for early retirement above.                                                                                                                                                                                   |
| Pre-retirement death benefit             | Immediate annuity payable to the surviving spouse, determined as if the participant had retired immediately prior to death and elected the 50% surviving spouse annuity option. There is no reduction for commencement of benefits prior to age 65.                                                                         |
| Disability retirement                    | Monthly Pension Benefit, commencing at Total and Permanent Disability.                                                                                                                                                                                                                                                      |
| Form of payment                          | Retirement and termination benefits are paid as a single life annuity if the participant has no eligible spouse, otherwise as an actuarially reduced 50% joint and survivor annuity. In lieu of the basic form of payment, the participant may elect an optional form of payment, which is actuarially equivalent in value. |

### Cash Balance Plan Provisions

|                    |                                                                                                                                                                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date     | January 1, 2002. Amended effective January 1, 2014.                                                                                                                                                                                           |
| Covered employees  | Employees who were hired after May 1, 2002: All service.<br><br>Employees who were hired prior to May 1, 2002 and who were under age forty on May 1, 2002: Service after December 31, 2001.<br><br>Knowles was divested on February 28, 2014. |
| Plan participation | Anniversary date following the completion of one year of Continuous Service. Effective December 31, 2013, participation and benefits were frozen.                                                                                             |

### Definitions

|                    |                                                                                                                                                                                                                                                                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuous service | Elapsed time since last date of hire. If a break in service of less than 12 months occurs, the severance period and the prior service period will be included in the participant's continuous service. If a break in service exceeds 12 months but does not exceed the prior period of service, the prior period of service will be included. |
| Vesting service    | Same as Continuous Service.                                                                                                                                                                                                                                                                                                                   |
| Credited service   | Continuous Service from the participant's date of participation, including the one year required for participation eligibility.<br><br>Periods of severance are not included, even if considered as Continuous Service.                                                                                                                       |

Plan Name: Dover Corporation Pension Plan  
EIN / PN: 53-0257888/004  
Plan Sponsor: Dover Corporation  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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**Compensation** Total cash compensation, before withholding, including base pay, overtime, bonuses, commissions, elective contributions under Section 401(k) and Section 125 plans, and excluding any employer contributions to a deferred compensation plan.

Compensation is limited by the pay cap provided in Code Section 401 (a)(17).

**Opening cash balance account** The opening cash balance account has a zero balance until the first Pay Credit is allocated.

**Cash balance account** A hypothetical account maintained for each participant consisting of the accumulation of Pay Credits and Interest Credits.

**Pay credit** At the end of each plan year, the participant's Cash Balance Account is allocated a Pay Credit equal to the percentage from the table below, multiplied by his Compensation for that plan year.

| Sum of Attained Age<br>And Credited Service | Annual<br>Pay Credit |
|---------------------------------------------|----------------------|
| Less than 40                                | 3.0%                 |
| 40 to 49                                    | 3.5%                 |
| 50 to 59                                    | 4.5%                 |
| 60 to 69                                    | 6.0%                 |
| 70 or more                                  | 7.5%                 |

Effective December 31, 2013, Pay Credits were frozen.

**Interest credit** At the end of each plan year that the participant has a Cash Balance Account, the Cash Balance Account is allocated an interest credit equal to the value of the Cash Balance Account as of the end of the preceding plan year, multiplied by the Interest Crediting Rate for the current plan year.

**Interest crediting rate** Annual yield on the 10-year Treasury Constant Maturity that is in effect for the September 30th of the preceding plan year, but no less than 4.50%.

**Monthly pension benefit** Single life annuity that is actuarially equivalent to the participant's Cash Balance Account, based on the participant's age at commencement.

Plan Name: Dover Corporation Pension Plan  
EIN / PN: 53-0257888/004  
Plan Sponsor: Dover Corporation  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

### Benefit eligibility

|                              |                                                                                                                                                                           |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Termination or retirement    | Three years of Vesting Service. Effective December 31, 2013, all active participants who did not satisfy vesting as of such date were immediately vested as of that date. |
| Pre-retirement death benefit | Three years of Vesting Service; 100% immediate vesting as of December 31, 2013.                                                                                           |
| Disability retirement        | Total and permanent disability after 5 years of Vesting Service.                                                                                                          |

### Benefits payable

|                              |                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Termination or retirement    | Monthly Pension Benefit.                                                                                                                                                                                                                                                                                                                                                              |
| Pre-retirement death benefit | Lump sum payment of the Cash Balance Account. If the participant is married on the date of death, the surviving spouse may choose between an actuarially equivalent single life annuity or a lump sum payment                                                                                                                                                                         |
| Disability retirement        | Monthly Pension Benefit, after a 12-month elimination period, assuming that Credited Service and Vesting Service continue to accrue during the elimination period and that Compensation continues during the elimination period at the level the participant was receiving at the time of his disability.                                                                             |
| Form of payment              | Retirement and termination benefits are paid as a single life annuity if the participant has no eligible spouse, otherwise as an actuarially reduced 50% joint and survivor annuity. In lieu of the basic form of payment, the participant may elect an optional form of payment, which is actuarially equivalent in value, including a lump sum payment of the Cash Balance Account. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program X – Inpro/Seal

|                    |                                                                                                                                                                                                                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | January 1, 1990. Plan restated effective January 1, 2002; most recent amendment effective January 1, 2014.                                                                                                                                                                                    |
| Covered Employees  | Salaried and hourly employees of Inpro/Seal LLC. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014.                                                                                                   |
| Participation Date | Age 21 and one (1) year of service provided that the participant has completed 1,000 or more hours of service in the first 12-month consecutive period beginning with the employment date or reemployment date. First day of the Plan year nearest the date eligibility requirements are met. |

## Definitions

|                              |                                                                                                                                                                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service              | A year of service means the completion of at least 1,000 hours in a plan year from date of hire, excluding service prior to the Effective Date. Service with Inpro Companies prior to January 1, 1977 is excluded.                                      |
| Benefit Service              | A year of service means the completion of 1,000 hours in a plan year from date of hire. Service prior to January 1, 1977 is excluded.                                                                                                                   |
| Pensionable Pay              | Based on wages defined in Code Section 3401(a). Includes amounts which are contributed by the Employer pursuant to a salary reduction agreement and are not includible in gross income under Sections 125. Annual compensation is limited to \$120,000. |
| Average Earnings             | Monthly average of the highest five consecutive plan year out of the last ten completed years of participation. If less than five consecutive plan years of service from participation, monthly average of the total months from participation.         |
| Normal Retirement Date (NRD) | The anniversary date nearest the participant's 65th birthday, or if later, the fifth anniversary of the participant's participation commencement date.                                                                                                  |
| Monthly Pension Benefit      | <p>A monthly benefit for life, commencing at normal retirement, equal to 1.00% of average monthly compensation multiplied by years of credited service at retirement.</p> <p>Pension benefits will freeze as of December 31, 2023.</p>                  |

## Eligibility for Benefits

|                       |                                                                                                                                                       |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement     | Retirement on NRD.                                                                                                                                    |
| Early Retirement      | Anniversary date coinciding with or following the date on which the participant has completed at least 5 years of vesting service and attains age 55. |
| Disability Retirement | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.                                       |
| Postponed Retirement  | Retirement after NRD.                                                                                                                                 |
| Plan Name:            | Dover Corporation Pension Plan                                                                                                                        |
| EIN / PN:             | 53-0257888/004                                                                                                                                        |
| Plan Sponsor:         | Dover Corporation                                                                                                                                     |
| Valuation Date        | January 1, 2019                                                                                                                                       |

## SCHEDULE SB ATTACHMENTS

Deferred Vested

For terminations on or after January 1, 2014 according to the following schedule:

| Years of Vesting Service | Vested Percentage |
|--------------------------|-------------------|
| <3                       | 0%                |
| 3                        | 20%               |
| 4                        | 40%               |
| 5                        | 100%              |

Preretirement spouse benefit

Death benefit may be payable to someone other than a spouse.

### Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                 |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determination as of NRD.                                                                                                                                                                        |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months of payment prior to NRD.                           |
| Postponed Retirement                      | Greater of 1) the actuarial equivalent of the normal retirement benefit, or 2) the accrued benefit as of the late retirement date, reflecting compensation and credited service as of the late retirement date. |
| Disability Retirement                     | Participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                          |
| Termination with deferred vested benefits | Vested accrued benefit as of the date of termination.                                                                                                                                                           |
| Death with preretirement spouse benefits  | Actuarial equivalent of the accrued benefit.                                                                                                                                                                    |
| Normal form of benefit                    | Life only for non-married participants. Reduced 50% joint and survivor for married participants.                                                                                                                |
| Forms of payment                          | Single life annuity; 50%, 75% and 100% joint and survivor annuity; 10-year and 20-year certain and life annuity; lump sum distribution for active participants on or after January 1, 2014.                     |
| Maximum on benefits and pay               | Annual compensation is limited to \$120,000.                                                                                                                                                                    |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Salaried Program XI – Harbison-Fischer Manufacturing Co.

|                    |                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective January 31, 1961. Amended effective January 1, 2014.                                                                                                                                                                                                                                                                                                                              |
| Covered Employees  | All employees of Harbison-Fischer Manufacturing Co. excluding Leased Employees and employees who are classified as "Temporary" Employees in accordance with the Employment Status section of the Employee Manual for Harbison-Fischer Employees. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014. |
| Participation Date | Covered Employees participate following 1 year of service (initial computation period is 1,000 hours in 12-consecutive months of employment, thereafter, 1,000 hours in the Plan Year following the initial computation period). This group was divested on May 9, 2018.                                                                                                                    |

## Definitions

|                                   |                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service                   | Years and completed days from date of hire.                                                                                                                                                                                                                                                                |
| Benefit Service                   | Years and completed days from date of hire.                                                                                                                                                                                                                                                                |
| Pensionable Pay                   | Compensation actually paid to the participant which would be subject to tax for purposes of the Federal Insurance Contributions limitation under Section 3101(a) of the Code without regard to the dollar limitation under Section 3121(a)(1) of the Code but excluding commissions and expense allowances |
| Average Earnings                  | Twelve times the monthly average of the highest 5 consecutive plan years out of all consecutive plan years ending on the last day of the plan year prior to the earlier of the participant's termination date or retirement date.                                                                          |
| Covered Compensation              | The average of Social Security Taxable Wage Bases for the 35 calendar years ending with the year a participant attains Social Security Retirement Age, projected at current wage base when necessary                                                                                                       |
| Social Security Benefit           | The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.                                                                                                |
| Social Security Integration Level | 158% of the average of the 35 most recent social security taxable wage bases.                                                                                                                                                                                                                              |
| Normal Retirement Date (NRD)      | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership.                                                                                                                                                                               |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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Monthly Pension Benefit As of any date, sum of (A) and (B) below:

- (A) The HF formula for service up to January 1, 2014: one twelfth of accrued benefit determined as of December 31, 2013 under HF formula (as described below) multiplied by average earnings at termination divided by average earnings as of December 31, 2013. This amount is payable as a 10 year certain and continuous annuity.
- (B) The Dover formula for service on or after January 1, 2014: one twelfth of 1.0% of final average earnings up to the Social Security Integration Level plus 1.5% of final average earnings in excess of the Social Security Integration Level multiplied by benefit service (after December 31, 2013). This amount is payable as a life annuity.

Pension benefits will freeze as of December 31, 2023.

HF formula: As of any date, one twelfth of 1.15% of average earnings multiplied by benefit service projected to normal retirement date up to 35 years plus 0.65% of average earnings in excess of covered compensation multiplied by benefit service projected to normal retirement date up to 35 years. This amount is multiplied by a fraction not greater than 1 equal to benefit service at determination date over benefit service projected to normal retirement date (no limit).

Participants as of February 1, 1985 who earned benefit service prior to February 1, 1984 shall have a minimum benefit equal to the greater of (a) and (b):

- (a) One twelfth of 1% of average earnings multiplied by benefit service plus 0.50% of average earnings in excess of \$400 multiplied by benefit service.
- (b) One twelfth of 3% of average earnings multiplied by years of benefit service up to 15 years less 66 2/3% of the primary Social Security Benefit.

The average earnings determined in (a) and (b) assume that the pensionable pay earned in calendar year 1983 will remain constant in all calendar years commencing after December 31, 1983 and the primary Social Security Benefit is determined under the provisions of the Social Security Act as in effect on January 1, 1968.

Participants as of February 1, 1989 shall have a minimum benefit equal to (c):

- (c) One twelfth of 1.85% of average earnings multiplied by years of benefit service up to 35 years less 1.70% of the primary Social Security Benefit multiplied by years of benefit service up to 35 years.

The average earnings determined in (c) assume that the pensionable pay earned in calendar year 1989 will remain constant in all calendar years commencing after December 31, 1989 and the primary Social Security Benefit is determined under the provisions of the Social Security Act as in effect on the January 1<sup>st</sup> coincident with or immediately preceding the earlier of retirement or termination, Normal Retirement Date or January 31, 1990.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

Monthly preretirement spouse benefit      See below.

### Eligibility for Benefits

|                              |                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                |
| Early Retirement             | Age 55 with 5 years of service for employees who were active on or after January 1, 2014.                         |
| Disability Retirement        | 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program.   |
| Postponed Retirement         | Retirement after NRD.                                                                                             |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.               |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse. |

### Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months of payment prior to NRD.                                                                                                                                                                                                                                                                                                                                                                                      |
| Postponed Retirement                      | The greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined based on service and pay as of NRD.                                                                                                                                                                                                                                                                                                                                                           |
| Disability Retirement                     | Participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service and level pay.                                                                                                                                                                                                                                                                                                                                                                                  |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date and payable on NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, in the form of a 10 year certain and continuous annuity. Optional forms are a life annuity, 50% or 75% joint and survivor annuity and 2/3 survivor pension (monthly benefit payable during the joint lifetime of the participant and spouse or designated beneficiary; reduces to 2/3 of the original payment upon first death); lump sum distribution to employees who were active on or after January 1, 2014 available on or after age 55. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Extended wear-away provisions apply to employees impacted by section 401(a)17 limits as of 12/31/1993.                                                                                                                                                                                                                      |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program I – Vehicle Service Group

|                    |                                                                                                                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | May 1, 1961. Most recent amendment January 1, 2014                                                                                                                                                 |
| Covered Employees  | All hourly paid employees of the Madison Indiana Plant. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014. |
| Participation Date | Following completion of 1,000 hour calendar year of employment. As of January 1, 2005, participation begins on the first of the month coincident or next following age 21 and 1 year of service.   |

## Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment commencing with calendar year of his attainment of age 18. Vesting service prior to January 1, 1976 will not be less than credited service for period from calendar year of attainment of age 18 to December 31, 1978.                                                                       |
| Benefit service              | Prior to January 1, 2005, one full year in which employee has 1,900 or more compensated hours. Proportional credit given for less than 1,900 hours. On or after January 1, 2005, one year for each 1,000 hours calendar year of employment. A participant will earn 0.1 years of service for every 100 hours worked (rounded up to the next hundred). |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                            |
| Monthly pension benefit      | As of any date, Participant's Benefit service years, not in excess of 35 years, multiplied by benefit rate in effect at time of his/her retirement.<br><br>Pension benefits will freeze as of December 31, 2023.                                                                                                                                      |

| Monthly Benefit<br>Per Year of Service | Retirement Date |
|----------------------------------------|-----------------|
|----------------------------------------|-----------------|

|         |                       |
|---------|-----------------------|
| \$ 9.00 | 1/1/1980 – 12/31/1980 |
| \$10.00 | 1/1/1981 – 12/31/1983 |
| \$11.00 | 1/1/1984 – 12/31/1985 |
| \$12.00 | 1/1/1986 – 04/30/1988 |
| \$13.00 | 5/1/1988 – 12/31/1990 |
| \$15.00 | 1/1/1991 – 12/31/1995 |
| \$17.00 | 1/1/1996 – 12/31/1998 |
| \$20.00 | 1/1/1999 – 12/31/1999 |
| \$23.00 | 1/1/2000 – 12/31/2000 |
| \$25.00 | 1/1/2001 – 12/31/2001 |
| \$26.50 | 1/1/2002 – 12/31/2003 |
| \$27.50 | on and after 1/1/2004 |

|                                      |                                                                                                                                                              |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if he/she had terminated on the day before his/her death. |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                              |                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                                              |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 15 years of benefit service.                                                                                         |
| Postponed retirement         | Retirement after NRD; must have completed 5 years of vesting service.                                                                                                                           |
| Deferred vested              | Termination for reasons other than death or retirement after completing five years of vesting service.                                                                                          |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                             |
| Disability                   | 5 years of vesting service (15 years of benefit service if disabled prior to January 1, 2005), and totally and permanently disabled, as determined by qualifying for the company's LTD program. |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 6/10% per month prior to NRD, but not less than its actuarial equivalent value.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced before NRD by early retirement reduction factors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Disability                               | For disability prior to January 1, 2005, accrued benefit based on projected service to age 65, payable at age 65. On or after January 1, 2005 participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service.                                                                                                                                                                                                                                                                                                                               |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity (married participants), a lump sum, or (for married participants) a life annuity, 5-year certain and life or a 10-year certain and life. |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Hourly Program II (a) – Cook Compression Machinists

|                    |                                                                                                                                                                                                                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | July 22, 1965. Most recent amendment February 17, 2004                                                                                                                                                                                                                                                    |
| Covered Employees  | Members of Local District 21 of the International Association of Machinists                                                                                                                                                                                                                               |
| Participation Date | Prior to February 14, 2004, first of the month following completion of one year of service. Effective February 14, 2004, first of the month coincident or next following age 21 and completion of one year of service. New hires after February 28, 2007 are excluded from participating in this program. |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment commencing with calendar year of his attainment of age 18. Vesting service prior to January 1, 1976 will not be less than benefit service for period from calendar year of attainment of age 18 to December 31, 1975.                                                                                                                                                                                                                                                         |
| Benefit service              | Prior to July 22, 1965 – elapsed time from date of hire to July 22, 1965 (to nearest 1/10 of a year). After July 21, 1965 and prior to February 17, 2004 one year of service credited for each calendar year in which the employee has 1,500 hours. Proportional credit is given for less than 1,500 hours. (Prior to January 1, 1982, the number of hours for full credit was 1,900). Effective February 15, 2004, 1/10 of a year of service credited for every 100 hours (rounded to the next hundred), 1 full year for 1,000 hours. |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

Monthly pension benefit

As of any date Participant's Benefit service years multiplied by the benefit rate in effect at the time of his or her retirement.

| Monthly Benefit<br>Per Year of Service | Retirement Date       |
|----------------------------------------|-----------------------|
| \$ 9.25                                | 7/25/1982 – 7/24/1983 |
| \$10.50                                | 7/25/1983 – 7/24/1984 |
| \$12.00                                | 7/25/1984 – 7/20/1985 |
| \$12.50                                | 7/21/1985 – 7/20/1986 |
| \$13.25                                | 7/21/1986 – 7/20/1987 |
| \$14.25                                | 7/21/1987 – 7/20/1988 |
| \$15.50                                | 7/21/1988 – 7/21/1989 |
| \$16.00                                | 7/22/1989 – 7/21/1990 |
| \$16.50                                | 7/22/1990 – 7/21/1991 |
| \$18.00                                | 7/22/1991 – 7/21/1992 |
| \$18.50                                | 7/22/1992 – 7/21/1993 |
| \$19.25                                | 7/22/1993 – 7/21/1994 |
| \$20.00                                | 7/22/1994 – 7/20/1995 |
| \$20.75                                | 7/21/1995 – 7/20/1996 |
| \$21.50                                | 7/21/1996 – 7/20/1997 |
| \$22.25                                | 7/21/1997 – 7/20/1998 |
| \$27.25                                | 7/21/1998 – 2/14/2001 |
| \$28.25                                | 2/15/2001 – 2/14/2002 |
| \$29.25                                | 2/15/2002 – 2/14/2003 |
| \$30.25                                | on or after 2/15/2003 |

Monthly preretirement spouse benefit

50% of the monthly pension benefit, reduced for the 50% joint and survivor election calculated as if he/she had terminated on the day before his/her death, and reduced by 1/20 of 1% for each month of coverage after age 55 plus 1/100 of 1% for each month of coverage prior to age 55. Effective February 14, 2004, the charge for coverage has been removed.

## Eligibility for Benefits

|                              |                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                                              |
| Early retirement             | Retirement before NRD and on or after completing ten years of benefit service.                                                                                                                  |
| Postponed retirement         | Retirement after NRD; must have completed 5 years of vesting service.                                                                                                                           |
| Deferred vested              | Termination for reasons other than death or retirement after completing five years of vesting service.                                                                                          |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                             |
| Disability                   | 5 years of vesting service (15 years of benefit service if disabled prior to February 14, 2004) and totally and permanently disabled as determined by qualifying for the company's LTD program. |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced .45% per month prior to age 65, but not less than its actuarial equivalent value.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factor, but not less than actuarial equivalent value.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. Prior to February 17, 2004, the in-service death is employee-paid; with death after termination or retirement paid by employee's beneficiary through actuarial reduction of benefit. Effective February 17, 2004, the in-service death is company-paid.                                                                                                                                                                                                                                                                                                             |
| Disability benefit                       | For disability prior to February 14, 2004, the accrued benefit payable immediately without any early retirement reduction. On or after February 14, 2004, participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service.                                                                                                                                                                                                                                                                                   |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity or a lump sum, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a lump sum (for married participants) a life annuity, 5-year certain and life or a 10-year certain and life. |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining the minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Hourly Program II (b) – Airtomic

|                    |                                                                                                                                                                                                                        |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | July 22, 1965. Most recent amendment February 17, 2004                                                                                                                                                                 |
| Covered Employees  | Members of Local District 21 of the International Association of Machinists. This facility was shut down during 2007.                                                                                                  |
| Participation Date | Prior to February 14, 2004, first of the month following completion of one year of service. Effective February 14, 2004, first of the month coincident or next following age 21 and completion of one year of service. |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment commencing with calendar year of his attainment of age 18. Vesting service prior to January 1, 1976 will not be less than benefit service for period from calendar year of attainment of age 18 to December 31, 1975.                                                                                                                                                                                                                                                         |
| Benefit service              | Prior to July 22, 1965 – elapsed time from date of hire to July 22, 1965 (to nearest 1/10 of a year). After July 21, 1965 and prior to February 17, 2004 one year of service credited for each calendar year in which the employee has 1,500 hours. Proportional credit is given for less than 1,500 hours. (Prior to January 1, 1982, the number of hours for full credit was 1,900). Effective February 15, 2004, 1/10 of a year of service credited for every 100 hours (rounded to the next hundred), 1 full year for 1,000 hours. |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

Monthly pension benefit

As of any date Participant's Benefit service years multiplied by the benefit rate in effect at the time of his or her retirement.

| Monthly Benefit<br>Per Year of Service | Retirement Date       |
|----------------------------------------|-----------------------|
| \$ 9.25                                | 7/25/1982 – 7/24/1983 |
| \$10.50                                | 7/25/1983 – 7/24/1984 |
| \$12.00                                | 7/25/1984 – 7/20/1985 |
| \$12.50                                | 7/21/1985 – 7/20/1986 |
| \$13.25                                | 7/21/1986 – 7/20/1987 |
| \$14.25                                | 7/21/1987 – 7/20/1988 |
| \$15.50                                | 7/21/1988 – 7/21/1989 |
| \$16.00                                | 7/22/1989 – 7/21/1990 |
| \$16.50                                | 7/22/1990 – 7/21/1991 |
| \$18.00                                | 7/22/1991 – 7/21/1992 |
| \$18.50                                | 7/22/1992 – 7/21/1993 |
| \$19.25                                | 7/22/1993 – 7/21/1994 |
| \$20.00                                | 7/22/1994 – 7/20/1995 |
| \$20.75                                | 7/21/1995 – 7/20/1996 |
| \$21.50                                | 7/21/1996 – 7/20/1997 |
| \$22.25                                | 7/21/1997 – 7/20/1998 |
| \$27.25                                | 7/21/1998 – 2/14/2001 |
| \$28.25                                | 2/15/2001 – 2/14/2002 |
| \$29.25                                | 2/15/2002 – 2/14/2003 |
| \$30.25                                | on or after 2/15/2003 |

Monthly preretirement spouse benefit

50% of the monthly pension benefit, reduced for the 50% joint and survivor election calculated as if he/she had terminated on the day before his/her death, and reduced by 1/20 of 1% for each month of coverage after age 55 plus 1/100 of 1% for each month of coverage prior to age 55. Effective February 14, 2004, the charge for coverage has been removed.

## Eligibility for Benefits

|                              |                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                                              |
| Early retirement             | Retirement before NRD and on or after completing ten years of benefit service.                                                                                                                  |
| Postponed retirement         | Retirement after NRD; must have completed 5 years of vesting service.                                                                                                                           |
| Deferred vested              | Termination for reasons other than death or retirement after completing five years of vesting service.                                                                                          |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                             |
| Disability                   | 5 years of vesting service (15 years of benefit service if disabled prior to February 14, 2004) and totally and permanently disabled as determined by qualifying for the company's LTD program. |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced .45% per month prior to age 65, but not less than its actuarial equivalent value.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factor, but not less than actuarial equivalent value.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. Prior to February 17, 2004, the in-service death is employee-paid; with death after termination or retirement paid by employee's beneficiary through actuarial reduction of benefit. Effective February 17, 2004, the in-service death is company-paid.                                                                                                                                                                                                                                                                                                             |
| Disability benefit                       | For disability prior to February 14, 2004, the accrued benefit payable immediately without any early retirement reduction on or after February 14, 2004, participants can choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service.                                                                                                                                                                                                                                                                                    |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity or a lump sum, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a lump sum (for married participants) a life annuity, 5-year certain and life or a 10-year certain and life. |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining the minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Hourly Program IV – OPW Fueling Components & OPW Engineered Systems Hourly

|                    |                                                                                                                                                                                                                                                     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | September 1, 1968. Most recent amendment September 16, 1998.                                                                                                                                                                                        |
| Covered Employees  | All employees at the OPW Division who are members of the Glass, Molders, Pottery, Plastics and Allied Workers International Union (AFLCIO, CLC) or a group of persons designated as entitled to benefits. No new entrants after September 16, 2002. |
| Participation Date | First of the month following completion of one year of service. Participants hired prior to December 31, 1975 become participants immediately.                                                                                                      |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment commencing with the calendar year in which employee attains age 18.                                                                                                                                                                                                                                                                              |
| Benefit service              | Elapsed time from date of hire to September 1, 1968 (to nearest 1/10 of a year) plus one year of service for each calendar year in which employee has 1,500 hours after August 31, 1968, where proportional credit is given for less than 1,500 hours. Prior to January 1, 1982, the number of hours for full credit was 1,700. Benefit service is frozen as of December 31, 2010 for Fueling Components. |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

Monthly pension benefit As of any date Participant's Benefit Service year, multiplied by benefit rate in effect at time of his/her retirement.

| OPW Engineered<br>Systems<br>Monthly Benefit<br>Per Year<br>of Service | OPW Fueling<br>Components<br>Monthly Benefit<br>Per Year<br>of Service | Retirement<br>Date      |
|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------|
| \$13.00                                                                | \$13.00                                                                | 09/15/1982 – 09/14/1984 |
| \$14.00                                                                | \$14.00                                                                | 09/15/1984 – 09/14/1986 |
| \$15.00                                                                | \$15.00                                                                | 09/15/1986 – 09/14/1987 |
| \$16.50                                                                | \$16.50                                                                | 09/15/1987 – 09/14/1989 |
| \$17.00                                                                | \$17.00                                                                | 09/15/1989 – 09/15/1990 |
| \$18.00                                                                | \$18.00                                                                | 09/16/1990 – 09/15/1991 |
| \$19.00                                                                | \$19.00                                                                | 09/16/1991 – 09/15/1992 |
| \$20.00                                                                | \$20.00                                                                | 09/16/1992 – 09/15/1993 |
| \$20.50                                                                | \$20.50                                                                | 09/16/1993 – 09/15/1994 |
| \$21.00                                                                | \$21.00                                                                | 09/16/1994 – 09/15/1995 |
| \$21.50                                                                | \$21.50                                                                | 09/16/1995 – 09/15/1996 |
| \$22.00                                                                | \$22.00                                                                | 09/16/1996 – 09/15/1997 |
| \$22.50                                                                | \$22.50                                                                | 09/16/1997 – 09/15/1998 |
| \$23.00                                                                | \$23.00                                                                | 09/16/1998 – 10/17/1999 |
| \$24.00                                                                | \$24.00                                                                | 10/18/1999 – 09/15/2000 |
| \$25.00                                                                | \$25.00                                                                | 09/16/2000 – 09/15/2001 |
| \$26.00                                                                | \$26.00                                                                | 09/16/2001 – 09/15/2007 |
| \$27.00                                                                | \$26.00                                                                | 09/16/2007 – 09/15/2008 |
| \$28.00                                                                | \$26.00                                                                | 09/16/2008 – 09/15/2009 |
| \$29.00                                                                | \$26.00                                                                | 09/16/2009 – 07/31/2018 |
| \$32.00                                                                | \$26.00                                                                | on and after 08/01/2018 |

Monthly preretirement spouse benefit 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if he/she had terminated on the day before his/her death; and further reduced by 1/20 of 1% for each month of coverage after age 55 plus 1/100 of 1% for each month of coverage prior to age 55.

## Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 15 years of benefit service.             |
| Postponed retirement         | Retirement after NRD; and after completed 5 years of vesting service.                                               |
| Deferred vested              | Termination for reasons other than death or retirement after completing 5 years of benefit service.                 |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disability                   | 10 years of benefit service, and totally and permanently disabled for six months.                                   |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 6/10% for each month of payment before age 65, but not less than its actuarial value. The reduction for Engineered Systems is based on actuarial equivalence.                                                                                                                                                                                                                                                                                                               |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced to age 55 with early retirement reduction factors, if had 15 years of benefit service at termination.                                                                                                                                                                                                                                                                                                                                                                            |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is employee-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                 |
| Disability                               | Accrued benefit payable immediately without any early retirement reduction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a lump sum, a 100% joint and survivor annuity, or (for married participants) a life annuity. |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

The benefit multiplier for Engineered Systems increased from \$29 to \$32 as a result of the new collective bargaining agreement effective August 2018.

There have been no other changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program V – Norriseal Houston Plant Hourly

|                    |                                                                                                                                                                                                                                                                  |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | December 1, 1976. Most recent amendment January 1, 2014.                                                                                                                                                                                                         |
| Covered Employees  | All hourly paid employees at the Controls Plant of the W.C. Norris Division at Houston, Texas. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014.                        |
| Participation Date | First of the month coincident with or next following completion of one year of service. As of January 1, 2005, participation begins on the first of the month coincident or next following age 21 and 1 year of service. This group was divested on May 9, 2018. |

## Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment commencing with the calendar year in which employee attains age 18.                                                                                                                                                                                                                                                                                                                                                                                     |
| Benefit service              | Elapsed time to nearest 1/10 of a year prior to December 1, 1976, but not less than employee's continuous service under prior plan as of November 30, 1976. After November 30, 1976, one year of service credited for each 1,900 hour calendar year, where proportional credit is given for less than 1,900 hours. On or after January 1, 2005, one year for each 1,000 hour calendar year of employment. A participant will earn 0.1 years of service for every 100 hours worked (rounded to the next hundred). |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Monthly pension benefit      | As of any date Participant's Benefit Accrual service years (not in excess of 35 years) multiplied by benefit rate in effect at time of his/her retirement.<br><br>Pension benefits will freeze as of December 31, 2023.                                                                                                                                                                                                                                                                                          |

| Monthly Benefit<br>Per Year of Service | Retirement Date      |
|----------------------------------------|----------------------|
| \$12.00                                | 2/1/1982 – 1/31/1983 |
| \$13.00                                | 2/1/1983 – 1/31/1986 |
| \$14.00                                | 2/1/1986 – 1/31/1987 |
| \$15.00                                | 2/1/1987 – 1/31/1988 |
| \$16.00                                | on or after 2/1/1988 |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prior plan benefit                   | For the participants in the plan as of December 1, 1976 who were also participants of the minimum benefit old plan as of November 30, 1976, their monthly benefit is equal to 110% of the greater of a) 20% of basic monthly earnings as of 12/01/1976 or, if earlier, the December 1 nearest to employees 55th birthday and b) The amount accrued under the minimum benefit old plan as of November 30, 1976 plus 6/10 of 1% of basic monthly earnings as of December 1, 1976 for each year of participation thereafter. |
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if employee had terminated on the day before his/her death; or deferred to NRD.                                                                                                                                                                                                                                                                                                                                        |

### Eligibility for Benefits

|                              |                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                          |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 15 years of benefit service.                                                                     |
| Postponed retirement         | Retirement after NRD; and after completed five years of vesting service.                                                                                                    |
| Deferred vested              | Termination for reasons other than death or retirement after completing 5 years of benefit service.                                                                         |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                         |
| Disability                   | 5 years of vesting service (immediate if disabled prior to January 1, 2005) and totally and permanently disabled as determined by qualifying for the company's LTD program. |

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                 |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                   |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 5/9% per month for each of the first 60 months, and 5/18% for each of the next 60 months of payment prior to age 65, but not less than its actuarial equivalent value.                  |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced to age 55 with the early retirement reduction factors, and further reduced on an actuarial basis for payment prior to age 55.                                                                |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable.                                                                                                                                                                                                                |
| Disability                               | For disability prior to January 1, 2005, accrued benefit based on service projected to normal retirement and payable on normal retirement date. On or after January 1, 2005, participants can choose from an unreduced monthly pension benefit payable for life |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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and a deferred benefit payable at age 65 or cessation of LTD using projected service.

### Forms of payment

Preretirement spouse benefits are payable as life annuity or lump sum. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a lump sum or (for married participants), a ten-year certain and life annuity, a five-year certain and life annuity or a life annuity.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program IX – Norris/O'Bannon Tulsa Plant Hourly

|                    |                                                                                                                                                                                                                                                                  |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | December 1, 1976. Most recently amended effective January 1, 2014.                                                                                                                                                                                               |
| Covered Employees  | All hourly paid employees at the Tulsa, Oklahoma plant of the O'Bannon Pump Division. The Plan is closed to new hires, rehires and transfers who were not previously eligible for this pension plan on or after January 1, 2014.                                 |
| Participation Date | First of the month coincident with or next following completion of one year of service. As of January 1, 2005, participation begins on the first of the month coincident or next following age 21 and 1 year of service. This group was divested on May 9, 2018. |

## Definitions

| Vesting service                        | One year for each 1,000-hour calendar year of employment commencing with calendar year of employee's attainment of age 18.                                                                                                                                                                                                                                                                                                                                                                       |                                        |                 |         |                         |         |                         |         |                        |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|---------|-------------------------|---------|-------------------------|---------|------------------------|
| Benefit service                        | One year of service for each 1,900 hour calendar year, where proportional credit is given for less than 1,900 hours. On or after January 1, 2005, one year for each 1,000 hour calendar year of employment. A participant will earn 0.1 years of service for every 100 hours worked (rounded to the next hundred).                                                                                                                                                                               |                                        |                 |         |                         |         |                         |         |                        |
| Normal retirement date (NRD)           | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                 |         |                         |         |                         |         |                        |
| Monthly pension benefit                | As of any date Participant's Benefit Service Years, multiplied by benefit rate in effect at time of his/her retirement.<br><br>Pension benefits will freeze as of December 31, 2023.<br><table><thead><tr><th>Monthly Benefit<br/>Per Year of Service</th><th>Retirement Date</th></tr></thead><tbody><tr><td>\$12.00</td><td>02/01/1981 – 01/31/1982</td></tr><tr><td>\$13.00</td><td>02/01/1982 – 01/31/1983</td></tr><tr><td>\$16.00</td><td>On or after 02/01/1983</td></tr></tbody></table> | Monthly Benefit<br>Per Year of Service | Retirement Date | \$12.00 | 02/01/1981 – 01/31/1982 | \$13.00 | 02/01/1982 – 01/31/1983 | \$16.00 | On or after 02/01/1983 |
| Monthly Benefit<br>Per Year of Service | Retirement Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |         |                         |         |                         |         |                        |
| \$12.00                                | 02/01/1981 – 01/31/1982                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                 |         |                         |         |                         |         |                        |
| \$13.00                                | 02/01/1982 – 01/31/1983                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                 |         |                         |         |                         |         |                        |
| \$16.00                                | On or after 02/01/1983                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                 |         |                         |         |                         |         |                        |
| Prior Plan minimum benefit             | If employee participated in prior plan as of November 30, 1976, there is a minimum monthly benefit equal to 110% of the greater of a) 20% of monthly earnings as of December 1, 1976 or, if earlier, the December 1 nearest to age 55, and b) the accrued benefit under the Old Plan, plus 6/10% of monthly earnings as of December 1, 1976 for each year of service thereafter.                                                                                                                 |                                        |                 |         |                         |         |                         |         |                        |
| Monthly preretirement spouse benefit   | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death.                                                                                                                                                                                                                                                                                                                                |                                        |                 |         |                         |         |                         |         |                        |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 15 years of benefit service.             |
| Postponed retirement         | Retirement after NRD.                                                                                               |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disability                   | Totally and permanent disabled while a participant.                                                                 |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 5/9% for each of the first 60 months of payment before NRD, and 5/18% for each of the next 60 months.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, payable at age 65 with 5 years of service or reduced with early retirement reduction to age 55 with 15 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Disability benefit                       | Accrued monthly benefit based on projected service to age 65 and payable at age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a lump sum or (for married participants) a life annuity, a ten-year certain life annuity, or a five-year certain life annuity. |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program X – Groen Manufacturing

|                    |                                                                                                                                                                                                                                                                                   |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | January 1, 1959 as restated effective January 1, 1984 and amended effective November 1, 1996.                                                                                                                                                                                     |
| Covered Employees  | All hourly paid employees of the Groen Division/Dover Grp who were members of the United Steelworkers of America AFL-CIO, Local 3809. Plant was shutdown in December, 2000.                                                                                                       |
| Participation Date | For all employees hired on or after January 1, 1989, first of month coincident with or next following date of becoming a covered employee.<br><br>Employees who were participants as of December 31, 1988 remain participants until the plant shutdown date of December 28, 2000. |

## Definitions

|                              |                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | Years and months of service as a participant.                                                                                |
| Benefit service              | Years and months of service as a participant.                                                                                |
| Normal retirement date (NRD) | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership. |
| Monthly pension benefit      | As of any date Participant's Benefit Service Years, multiplied by benefit rate in effect at time of his/her retirement.      |

### Monthly Benefit Per Year of Service

### Retirement Date

|         |                         |
|---------|-------------------------|
| \$10.00 | 10/01/1981 – 09/30/1982 |
| \$10.50 | 10/01/1982 – 09/30/1983 |
| \$11.00 | 10/01/1983 – 09/30/1984 |
| \$11.50 | 10/01/1984 – 11/03/1985 |
| \$12.00 | 11/04/1985 – 10/31/1986 |
| \$12.75 | 11/01/1986 – 10/31/1987 |
| \$13.25 | 11/01/1987 – 10/31/1988 |
| \$14.00 | 11/01/1988 – 10/31/1991 |
| \$15.00 | 11/01/1991 – 10/31/1992 |
| \$16.00 | 11/01/1992 – 10/31/1993 |
| \$17.00 | 11/01/1993 – 10/31/1994 |
| \$18.00 | 11/01/1994 – 10/31/1995 |
| \$18.75 | 11/01/1995 – 10/31/1996 |
| \$19.50 | 11/01/1996 – 10/31/1997 |
| \$20.50 | 11/01/1997 – 10/31/1998 |
| \$21.50 | 11/01/1998 – 10/31/1999 |
| \$22.00 | or after 11/01/1999     |

|                                      |                                                                                                                                                                                                        |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death, reduced by ½ of 1% for each month of |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

coverage after 55 plus 1/100 of 1% for each month of coverage prior to age 55.

### Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and on or after both attaining age 60 and completing 10 years of continuous service.          |
| Postponed retirement         | Retirement after NRD.                                                                                               |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disability                   | Disabled for six months prior to reaching normal retirement age after completing ten years of benefit service.      |

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 0.5% for each month of payment prior to NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factors to age 60 with 10 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is employee-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Disability benefit                       | Accrued benefit payable immediately without any early retirement reduction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are 100% joint and survivor annuity, a ten-year certain and life annuity, a five-year certain and life annuity, (for married participants) a life annuity. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XI – Central Lake Plant and Avery Creek Plant

|                    |                                                                                                                                                                 |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | January 1, 1975. Most recent amendment January 1, 1995                                                                                                          |
| Covered Employees  | Any non-collectively bargained person employed on an hourly rate basis at the Central Lake Plant or Avery Creek Plant. Avery Creek plant shut down during 2001. |
| Participation Date | Date of becoming a covered employee. Avery Creek Plant employees participate on or after January 1, 1989.                                                       |

## Definitions

| Vesting service                        | One year for each 1,000-hour calendar year of employment.                                                                                                                                                                                                                                                                                                                                                                |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|----------------------|
| Benefit service                        | One year for each 1,700-hour calendar year of employment, where proportional credit is given in tenths of a year for less than 1,700 hours.                                                                                                                                                                                                                                                                              |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| Normal retirement date (NRD)           | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership.                                                                                                                                                                                                                                                                                             |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| Monthly pension benefit                | As of any date participant's benefit service, limited to a maximum of 35 years, multiplied by benefit rate in effect at time of his/her retirement.                                                                                                                                                                                                                                                                      |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
|                                        | <table><thead><tr><th>Monthly Benefit<br/>Per Year of Service</th><th>Retirement Date</th></tr></thead><tbody><tr><td>\$ 7.50</td><td>01/01/1989 – 12/31/1994</td></tr><tr><td>\$ 8.50</td><td>01/01/1995 – 12/31/1995</td></tr><tr><td>\$ 9.50</td><td>01/01/1996 – 12/31/1996</td></tr><tr><td>\$10.00</td><td>01/01/1997 – 12/31/1998</td></tr><tr><td>\$10.25</td><td>on or after 1/1/1999</td></tr></tbody></table> | Monthly Benefit<br>Per Year of Service | Retirement Date | \$ 7.50 | 01/01/1989 – 12/31/1994 | \$ 8.50 | 01/01/1995 – 12/31/1995 | \$ 9.50 | 01/01/1996 – 12/31/1996 | \$10.00 | 01/01/1997 – 12/31/1998 | \$10.25 | on or after 1/1/1999 |
| Monthly Benefit<br>Per Year of Service | Retirement Date                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| \$ 7.50                                | 01/01/1989 – 12/31/1994                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| \$ 8.50                                | 01/01/1995 – 12/31/1995                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| \$ 9.50                                | 01/01/1996 – 12/31/1996                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| \$10.00                                | 01/01/1997 – 12/31/1998                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| \$10.25                                | on or after 1/1/1999                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |
| Monthly preretirement spouse benefit   | 55% of the monthly pension benefit, reduced for the 55% joint and survivor election, calculated as if participant had terminated on the day before his/her death. There is a \$2,000 post-retirement lump sum death benefit which is offset by group life insurance. It is assumed that this \$2,000 death benefit is completely offset.                                                                                 |                                        |                 |         |                         |         |                         |         |                         |         |                         |         |                      |

## Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.             |
| Postponed retirement         | Retirement after NRD.                                                                                               |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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|            |                                                                                                |
|------------|------------------------------------------------------------------------------------------------|
| Disability | Totally and permanently disabled for six months, after completing 15 years of vesting service. |
|------------|------------------------------------------------------------------------------------------------|

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                       |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 0.5% for each month of payment prior to NRD.                                                                                                                                                                                                                                                                                                                |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                    |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factors to age 55 with 10 years of vesting service.                                                                                                                                                                                                                                                                              |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                  |
| Disability benefit                       | Accrued benefit payable immediately without any early retirement reduction.                                                                                                                                                                                                                                                                                                                                                         |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 55% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XII – Waukesha Bearings (Antigo Division)

|                    |                                                                                                                                                                                                                                                |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | June 1, 1973. Most recent amendment June 1, 1989                                                                                                                                                                                               |
| Covered Employees  | All hourly paid employees at the Antigo Division of Waukesha Bearings Corporation and Hydratight Sweeny employees. Hydratight Sweeny location was sold on May 17, 2005 and their benefits were frozen.<br><br>The plan is closed to new hires. |
| Participation Date | Date of becoming a covered employee. As of January 1, 2005, participation begins on the first of the month coincident or next following age 21 and 1 year of service.                                                                          |

## Definitions

|                              |                                                                                                                                                                                                                                                                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 1,000-hour calendar year of employment. Active Hydratight Sweeny employees who were active as of the May 17, 2005 sale date were immediately vested.                                                                                                                                                                    |
| Benefit service              | One year for each 1,750-hour calendar year of employment, where proportional credit is given in tenths of a year for less than 1,750 hours. On or after January 1, 2005, one year for each 1,000 hour calendar year of employment. A participant will earn 0.1 years of service for every 100 hours worked (rounded to the next hundred). |
| Normal retirement date (NRD) | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership.                                                                                                                                                                                                              |
| Monthly pension benefit      | As of any date participant's benefit service multiplied by benefit rate in effect at time of his/her retirement.                                                                                                                                                                                                                          |

| Monthly Benefit<br>Per Year of Service | Retirement Date |
|----------------------------------------|-----------------|
|----------------------------------------|-----------------|

|         |                         |
|---------|-------------------------|
| \$13.00 | 07/01/1989 – 06/30/1990 |
| \$13.50 | 07/01/1990 – 06/30/1991 |
| \$14.00 | 07/01/1991 – 06/30/1992 |
| \$14.50 | 07/01/1992 – 06/30/1993 |
| \$15.00 | 07/01/1993 – 06/30/1994 |
| \$15.50 | 07/01/1994 – 06/30/2004 |
| \$16.25 | on or after 07/01/2004  |

|                                      |                                                                                                                                                                   |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death. |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                              |                                                                                                                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                                                               |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 5 years of vesting service.                                                                                                           |
| Postponed retirement         | Retirement after NRD.                                                                                                                                                                                            |
| Disability Retirement        | Effective January 1, 2005, 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program. Prior to January 1, 2005 and disabled a treated as a deferred vested. |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.                                                                                                          |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.                                                                                              |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months of payment prior to NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Disability Retirement                    | Effective January 1, 2005, participants may choose from an unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factors for payment to age 55 with 20 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 5-year certain and life annuity, a ten-year certain and life annuity, (for married participants) a 50% or 100% joint and survivor annuity, or lump sum distribution. Lump sum available to employees who were active on or after January 1, 2014. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XIII – De-Sta-Co Hourly

|                    |                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------|
| Effective Date     | July 1, 1955. Most recent amendment April 1, 1995.                                          |
| Covered Employees  | All hourly paid employees of De-Sta-Co who is a member of UAW Local 174.                    |
| Participation Date | Date of becoming a covered employee.<br>There are no new participants after March 30, 2001. |

## Definitions

|                              |                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 750-hour calendar year of employment with 185 or less days of disqualifying absence.                       |
| Benefit service              | Years and months of service as a covered employee.                                                                           |
| Normal retirement date (NRD) | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership. |
| Monthly pension benefit      | As of any date participant's benefit service years multiplied by benefit rate in effect at time of his/her retirement.       |

### Monthly Benefit Per Year of Service

### Retirement Date

|         |                         |
|---------|-------------------------|
| \$12.25 | 04/01/1989 – 03/31/1990 |
| \$12.50 | 04/01/1990 – 03/31/1991 |
| \$12.75 | 04/01/1991 – 03/31/1992 |
| \$13.00 | 04/01/1992 – 03/31/1993 |
| \$13.25 | 04/01/1993 – 03/31/1995 |
| \$13.75 | 04/01/1995 – 03/31/1996 |
| \$14.25 | 04/01/1996 – 03/31/1997 |
| \$14.75 | 04/01/1997 – 03/31/1998 |
| \$15.25 | 04/01/1998 – 03/31/1999 |
| \$15.50 | 04/01/1999 – 03/31/2000 |
| \$15.75 | 04/01/2000 – 03/31/2001 |
| \$16.00 | 04/01/2001 – 03/31/2002 |
| \$16.25 | 04/01/2002 – 03/31/2003 |
| \$16.50 | 04/01/2003 – 03/31/2004 |
| \$18.00 | 04/01/2004 – 03/31/2007 |
| \$18.50 | 04/01/2007 – 03/31/2010 |
| \$19.00 | 04/01/2010 – 03/31/2014 |
| \$19.25 | 04/01/2014 – 03/31/2015 |
| \$19.50 | on or after 4/1/2015    |

Benefit accruals were frozen upon the shutdown of the De-Sta-Co Auburn Hills union plant in October 2015.

|                                      |                                                                                                                                                                                                                                                                         |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 55% of the monthly pension benefit, reduced for the 55% joint and survivor election, calculated as if participant had terminated on the day before his/her death. For participants eligible for early retirement, benefits are reduced by ½ of 1% per month. There is a |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

|                               |                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | \$4,000 post retirement lump sum death benefit, for participants who retire from active status.                                                                                                                                                                                                                                                                          |
| Medicare Supplemental Benefit | Any employee over age 65 (as well as any spouse over age 65) who retired from active status is entitled to receive a Medicare Supplemental Benefit. Retirees prior to 4/1/1989 receive a full reimbursement for the Part B premium. Retirees after 4/1/1989 receive the full level of the 1989 reimbursement plus 50% of all increases in the Part B premium after 1989. |

## Eligibility for Benefits

|                              |                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                      |
| Disability                   | Totally and permanently disabled after completing ten years of benefit service.                         |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 10 years of benefit service. |
| Postponed retirement         | Retirement after NRD.                                                                                   |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service. |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.              |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                             |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                               |
| Early retirement                         | Monthly pension benefit determined as of termination date, reduced 6% for each year payment commences prior to NRD.                                                                                                                         |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                            |
| Disability Retirement                    | Effective January 1, 2005, participants may choose from unreduced monthly pension benefit payable for life and a deferred benefit payable at age 65 or cessation of LTD using projected service.                                            |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced 1/2 of 1% for each month of payment before age 62.                                                                                                                       |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid if not yet eligible for early retirement; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit. |
| Disability benefit                       | Accrued benefit payable immediately without any early retirement reduction plus a supplemental benefit equal to the accrued benefit offset by other forms of disability payments.                                                           |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the                                           |

Plan Name: Dover Corporation Pension Plan  
 EIN / PN: 53-0257888/004  
 Plan Sponsor: Dover Corporation  
 Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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participant so elects. Otherwise, benefits are paid in the form of 55% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are (for married participants) a life annuity.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XIV – Heil Hourly

|                    |                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | January 1, 1973. Restated November 1, 1981 and amended effective November 1, 1991.                                                                                                                                                                                                                                                                                                      |
| Covered Employees  | All Trailer hourly paid employees of the Company's plants in Athens, Texas, and Louisville. Heil Environmental (employed at Atlanta/Heil South), Fort Payne, Tishomingo (Truck Equipment Group)) employees ceased to become eligible on December 31, 1996. Truck Equipment Group and Heil South were divested as of September 30, 2006. Heil Trailer was divested on December 30, 2011. |
| Participation Date | One year following date of becoming a covered employee. As of January 1, 2005, participation begins on the first of the month coincident or next following age 21 and 1 year of service.                                                                                                                                                                                                |

## Definitions

| Vesting service                        | Years and months of service as a covered employee.                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                    |         |                         |         |                        |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------|---------|-------------------------|---------|------------------------|
| Credited service                       | Years and months of service as a covered employee.                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                    |         |                         |         |                        |
| Normal retirement date (NRD)           | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                    |         |                         |         |                        |
| Monthly pension benefit                | <p>The cumulative amount earned for each year of service based on the following chart:</p> <table><tr><th>Monthly Benefit<br/>Per Year of Service</th><th>Periods of Service</th></tr><tr><td>\$ 7.00</td><td>11/01/1989 – 10/31/1991</td></tr><tr><td>\$12.00</td><td>on or after 11/01/1991</td></tr></table> <p>Benefits for J&amp;L Tank employees are based on service earned after August 31, 1993. Benefits for Heil Environmental employees were frozen on December 30, 1996.</p> | Monthly Benefit<br>Per Year of Service | Periods of Service | \$ 7.00 | 11/01/1989 – 10/31/1991 | \$12.00 | on or after 11/01/1991 |
| Monthly Benefit<br>Per Year of Service | Periods of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                    |         |                         |         |                        |
| \$ 7.00                                | 11/01/1989 – 10/31/1991                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                    |         |                         |         |                        |
| \$12.00                                | on or after 11/01/1991                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                    |         |                         |         |                        |
| Monthly preretirement spouse benefit   | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death.                                                                                                                                                                                                                                                                                                                         |                                        |                    |         |                         |         |                        |

## Eligibility for Benefits

|                       |                                                                                                                                                                                                                  |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement     | Retirement on NRD.                                                                                                                                                                                               |
| Early retirement      | Retirement before NRD and on or after both attaining age 62 and completing 15 years of vesting service.                                                                                                          |
| Postponed retirement  | Retirement after NRD.                                                                                                                                                                                            |
| Disability Retirement | Effective January 1, 2005, 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program. Prior to January 1, 2005 and disabled a treated as a deferred vested. |
| Plan Name:            | Dover Corporation Pension Plan                                                                                                                                                                                   |
| EIN / PN:             | 53-0257888/004                                                                                                                                                                                                   |
| Plan Sponsor:         | Dover Corporation                                                                                                                                                                                                |
| Valuation Date        | January 1, 2019                                                                                                                                                                                                  |

## SCHEDULE SB ATTACHMENTS

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced .70% for each month of payment before NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Disability Retirement                    | Effective January 1, 2005, 5 years of vesting service and permanently disabled, as determined by qualifying for the company's LTD program. Prior to January 1, 2005 and disabled a treated as a deferred vested.                                                                                                                                                                                                                                                                                                                                                                                                         |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced 0.70% for each month of payment before participant's NRD to age 62 with 15 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a life annuity for married participants and a lump sum payment, 100% joint and survivor annuity (married), 5-year certain and life or a 10-year certain and life. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XV – Heil Co. Lancaster Industrial Hourly

|                    |                                                                                                                                                                |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | November 1, 1963. Most recent amendment May 1996.                                                                                                              |
| Covered Employees  | All hourly paid employees at the Lancaster plant, who were members of the United Steelworkers of America, Local 6880. Plant shut down as of December 31, 2003. |
| Participation Date | Date of becoming a covered employee.                                                                                                                           |

## Definitions

|                              |                                                                                     |
|------------------------------|-------------------------------------------------------------------------------------|
| Vesting service              | Years and months of service as a covered employee.                                  |
| Benefit service              | Years and months of service as a covered employee.                                  |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 65.          |
| Monthly pension benefit      | The cumulative amount earned for each year of service based on the following chart: |

| Monthly Benefit<br>Per Year of Service | Period of Service       |
|----------------------------------------|-------------------------|
| \$11.00                                | Prior to 01/01/1990     |
| \$11.50                                | 01/01/1990 – 12/31/1990 |
| \$12.00                                | 01/01/1991 – 12/31/1991 |
| \$12.50                                | 01/01/1992 – 12/31/1992 |
| \$13.50                                | 01/01/1993 – 12/31/1993 |
| \$14.50                                | 01/01/1994 – 12/31/1994 |
| \$16.00                                | 01/01/1995 – 05/04/1996 |
| \$23.00                                | 05/05/1996 – 12/31/2001 |
| \$26.00                                | on or after 01/01/2002  |

|                                      |                                                                                                                                                                   |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death. |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and on or after both attaining age 60 and completing 10 years of benefit service.             |
| Postponed retirement         | Retirement after NRD.                                                                                               |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disability                   | Total and permanently disabled for six months after completing 10 years of benefit service.                         |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each month of payment before NRD.                                                                                                                                                                                                                                                                                                                                                                                                            |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced .70% for each month of payment before participant's NRD to age 60 with 10 years of benefit service.                                                                                                                                                                                                                                                                                                                                                             |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                 |
| Disability benefit                       | Accrued benefit payable immediately without any early retirement reduction offset by any Worker's Compensation Benefits.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a life annuity for married participants or lump sum payment up to \$25,000. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XVI – Heil Co. Milwaukee Industrial Hourly

|                    |                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------|
| Effective Date     | May 1, 1959. Most recent amendment November 1, 1984.                                                                  |
| Covered Employees  | All employees of the plants in Milwaukee County who are members of the United Steelworkers of America, Local 1344.    |
| Participation Date | Prior to November 1, 1986, date of becoming a covered employee. There are no new participants after November 1, 1986. |

## Definitions

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service                      | Years and months of service as a covered employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Pension service                      | Plan frozen as of November 1, 1987.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Normal retirement date (NRD)         | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Monthly pension benefit              | Sum of a) & b)<br>a) Monthly benefit rate with respect to benefit service earned prior to August 1, 1981.<br>\$10.00 for each year for the first 15 years of benefit service.<br>\$11.50 for each year for the next 15 years of benefit service.<br>\$13.00 for each year of benefit service over 30.<br>b) Monthly benefit rate with respect to benefit service earned after August 1, 1981.<br>\$14.00 for each year for the first 15 years of benefit service.<br>\$16.00 for each year for the next 15 years for benefit service.<br>\$18.00 for each year of benefit service over 30. |
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death.                                                                                                                                                                                                                                                                                                                                                                                                                          |

## Eligibility for Benefits

|                      |                                                                                                                                                                                                                             |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Retirement on NRD.                                                                                                                                                                                                          |
| Early retirement     | Retirement before NRD and on or after both attaining age 55 and completing 30 years of vesting service, on or after August 1, 1978, or attaining age 60 and completing 15 years of vesting service on or after May 1, 1975. |
| Postponed retirement | Retirement after NRD.                                                                                                                                                                                                       |
| Deferred vested      | Termination for reasons other than death or retirement, after completing five years of vesting service.                                                                                                                     |
| Disability           | Totally and permanently disabled for six months after completing 15 years of benefit service.                                                                                                                               |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|

### Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months of payment before NRD, and 5/18 of 1% for each of the next 60 months. Benefit is unreduced if commenced on or after age 62. An additional supplement, payable until age 62, equal to \$10.00 multiplied by years of benefit service (maximum of 35) for participants who retire with 30 years of benefit service.                                                                                                |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Termination with deferred vested benefit | Monthly pension benefit determined as of NRD based on service at termination date, reduced 2/3 of 1% for each month of payment prior to normal retirement date to early retirement date.                                                                                                                                                                                                                                                                                                                                           |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                 |
| Disability benefit                       | Accrued benefit plus \$1.00 for credited service prior to August 1, 1981 payable at age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a life annuity for married participants or lump sum payment up to \$25,000. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XVII – RPA Process Technologies Hourly

|                    |                                                                                                                                                                                                       |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | November 30, 1965. Most recent amendment November 29, 1997.                                                                                                                                           |
| Covered Employees  | All hourly paid employees at RPA Process Technologies who are covered by a collective bargaining agreement and were participants as of December 31, 1994. This group was divested on August 31, 2006. |
| Participation Date | For employees age 21 with 11 months of service as of November 29, 1994.                                                                                                                               |

## Definitions

|                                      |                                                                                                                                                                   |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service                      | One year for each 1,000 hour calendar year of employment.                                                                                                         |
| Benefit service                      | One year for each 1,000-hour calendar year of employment. Benefit service will no longer accrue after December 31, 1994.                                          |
| Normal retirement date (NRD)         | First of month coinciding with or next following the later of attainment of age 65 and fifth anniversary of plan membership.                                      |
| Monthly pension benefit              | As of any date, participant's benefit service years, up to a maximum of 35 years, multiplied by \$16.50.                                                          |
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death. |

## Eligibility for Benefits

|                              |                                                                                                                     |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                  |
| Early retirement             | Retirement before NRD and after completing 5 years of vesting service.                                              |
| Postponed retirement         | Retirement after NRD.                                                                                               |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service.             |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |

## Monthly Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                       |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Monthly pension benefit determined as of NRD.                                                                                                                         |
| Early retirement     | Monthly pension benefit determined as of early retirement date, reduced actuarially for payment prior to age 65. No service will be credited after December 31, 1994. |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date.                                                                                                      |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Termination with deferred vested benefit | Monthly pension benefit determined as of NRD based on service at termination date, reduced actuarially for payment prior to age 65. No service will be credited after December 31, 1994.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination or retirement is paid by employee's beneficiary through actuarial reduction of benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a lump sum, or (for married participants) a life annuity, a temporary annuity, multiple joint and survivor annuity options, a lump sum, or a ten-year certain and life annuity. |

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XVIII – Crenlo Hourly

|                    |                                                                                                                                                                                                                                              |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | March 2, 1967 as restated effective August 1, 1994 amended effective January 27, 1997.                                                                                                                                                       |
| Covered Employees  | All hourly-rate employees or over-the-road truck drivers of Crenlo Division.                                                                                                                                                                 |
| Participation Date | For an employee hired on or after January 1, 1986, the date as of which he attains age 21 and completes 1 year of service (1,000 hours in 12-consecutive months of employment) but not after the date of the September 28, 2011 divestiture. |

## Definitions

|                              |                                                                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each calendar year in which the employee completes at least 1,000 hours of service.                                          |
| Benefit service              | Years and months of service as an employee.                                                                                               |
| Normal retirement date (NRD) | Later of the last day of the month in which the member attains age 65 or in which the member's fifth anniversary of participation occurs. |
| Monthly pension benefit      | As of any date Participant's benefit service, multiplied by benefit rate in effect at time of his/her retirement.                         |

### Monthly Benefit Per Year of Service

\$ 8.00  
\$ 8.50  
\$ 9.00  
\$10.00  
\$11.00  
\$11.50  
\$12.00  
\$13.00  
\$13.50  
\$14.00  
\$14.50  
\$15.00  
\$15.50  
\$16.50  
\$17.00  
\$17.50  
\$18.50  
\$19.50  
\$20.50  
\$21.00  
\$21.50  
\$22.50  
\$23.50  
\$24.50  
\$25.50  
\$26.50

### Retirement Date

Prior to 2/21/1983  
2/21/1983 to 1/22/1984  
1/23/1984 to 1/25/1986  
1/26/1986 to 1/24/1987  
1/25/1987 to 1/21/1989  
1/22/1989 to 1/20/1990  
1/21/1990 to 4/06/1991  
4/07/1991 to 1/26/1992  
1/27/1992 to 1/24/1993  
1/25/1993 to 1/23/1994  
1/24/1994 to 1/22/1995  
1/23/1995 to 1/21/1996  
1/22/1996 to 1/26/1997  
1/27/1997 to 1/25/1998  
1/26/1998 to 1/24/1999  
1/25/1999 to 1/22/2000  
1/23/2000 to 1/27/2001  
1/28/2001 to 1/26/2002  
1/27/2002 to 1/25/2003  
1/26/2003 to 1/22/2005  
1/23/2005 to 1/28/2006  
1/29/2006 to 1/27/2007  
1/28/2007 to 1/26/2008  
1/27/2008 to 1/24/2009  
1/25/2009 – 1/29/2011  
On or after 1/30/2011

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

|                                      |                                                                                                                                                                                                                                                                                                             |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit, reduced for the 50% joint and survivor election, calculated as if participant had terminated on the day before his/her death. The benefit is payable the first day of the month following the participant's early retirement date or the participant's death, if later. |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Eligibility for Benefits

|                              |                                                                                                                                                                                                                        |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                                                                                                                                     |
| Early retirement             | Retirement before NRD and on or after both attaining age 60 and completing 10 years of vesting service.                                                                                                                |
| Postponed retirement         | Retirement after NRD.                                                                                                                                                                                                  |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of vesting service. Effective September 28, 2011, all active participants of Crenlo are 100% vested regardless of vesting service. |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.                                                                                                                             |
| Disability                   | Totally and permanently disabled for six months, after completing 10 years of credited service.                                                                                                                        |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, reduced 6/10 of 1% for each month of payment prior to NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factors to age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Disability benefit                       | Accrued benefit, based on benefit service as of the disability retirement date, payable immediately without any early retirement reduction.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are 50% and 100% joint and survivor options (for single participants) and 100% joint and survivor options (for married participants). |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XIX – Tranter Radiator Products

|                    |                                                                                                                                                                          |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | January 1, 1973 as restated January 1, 1989 and as amended to date.                                                                                                      |
| Covered Employees  | All hourly employees employed by Tranter, Radiator employees. This group was sold on December 15, 2004; therefore no employees earn additional benefits after this date. |
| Participation Date | Participation commences on the date of employment.                                                                                                                       |

## Definitions

|                              |                                                                                                                                                    |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 870 hours worked in a plan year of employment.                                                                                   |
| Benefit service              | One year for each 1,700 hours worked in a plan year of employment, proportional credit for less than 1,700 hours.                                  |
| Normal retirement date (NRD) | The first day of the month coinciding with or next following attainment of age 65 or 5 <sup>th</sup> anniversary of participation, if later.       |
| Monthly pension benefit      | As of any date Participant's Benefit Service Years, not in excess of 30 years, multiplied by benefit rate in effect at time of his/her retirement. |

| Monthly Benefit<br>Per Year of Service | Retirement Date |
|----------------------------------------|-----------------|
|----------------------------------------|-----------------|

|         |                        |
|---------|------------------------|
| \$ 6.50 | Prior to 1/1/1988      |
| \$ 8.00 | 1/1/1988 to 12/31/1990 |
| \$ 9.00 | 1/1/1991 to 12/31/1991 |
| \$ 9.50 | 1/1/1992 to 12/31/1993 |
| \$10.50 | 1/1/1994 to 12/31/1996 |
| \$11.50 | 1/1/1997 to 12/30/1999 |
| \$12.50 | On or after 12/31/1999 |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incidental death benefit             | Lump sum of \$1,500 for in-service death after eligibility for early retirement or for post-retirement disability, the beneficiary of a participant will be paid the remainder of the first 60 months payments, if any. This benefit is reduced by any death benefit payable under any group insurance program of the employer, in proportion to the ratio of the current premium paid by the employer to the current premium paid by both the employer and the employee. |
| Monthly preretirement spouse benefit | The surviving spouse will receive a 50% survivor benefit computed as if the employee had terminated on the date of death, survived until the benefit commencement date and elected the 50% Joint & Survivor annuity. The benefit commencement date is the first day of the month following the latest of the employee's date of death, employee's age 55, or date the spouse elects.                                                                                      |

## Eligibility for Benefits

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

|                              |                                                                                                            |
|------------------------------|------------------------------------------------------------------------------------------------------------|
| Normal retirement            | Retirement on NRD.                                                                                         |
| Early retirement             | Retirement before NRD and on or after both attaining age 55 and completing 5 years of Benefit Service.     |
| Postponed retirement         | Retirement after NRD.                                                                                      |
| Deferred vested              | Termination for reasons other than death or retirement, after completing five years of Vesting Service.    |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.                 |
| Disability                   | Disabled for 26 weeks prior to reaching normal retirement age after completing 5 years of Benefit Service. |

## Monthly Benefits Paid Upon the Following Events

| Normal retirement                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|-------------|--------|
| Early retirement                         | Monthly pension benefit determined as of early retirement date, multiplied by the percentage set forth below for payment prior to age 62.                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
|                                          | <table> <tr> <th>Age when Pension Commences</th><th>Percentage Multiplier</th></tr> <tr> <td>55</td><td>57.9%</td></tr> <tr> <td>56</td><td>63.5%</td></tr> <tr> <td>57</td><td>69.4%</td></tr> <tr> <td>58</td><td>75.2%</td></tr> <tr> <td>59</td><td>80.8%</td></tr> <tr> <td>60</td><td>86.7%</td></tr> <tr> <td>61</td><td>93.3%</td></tr> <tr> <td>62 and over</td><td>100.0%</td></tr> </table>                                                                                                                                     | Age when Pension Commences | Percentage Multiplier | 55 | 57.9% | 56 | 63.5% | 57 | 69.4% | 58 | 75.2% | 59 | 80.8% | 60 | 86.7% | 61 | 93.3% | 62 and over | 100.0% |
| Age when Pension Commences               | Percentage Multiplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 55                                       | 57.9%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 56                                       | 63.5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 57                                       | 69.4%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 58                                       | 75.2%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 59                                       | 80.8%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 60                                       | 86.7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 61                                       | 93.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| 62 and over                              | 100.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| Termination with deferred vested benefit | Monthly pension benefit determined as of termination date, reduced with early retirement reduction factors to age 55.                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable. Benefit with spousal consent may be paid as a lump sum.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| Disability benefit                       | Accrued benefit payable based on years of benefit service (maximum 30) on the date of disability, reduced by Worker's Compensation Benefits.                                                                                                                                                                                                                                                                                                                                                                                               |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |
| Forms of payment                         | Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as a life annuity, if the participant has no spouse as of the date payments begin. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are 100% joint and survivor options (for married participants), a 5-year certain and life or a 10-year certain and life. |                            |                       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |             |        |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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All participants may elect a lump sum payment provided the spouse, if applicable, consents.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Hourly Program XX – Kurz-Kasch, Inc. Newcomerstown Pension Plan

|                    |                                                                                                                                                                                                                                                                               |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective April 1, 1974. Amended and restated effective January 1, 1989.                                                                                                                                                                                                      |
| Covered Employees  | All hourly employees of the Company's Newcomerstown, Ohio plant that are covered by the collective bargaining agreement between the employer and the United Rubber, Cork, Linoleum, Plastic Workers of America Local Union No. 667. This group was sold on February 27, 2007. |
| Participation Date | Covered employees participate on the January 1 coincident or next following employment commencement date (date in which an individual first performs an hour of service).                                                                                                     |

### Definitions

|                        |                                                                                                                                                                                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service        | Number of years of employment including fractional years. Whole months shall be added and divided by twelve and the days of fractional months shall be added and divided by thirty. Active participants on February 27, 2007 were automatically vested. |
| Benefit Service        | Number of years of employment including fractional years. Whole months shall be added and divided by twelve and the days of fractional months shall be added and divided by thirty.                                                                     |
| Normal Retirement Date | First of the month coincident or next following the later of attainment of age 65 or the fifth anniversary of plan entry.                                                                                                                               |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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### Monthly Pension Benefit

As of any date, participant's benefit service years, not in excess of 35 years (prior to 4/1/1992 benefit service was limited to 30 years), multiplied by the benefit rate in effect at the time of his or her retirement.

Effective 4/1/2000, payments will be recalculated for retirement dates on or after 4/1/2000 for the next two years using the benefit schedule below.

| Monthly Benefit<br>Per Year of Service | Retirement Date       |
|----------------------------------------|-----------------------|
| \$5.50                                 | 4/1/1979 – 3/31/1980  |
| \$5.75                                 | 4/1/1980 – 3/31/1981  |
| \$6.00                                 | 4/1/1981 – 3/31/1982  |
| \$6.50                                 | 4/1/1982 – 3/31/1983  |
| \$6.75                                 | 4/1/1983 – 3/31/1984  |
| \$7.00                                 | 4/1/1984 – 3/31/1986  |
| \$7.25                                 | 4/1/1986 – 3/31/1987  |
| \$8.00                                 | 4/1/1987 – 3/31/1988  |
| \$8.50                                 | 4/1/1988 – 3/31/1991  |
| \$9.00                                 | 4/1/1991 – 3/31/1992  |
| \$9.50                                 | 4/1/1992 – 3/31/1993  |
| \$10.00                                | 4/1/1993 – 3/31/1994  |
| \$10.50                                | 4/1/1994 – 3/31/1995  |
| \$11.00                                | 4/1/1995 – 3/31/1996  |
| \$12.00                                | 4/1/1996 – 3/31/1997  |
| \$13.00                                | 4/1/1997 – 3/31/1998  |
| \$13.50                                | 4/1/1998 – 3/31/1999  |
| \$14.00                                | 4/1/1999 – 3/31/2000  |
| \$14.50                                | 4/1/2000 – 3/31/2001  |
| \$15.50                                | 4/1/2001 – 3/31/2002  |
| \$16.00                                | 4/1/2002 – 3/31/2003  |
| \$16.50                                | 4/1/2003 – 3/31/2004  |
| \$17.00                                | 4/1/2004 – 3/31/2006  |
| \$18.00                                | 4/1/2005 – 3/31/2005  |
| \$18.50                                | 4/1/2006 – 3/31/2007  |
| \$19.00                                | 4/1/2007 – 3/31/2008  |
| \$19.50                                | 4/1/2008 – 3/31/2009  |
| \$20.00                                | 4/1/2009 – 3/31/2010  |
| \$21.50                                | On and after 4/1/2010 |

Generally speaking, participants that retire within a particular retirement date receive the benefit according to the next following retirement date from that point forward.

### Monthly preretirement spouse benefit

50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

### Eligibility for Benefits

|                              |                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completion 15 years of vesting service.                |
| Postponed Retirement         | Retirement after NRD.                                                                                             |
| Disability Retirement        | Retirement after 6 months of permanent disability with 10 years of vesting service.                               |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.               |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse. |

### Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced on an actuarial equivalent basis using 6% discount rate and UP1984 Unisex mortality.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Postponed Retirement                      | The greater of the monthly pension benefit determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension determined based on service and pay as of NRD.                                                                                                                                                                                                                                                                                                                                                                           |
| Disability Retirement                     | Actuarially reduced monthly pension benefit determined as of date of disability and payable as early as 6 months after disability retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date. Participants completing 15 years of vesting service at date of termination may elect commencement as early as age 55 with benefits actuarially reduced.                                                                                                                                                                                                                                                                                                                                                                      |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit determined as of date of death is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                             |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 67% or a 100% joint and survivor annuity, 10-year certain and life annuity or (for married participants) a life annuity. |
| Maximum on benefits and pay               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
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| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Hourly Program XXI – Kurz-Kasch, Inc. Dayton and Wilmington Hourly Pension Plan

|                    |                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------|
| Effective Date     | Effective January 1, 1979. Amended and restated effective January 1, 1989.                                 |
| Covered Employees  | All hourly employees of the Dayton or Wilmington Ohio Plants. This location was sold on February 28, 2007. |
| Participation Date | Covered Employees participate on the January 1 following attainment of age 20 ½ and 6 months of service.   |

## Definitions

|                         |                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service         | One year for each 1,000-hour calendar year of employment. If employment begins or ceases during a plan year in which less than 1,000-hours are earned, completed months divided by 12 will be included. No service is credited prior to January 1, 1979. Active participants on February 28, 2007 were automatically vested as part of the sale.                  |
| Benefit Service         | <p>Prior to January 1, 1979 – years and complete months of service from date of hire as earned under the prior plan.</p> <p>After December 31, 1978 – one year for each 1,000-hour calendar year of employment. If employment begins or ceases during a plan year in which less than 1,000-hours are earned, completed months divided by 12 will be included.</p> |
| Normal Retirement Date  | First of the month coincident or next following the later of attainment of age 65 or the fifth anniversary of plan entry.                                                                                                                                                                                                                                         |
| Monthly Pension Benefit | As of any date, participant's benefit service years, not in excess of 30 years, multiplied by the benefit rate in effect at the time of his or her retirement.                                                                                                                                                                                                    |

### Monthly Benefit Per Year of Service

### Retirement Date

|         |                         |
|---------|-------------------------|
| \$ 5.00 | 01/01/1979 – 06/01/1983 |
| \$ 5.50 | 06/01/1983 – 05/31/1984 |
| \$ 6.00 | 06/01/1984 – 05/31/1985 |
| \$ 7.00 | 06/01/1985 – 06/19/1988 |
| \$ 8.00 | 06/20/1988 – 06/30/1989 |
| \$10.00 | 07/01/1989 – 07/09/2000 |
| \$11.50 | 07/10/2000 – 07/10/2005 |
| \$12.50 | 07/11/2005 – present    |

|                                      |                                                                                                                                                                                         |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly preretirement spouse benefit | 50% of the monthly pension benefit as of the date of death reduced for the 50% joint and survivor election and reduced for payment as early as the participant's early retirement date. |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                              |                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on NRD.                                                                                                |
| Early Retirement             | Retirement before NRD and on or after attaining age 55 and completing 15 years of vesting service.                |
| Postponed Retirement         | Retirement after NRD.                                                                                             |
| Disability Retirement        | Retirement after 6 months of permanent disability with 5 years of vesting service.                                |
| Deferred Vested              | Termination for reasons other than death or retirement after completing 5 years of vesting service.               |
| Preretirement spouse benefit | Death while eligible for normal, early, postponed or deferred vested retirement benefits with a surviving spouse. |

## Monthly Benefits Paid Upon the Following Events

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                         | Monthly pension determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Early Retirement                          | Monthly pension benefit determined as of early retirement date, reduced on an actuarial equivalent basis using 6% discount rate and UP1984 Unisex mortality.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Postponed Retirement                      | The greater of the monthly pension determined based on service and pay as of actual retirement date or the actuarial equivalent of the monthly pension benefit determined based on service and pay as of actual NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Disability Retirement                     | Actuarially reduced monthly pension benefit determined as of date of disability and payable as early as 6 months after disability retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Termination with deferred vested benefits | Monthly pension benefit determined as of termination date. Participants completing 15 years of vesting service at date of termination may elect commencement as early as age 55 with benefits actuarially reduced.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Death with preretirement spouse benefits  | Monthly pre-retirement spouse benefit determined as of date of death is payable at the later of the participant's early retirement date or the participant's date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Forms of payment                          | Pre-retirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% or 100% joint and survivor annuity (married participants), a five-year certain and life annuity, a ten-year certain and life annuity or (for married participants) a life annuity. |

|                |                                |
|----------------|--------------------------------|
| Plan Name:     | Dover Corporation Pension Plan |
| EIN / PN:      | 53-0257888/004                 |
| Plan Sponsor:  | Dover Corporation              |
| Valuation Date | January 1, 2019                |

## SCHEDULE SB ATTACHMENTS

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Maximum on benefits and pay      All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

### Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

### Changes in Plan Provisions since the Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:            Dover Corporation Pension Plan  
EIN / PN:            53-0257888/004  
Plan Sponsor:        Dover Corporation  
Valuation Date        January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Hourly Program XXII – Blackmer Hourly

|                    |                                                                                                                                                        |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date     | The most recent amendment reflected in the following plan provision was effective January 1, 2004.                                                     |
| Covered Employees  | All eligible employees at the Blackmer Division who are members of local 828 of UAW.                                                                   |
| Participation Date | Prior to January 1, 2009, participant's seniority date under the collective bargaining agreement. There are no new participants after January 1, 2009. |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | Before 1/1/56, one year of service for each year of seniority, to nearest 1/10. From 1/1/56 to 12/31/75, 1/10 of a year for each 170 hours worked (1,700 = 1 year). After 12/31/75, one year for each plan year with 1,000 hours. For less than 1,000 hours, 1/10 year for each 170 hours (round to the nearest 170 hours.) |
| Benefit service              | Before 1/1/56, one year of service for each year of seniority, to nearest 1/10 – reflects covered employment only.<br><br>After 12/31/55, 1/10 of a year for each 170 hours worked (1,700 = 1 year) – reflects covered employment only; round to the nearest 170 hours.                                                     |
| Normal retirement date (NRD) | First of month coinciding with or next following the attainment of age 62.                                                                                                                                                                                                                                                  |

|                |                                |
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Monthly pension benefit

As of any date, Participant's Benefit Service multiplied by benefit rate in effect at time of his/her termination.

| Per Year of Service | Benefit Rate<br>in effect as of termination |
|---------------------|---------------------------------------------|
| \$ 6.00             | Prior to 1/1/1973                           |
| 6.50                | 1/1/1973 – 12/31/1973                       |
| 7.00                | 1/1/1974 – 12/31/1974                       |
| 7.10                | 1/1/1975 – 12/31/1975                       |
| 7.45                | 1/1/1976 – 12/31/1976                       |
| 8.00                | 1/1/1977 – 12/31/1977                       |
| 8.50                | 1/1/1978 – 12/31/1978                       |
| 9.00                | 1/1/1979 – 12/31/1979                       |
| 9.75                | 1/1/1980 – 12/31/1980                       |
| 10.50               | 1/1/1981 – 12/31/1981                       |
| 11.25               | 1/1/1982 – 12/31/1982                       |
| 12.00               | 1/1/1983 – 12/31/1986                       |
| 13.00               | 1/1/1987 – 12/31/1990                       |
| 14.00               | 1/1/1991 – 12/31/1991                       |
| 15.00               | 1/1/1992 – 12/31/1992                       |
| 16.00               | 1/1/1993 – 12/31/1993                       |
| 17.00               | 1/1/1994 – 12/31/1994                       |
| 20.00               | 1/1/1995 – 12/31/1995                       |
| 21.00               | 1/1/1996 – 12/31/1997                       |
| 23.00               | 1/1/1998 – 12/31/2001                       |
| 25.00               | 1/1/2002 – 12/31/2002                       |
| 26.00               | 1/1/2003 – 12/31/2003                       |
| 27.00               | 1/1/2004 – 12/31/2004                       |
| 28.00               | 1/1/2005 – 12/31/2017                       |
| 29.00               | On or after 1/1/2018                        |

Monthly preretirement spouse benefit

For death after early retirement date, the surviving spouse will receive 55% survivor benefit computed as if the employee had terminated employment on the day before death.

For death before early retirement date, the amount would be calculated as if the employee separated from service on the date of death, survived to Early Retirement Date, elected a 55% J&S commencing at Early Retirement Date, then died the next day.

For death after termination of employment, the benefit rate shall be the rate in effect on date of termination.

For death while on disability, benefit shall be based on the accrued benefit rather than 2 times the accrued benefit.

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## Eligibility for Benefits

|                             |                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                                                                                          |
| Early retirement            | Retirement before NRD and on or after both attaining age 60 and completing 10 years of vesting service                                                                                                                                     |
| Postponed retirement        | Retirement after NRD.                                                                                                                                                                                                                      |
| Deferred vested             | Termination for reasons other than death or retirement after completing 5 years of vesting service for employees with service after January 1, 1989; 10 years for employees with no service after January 1, 1989.                         |
| Preretirement death benefit | Death while eligible for normal, early, postponed, disability, or deferred vested retirement benefits, with a surviving spouse to whom the participant was continually married during the one-year period ending with participant's death. |
| Disability                  | 10 years of benefit service, and totally and permanently disabled as determined by the Joint Pension Committee.                                                                                                                            |

## Monthly Benefits Paid Upon the Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                        | Monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Early retirement                         | Monthly pension benefit determined as of early retirement date, unreduced at age 62, then reduced by $\frac{1}{4}$ of 1% for each month of payment prior to age 62. Level Income Option available to increase the benefit between early retirement age to the earliest age eligible for social security (SS) benefits and decrease benefits after eligible for SS benefits.                                                                                                                                                                                                         |
| Postponed retirement                     | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Termination with deferred vested benefit | Monthly accrued benefit deferred to Normal Retirement Date. May be payable as early as age 60 with 10 years of vesting service, reduced by $\frac{1}{4}$ of 1% for each month of payment prior to age 62.                                                                                                                                                                                                                                                                                                                                                                           |
| Death with preretirement spouse benefits | Monthly preretirement spouse benefit is payable with payment commencing on the later of first of the month following the death of the employee or the participant's earliest retirement date and will be paid monthly until the death of the spouse.                                                                                                                                                                                                                                                                                                                                |
| Disability benefit                       | <p>Accrued benefit payable as of last day of work multiplied by 2, reduced to the extent that the participant receives any worker's disability compensation from the employer or federal or state disability benefits to the extent provided by employer premiums (the actual benefit paid is never reduced to be less than accrued benefit).</p> <p>Payment will commence on the later of 1st day of 7th month after becoming disabled or the 1st day of month the benefit is approved by the Joint Pension Committee and shall continue until the earlier of death or age 65.</p> |

|                |                                |
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## Other Plan Provisions

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment            | Form of benefit is single life annuity (SLA); any optional form is actuarially equivalent to SLA<br><br>For employees with Annuity Starting Date on or after 1/1/1999:<br><br>Not married – Single Life Annuity<br><br>Married more than 1 year – 55% Joint & Survivor Annuity<br><br>Married less than 1 year – 55% Joint & Survivor Annuity, if participant dies or divorces before 1-year anniversary of marriage, spouse is not entitled to benefits. |
| Maximum on benefits and pay | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.                                                                                                                                 |

## Plan Provisions Effective after January 1, 2019

No future plan provisions were recognized in determining minimum and maximum contributions.

## Changes in Plan Provisions Since the Prior Year

There have been no changes in benefits valued since the prior year.

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

The lump sum mortality table was updated to one additional year of projected mortality improvement as required by IRS § 430.

|                |                                |
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