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| <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:                                                                      | <input type="checkbox"/> a multiemployer plan <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.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.</u>                                                                                                                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/29/1942</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/29/1942</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                        | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/29/1942</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>AMETEK, INC.</u><br><br><u>1100 CASSATT ROAD</u><br><u>BERWYN, PA 19312</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>14-1682544</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>610-647-2121</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>339900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>14-1682544</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>610-647-2121</u> | <b>2d</b> Business code (see instructions)<br><u>339900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>14-1682544</u>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>610-647-2121</u>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>339900</u>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/08/2020 | ELIZABETH CALLAHAN                                           |
|                  | 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> 5384                                                                                                                                                    |
| <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> 334<br><b>6a(2)</b> 293<br><b>6b</b> 3138<br><b>6c</b> 1252<br><b>6d</b> 4683<br><b>6e</b> 562<br><b>6f</b> 5245<br><b>6g</b><br><b>6h</b> 1        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H 1C<br><br><b>b</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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <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><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>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> | <small>OMB No. 1210-0110</small><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>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.</u>                                                                              | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|                                                                                                                                                         |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMETEK, INC.</u>                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</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>470065720</u>          |
|               | <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | <u>496832534</u>          |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                     | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>3646</u>                | <u>251137756</u>          |
|               | <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>1404</u>                | <u>53477403</u>           |
|               | <b>c</b> For active participants .....                                                                                                                                                                         | <u>334</u>                 | <u>52440880</u>           |
|               | <b>d</b> Total.....                                                                                                                                                                                            | <u>5384</u>                | <u>357056039</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>5.42</u> %             |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                        | <b>6</b>                   | <u>4053623</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<br/>HERE</b> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>JASON D ROHRER, F.S.A., E.A.</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>WILLIS TOWERS WATSON US LLC</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>1735 MARKET STREET</u><br/><u>PHILADELPHIA, PA 19103-7501</u></div> <div style="text-align: center;">Address of the firm</div> | <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>09/01/2020</u></div> <div style="text-align: center;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>20-07974</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"><u>215-246-6000</u></div> <div style="text-align: center;">Telephone number (including area code)</div> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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) .....                                                             | 0                     | 132680734              |
| <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) .....                                                                                                                | 0                     | 132680734              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-6.31</u> % .....                                                                                | 0                     | -8372154               |
| <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>5.60</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) .....                                                                         | 0                     | 124308580              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.95 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 138.64 % |
| <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> | 101.03 % |
| <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**

63

**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** 4053623**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 4053623**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>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.                               | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMETEK, INC.                     | D Employer Identification Number (EIN)<br>14-1682544 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
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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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**(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)

FRANK M. VACCARO AND ASSOCIATES

23-2148108

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 50                         | NONE                                                                                                     | 629328                                                                        | 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)

WILLIS TOWERS WATSON US LLC

53-0181291

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 17 50                      | NONE                                                                                                     | 160230                                                                        | 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)

THE MCKEOGH COMPANY

23-3003375

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 17 50                      | NONE                                                                                                     | 109205                                                                        | 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)

COVINGTON AND BURLING LLP

53-0188411

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 73458                                                                  | 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)

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input 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)

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input 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:



**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>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.</b>                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMETEK, INC.</b>                                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><b>14-1682544</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>    |                       |                 |
| <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>   | 470065720             | 528160642       |
| <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>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (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>             | 470065720 528160642 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <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                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 470065720 528160642 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>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</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> |           |
|          | <b>(G)</b> 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> |           |
|          | <b>(D)</b> 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)  |            | 86149247  |
| (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     |            | 86149247  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 26693424 |          |
| (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) |          | 26693424 |
| 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) | 269435   |          |
| (2) Contract administrator fees .....                                                | 2i(2) | 705529   |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 385937   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 1360901  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 28054325 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 58094922 |
| 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: ERNST AND YOUNG

(2) EIN: 34-6565596

**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   |    | 10000000 |
| <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 4233471. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</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>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</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 <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                    |  |
| <b>A</b> Name of plan<br><u>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.</u>                               | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMETEK, INC.</u>                     | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</u> |  |

|                                                                                                                                                                                                                                                                    |                                                            |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------|----------|
| <b>Part I</b>                                                                                                                                                                                                                                                      | <b>Distributions</b>                                       |          |          |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                          |                                                            |          |          |
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <table><tr><td><b>1</b></td><td><u>0</u></td></tr></table> | <b>1</b> | <u>0</u> |
| <b>1</b>                                                                                                                                                                                                                                                           | <u>0</u>                                                   |          |          |
| <b>2</b> 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): <u>13-5160382</u> |                                                            |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <table><tr><td><b>3</b></td><td><u>1</u></td></tr></table> | <b>3</b> | <u>1</u> |
| <b>3</b>                                                                                                                                                                                                                                                           | <u>1</u>                                                   |          |          |

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                              | <b>Funding Information</b> (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.) |           |  |
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                              |           |  |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                                                                               |           |  |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                            |                                                                                                                                                                               |           |  |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                     |                                                                                                                                                                               |           |  |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <table><tr><td><b>6a</b></td><td></td></tr></table>                                                                                                                           | <b>6a</b> |  |
| <b>6a</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |           |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <table><tr><td><b>6b</b></td><td></td></tr></table>                                                                                                                           | <b>6b</b> |  |
| <b>6b</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |           |  |
| <b>c</b> 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) .....                                                                                                                            | <table><tr><td><b>6c</b></td><td></td></tr></table>                                                                                                                           | <b>6c</b> |  |
| <b>6c</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |           |  |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                                                                               |           |  |
| <b>7</b> 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                                                                                         |           |  |
| <b>8</b> 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                                                                              |           |  |

|                                                                                                                                                                                                                             |                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b>                                                                                                                                                                                                             | <b>Amendments</b>                                                                                                                        |
| <b>9</b> 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 type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No |

|                                                                                                                                                                                              |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b>                                                                                                                                                                               | <b>ESOPs</b> (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. |
| <b>10</b> 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                                                                                          |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |
| <b>b</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                                                                                          |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**b** The corresponding number for the second preceding plan year .....

**15a****15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**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 .....

**16a****16b**

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

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

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

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

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

Stock: 67.0 % Investment-Grade Debt: 2.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 31.0 %

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

- 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:

☐ Yes.

☐ 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.

☐ 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.

☐ No. Other. Provide explanation \_\_\_\_\_

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**AMETEK, Inc.  
Selected Defined Benefit Pension Plans  
Years Ended December 31, 2019 and 2018  
With Report of Independent Auditors**

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Index of Financial Statements and Supplemental Schedule**  
**December 31, 2019 and 2018**

|                                                                                                           | <u>Page</u> |
|-----------------------------------------------------------------------------------------------------------|-------------|
| Report of Independent Auditors                                                                            | 1           |
| Financial Statements:                                                                                     |             |
| Statements of Net Assets Available for Benefits at December 31, 2019 and 2018                             | 3           |
| Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2019 and 2018 | 4           |
| Statements of Accumulated Plan Benefits at December 31, 2018                                              | 7           |
| Statements of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2018                   | 8           |
| Notes to Financial Statements                                                                             | 9           |
| Supplemental Schedule:                                                                                    |             |
| Schedule G – Part III – Schedule of Nonexempt Transactions – AMETEK, Inc. Monthly Formula Pension Plan    | 20          |

## Report of Independent Auditors

To the Plan Participants and the Plan Administrator of the  
AMETEK, Inc. Selected Defined Benefit Pension Plans

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

We were engaged to audit the accompanying financial statements of each of the AMETEK, Inc. Selected Defined Benefit Pension Plans, which comprise the statements of net assets available for benefits, listed on pages 3 and 4, as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits, listed on pages 5 and 6, for the years then ended, and the statements of accumulated plan benefits, listed on page 7, as of December 31, 2018, and the related statements of changes in accumulated plan benefits, listed on page 8, for the year 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

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

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2019 and 2018, and for the years ended December 31, 2019 and 2018, stating that the investment information provided to the plan administrator is complete and accurate.

***Disclaimer of Opinion on Financial Statements***

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.

***Disclaimer of Opinion on Supplemental Schedule***

The accompanying supplemental schedule of nonexempt transactions as of December 31, 2019 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

**Report on Compliance of Form and Content with Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

*Ernst & Young LLP*

September 29, 2020

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Net Assets Available for Benefits**  
**At December 31, 2019**

| <b>Three-Digit Plan Number (PN)</b>                                                      | <b>001</b>            | <b>012</b>                                        | <b>032</b>                                          | <b>043</b>                       | <b>035</b>                     |
|------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------|--------------------------------|
|                                                                                          | <b>Retirement (a)</b> | <b>Chemical Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
| Assets:                                                                                  |                       |                                                   |                                                     |                                  |                                |
| Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 5) | \$528,160,642         | \$16,079,269                                      | \$13,921,529                                        | \$49,989,763                     | \$9,367,482                    |
| Employer contributions receivable                                                        | —                     | —                                                 | —                                                   | —                                | —                              |
| Net assets available for benefits                                                        | <u>\$528,160,642</u>  | <u>\$16,079,269</u>                               | <u>\$13,921,529</u>                                 | <u>\$49,989,763</u>              | <u>\$9,367,482</u>             |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Net Assets Available for Benefits**  
**At December 31, 2018**

| <b>Three-Digit Plan Number (PN)</b>                                                      | <b>001</b>           | <b>012</b>                                            | <b>032</b>                                              | <b>043</b>                       | <b>035</b>                     |
|------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|---------------------------------------------------------|----------------------------------|--------------------------------|
|                                                                                          |                      | <b>Chemical<br/>Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
| <b>Retirement (a)</b>                                                                    |                      |                                                       |                                                         |                                  |                                |
| Assets:                                                                                  |                      |                                                       |                                                         |                                  |                                |
| Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 5) | \$470,065,720        | \$13,884,158                                          | \$12,061,942                                            | \$44,604,305                     | \$8,004,090                    |
| Employer contributions receivable                                                        | —                    | —                                                     | —                                                       | —                                | —                              |
| Net assets available for benefits                                                        | <u>\$470,065,720</u> | <u>\$13,884,158</u>                                   | <u>\$12,061,942</u>                                     | <u>\$44,604,305</u>              | <u>\$8,004,090</u>             |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2019**

| <b>Three-Digit Plan Number (PN)</b>                                                                 | <b>001</b>    | <b>012</b>                                            | <b>032</b>                                              | <b>043</b>                       | <b>035</b>                     |
|-----------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|---------------------------------------------------------|----------------------------------|--------------------------------|
|                                                                                                     |               | <b>Chemical<br/>Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
| <b>Retirement (a)</b>                                                                               |               |                                                       |                                                         |                                  |                                |
| Increase in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust | \$86,149,247  | \$2,584,933                                           | \$2,241,918                                             | \$8,175,872                      | \$1,529,755                    |
| Deductions:                                                                                         |               |                                                       |                                                         |                                  |                                |
| Retirement and death benefits paid                                                                  | 26,693,424    | 341,294                                               | 327,636                                                 | 2,627,963                        | 106,071                        |
| Administrative expenses                                                                             | 1,360,901     | 48,528                                                | 54,695                                                  | 162,451                          | 60,292                         |
| Total deductions                                                                                    | 28,054,325    | 389,822                                               | 382,331                                                 | 2,790,414                        | 166,363                        |
| Net increase in net assets                                                                          | 58,094,922    | 2,195,111                                             | 1,859,587                                               | 5,385,458                        | 1,363,392                      |
| Net assets available for benefits at beginning of year                                              | 470,065,720   | 13,884,158                                            | 12,061,942                                              | 44,604,305                       | 8,004,090                      |
| Net assets available for benefits at end of year                                                    | \$528,160,642 | \$16,079,269                                          | \$13,921,529                                            | \$49,989,763                     | \$9,367,482                    |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2018**

| <b>Three-Digit Plan Number (PN)</b>                                                                    | <b>001</b>     | <b>012</b>                                            | <b>032</b>                                              | <b>043</b>                       | <b>035</b>                     |
|--------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------|---------------------------------------------------------|----------------------------------|--------------------------------|
|                                                                                                        |                | <b>Chemical<br/>Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
| <b>Retirement (a)</b>                                                                                  |                |                                                       |                                                         |                                  |                                |
| Decrease in value of plan interest in net assets of AMETEK, Inc.<br>Employees' Master Retirement Trust | (\$32,547,947) | (\$961,894)                                           | (\$835,438)                                             | (\$3,087,783)                    | (\$554,805)                    |
| Deductions:                                                                                            |                |                                                       |                                                         |                                  |                                |
| Retirement and death benefits paid                                                                     | 25,762,250     | 267,366                                               | 273,988                                                 | 2,610,246                        | 66,608                         |
| Administrative expenses                                                                                | 1,127,512      | 31,482                                                | 35,152                                                  | 101,004                          | 63,911                         |
| Total deductions                                                                                       | 26,889,762     | 298,848                                               | 309,140                                                 | 2,711,250                        | 130,519                        |
| Net decrease in net assets                                                                             | (59,437,709)   | (1,260,742)                                           | (1,144,578)                                             | (5,799,033)                      | (685,324)                      |
| Net assets available for benefits at beginning of year                                                 | 529,503,429    | 15,144,900                                            | 13,206,520                                              | 50,403,338                       | 8,689,414                      |
| Net assets available for benefits at end of year                                                       | \$470,065,720  | \$13,884,158                                          | \$12,061,942                                            | \$44,604,305                     | \$8,004,090                    |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Accumulated Plan Benefits**  
**At December 31, 2018**

| <b>Three-Digit Plan Number (PN)</b>                                 | <b>001</b>            | <b>012</b>                                            | <b>032</b>                                              | <b>043</b>                       | <b>035</b>                     |
|---------------------------------------------------------------------|-----------------------|-------------------------------------------------------|---------------------------------------------------------|----------------------------------|--------------------------------|
|                                                                     |                       | <b>Chemical<br/>Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
|                                                                     | <b>Retirement (a)</b> |                                                       |                                                         |                                  |                                |
| Vested benefits:                                                    |                       |                                                       |                                                         |                                  |                                |
| Participants and beneficiaries currently receiving payments         | \$209,721,103         | \$2,905,933                                           | \$2,490,607                                             | \$22,294,558                     | \$798,111                      |
| Other Participants                                                  | 82,027,225            | 4,906,200                                             | 3,975,483                                               | 5,506,035                        | 3,242,426                      |
| Total vested benefits                                               | 291,748,328           | 7,812,133                                             | 6,466,090                                               | 27,800,593                       | 4,040,537                      |
| Nonvested benefits                                                  | 1,205,288             | 279,327                                               | 205,429                                                 | 123,526                          | 263,834                        |
| Actuarial present value of accumulated plan benefits at end of year | \$292,953,616         | \$8,091,460                                           | \$6,671,519                                             | \$27,924,119                     | \$4,304,371                    |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Accumulated Plan Benefits**  
**At December 31, 2018**

| <b>Three-Digit Plan Number (PN)</b>                                                 | <b>001</b>            | <b>012</b>                                        | <b>032</b>                                          | <b>043</b>                       | <b>035</b>                     |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------|--------------------------------|
|                                                                                     | <b>Retirement (a)</b> | <b>Chemical Products<br/>(Wapakoneta)<br/>(b)</b> | <b>Chemical Products<br/>(Nesquehoning)<br/>(c)</b> | <b>Aerospace -<br/>Union (d)</b> | <b>Monthly<br/>Formula (e)</b> |
| Additions (deductions):                                                             |                       |                                                   |                                                     |                                  |                                |
| Additional benefits accumulated                                                     | \$1,965,720           | \$127,395                                         | \$108,946                                           | \$39,765                         | \$100,740                      |
| Interest due to decrease in the discount period                                     | 21,489,650            | 580,378                                           | 481,068                                             | 2,055,630                        | 307,353                        |
| Benefits paid                                                                       | (25,762,250)          | (267,366)                                         | (273,988)                                           | (2,610,246)                      | (66,608)                       |
| Plan amendment                                                                      | —                     | 14,993                                            | —                                                   | —                                | —                              |
| Assumption change                                                                   | (1,724,754)           | 1,920                                             | 9,745                                               | (210,928)                        | 2,188                          |
| Net (decrease) increase in the actuarial present value of accumulated plan benefits | (4,031,634)           | 457,320                                           | 325,771                                             | (725,779)                        | 343,673                        |
| Actuarial present value of accumulated plan benefits at beginning of year           | 296,985,250           | 7,634,140                                         | 6,345,748                                           | 28,649,898                       | 3,960,698                      |
| Actuarial present value of accumulated plan benefits at end of year                 | <u>\$292,953,616</u>  | <u>\$8,091,460</u>                                | <u>\$6,671,519</u>                                  | <u>\$27,924,119</u>              | <u>\$4,304,371</u>             |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

## **1. Description of the Plans**

### **General**

All of the pension plans (“Plans”), as listed in Note 5, are noncontributory defined benefit pension plans covering employees of AMETEK, Inc. (“AMETEK”, “Plan Sponsor” or the “Company”) who meet certain age and service requirements. For a more detailed description of the Plans participating in the Ametek, Inc. Employees’ Master Retirement Trust (“Trust”), the pension plan documents should be referred to for each of the Plans.

### **Eligibility**

Participation in the Employees’ Retirement Plan of AMETEK, Inc. (“Retirement”) is limited to (1) employees at participating divisions who joined AMETEK prior to January 1, 1997, (2) effective January 1, 2015, certain employees at divisions that formerly participated in the AMETEK, Inc. Hourly Employees’ Pension Plan, (3) employees at the Specialty Metal Products division who joined AMETEK prior to January 1, 1997, (4) effective February 2, 1997, employees of the Plymouth Product Divisions who on July 31, 1996 remained employed by AMETEK, Inc. immediately following its merger with Culligan Water Company, Inc., (5) effective January 1, 1999, employees of Test & Calibration, Mansfield & Green Division of AMETEK, Inc., (6) effective August 13, 1999, specified employees employed by the National Controls Corporation Division of AMETEK, Inc., (7) non-Union Aerospace Division Employees’ Retirement Plan participants on December 31, 1999 (Aerospace Division Employees’ Retirement Plan merged into the Retirement Plan on December 31, 1999), (8) employees who participated in Drexelbrook Engineering Company Pension Plan prior to January 1, 2000 (The Drexelbrook Plan merged into the Retirement Plan on January 1, 2005), (9) employees who participated in the CAMECA Instruments, Inc. Defined Benefit Pension Plan prior to October 1, 2007 (The CAMECA Plan merged into the Retirement Plan on January 1, 2008), (10) employees who participated in the Pension Plan for Shop Employees of US Gauge Division of AMETEK, Inc. (the US Gauge Plan) (The US Gauge Plan was merged into the Retirement Plan on December 31, 2014), (11) Superior Tubes Non-Union employees hired prior to October 15, 2015 and Superior Tubes Union employees hired prior to March 17, 2014 who were eligible to join the Superior Group, Inc. 2007 Retirement Plan (The Superior Group, Inc. 2007 Retirement Plan was merged into the Retirement Plan on December 31, 2015), and (12) employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, hired or re-hired following a one-year period of severance prior to January 1, 2016.

All employees of participating divisions in the Retirement Plan hired by AMETEK on or subsequent to January 1, 1997 are eligible to participate in a defined contribution plan sponsored by AMETEK.

Hourly employees, who previously participated in the Retirement Plan, at certain participating divisions will participate in the AMETEK, Inc. Monthly Formula Pension Plan once they meet the Monthly Formula Pension Plan related eligibility requirements. Effective December 31, 2015, AMETEK, Inc. Monthly Formula Pension Plan was amended to close the Plan to employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, who are hired, or re-hired following a one-year period of severance, on or after January 1, 2016.

Participation in the Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees’ Pension Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Nesquehoning, Pennsylvania location who are members of a bargaining unit.

Participation in the Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees’ Pension Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Wapakoneta, Ohio location who are members of a bargaining unit. See Subsequent Events in Note 2.

Participation in the AMETEK, Inc. Aerospace Division Pension Plan is limited to employees of the Measurement and Power Systems Division of AMETEK, Inc. at the Wilmington, Massachusetts location who are members of a bargaining unit and who are hired on or before May 31, 2016.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

**Contributions**

AMETEK's contributions, which are determined annually on an actuarial basis, along with net appreciation (depreciation) in the fair value of the investments, are designed to sufficiently fund the benefits to be paid to the Plans' participants. The contributions of AMETEK are calculated using the assumptions and methods prescribed by ERISA and the IRC, as amended by the Pension Protection Act of 2006, and applicable regulations. Generally, the minimum required contribution is each Plan's target normal cost (the value of benefits to be earned during the year) and seven-year amortization of any funding shortfall (the excess of the funding target over assets). The Plans have met the ERISA minimum funding requirements.

**Benefits**

| <b>Plan</b> | <b>Normal Retirement Benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Early Retirement Benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Pre-Retirement Death Benefits</b>                                                                                                                                                                                                       | <b>Post-Retirement Death Benefits</b>                                                                                                                                                              |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement  | <p>Depending upon the predecessor plan in which eligible employees participated, benefits are based on either (1) a percentage of final average compensation, (2) monthly average annual compensation, (3) average compensation, (4) career earnings or career average earnings, or (5) specific dollar amount (i.e., rate) multiplied by years of credited service or months of service. Percentages and rates vary based on covered compensation limits, credited years of service limits and/or employment service periods.</p> <p>Benefit accruals for Superior Tubes Union participants ceased effective March 17, 2014.</p> <p>Certain participant account balances are credited with contribution credits at the end of each calendar month that relates to their age, service and interest credits, compounded daily, equal to the average monthly yield on 10 year U.S. Treasury securities preceding each calendar year quarter but in no event to be less than 2.25%.</p> | <p>Range from age 50 to age 60 and require 10 or 15 or more years of service. Certain legacy plans also require the sum of age and service to meet certain minimums. Reductions in the normal form of benefit range from 4% to 6.667% per year prior to normal retirement date.</p> <p>Haveg participants – reduced 1/10<sup>th</sup> per year for pre normal retirement date commencement, unreduced if retire before normal retirement date but on or after age 62 with 15 years of accrual service, or age 63 with 14 years of accrual service, or age 64 with 12 years of accrual service.</p> | <p>In addition to providing the statutory qualified surviving spouse annuity, certain participants are eligible for a death benefit equal to 60 times the accrued monthly pension at date of death and reduced for early commencement.</p> | <p>Benefits for certain participants depending upon the predecessor plan in which they participated range from \$1,000 to \$5,000.</p> <p>Haveg participants - \$10,500; all others - \$1,000.</p> |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

| <b>Plan</b>                                          | <b>Normal Retirement Benefits</b>                                                                                                                                                                                                                                                                                                          | <b>Early Retirement Benefits</b>                                                                                                   | <b>Pre-Retirement Death Benefits</b>                                                                                                                                                                                           | <b>Post-Retirement Death Benefits</b>                                                                                                                                                                                             |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chemical Products (Wapakoneta, Ohio Plant)           | Benefits range from \$22 to \$65 per month per year of credited service.                                                                                                                                                                                                                                                                   | Age 60 with 10 or more years of service. Benefit is reduced by 6.667% per year prior to normal retirement date.                    | The statutory qualified surviving spouse annuity.                                                                                                                                                                              | \$6,500 for employees retiring from January 20, 2004 through January 24, 2016, and \$7,500 for employees retiring after January 25, 2016 and prior to January 21, 2019 and \$9,000 for employees retiring after January 21, 2019. |
| Chemical Products (Nesquehoning, Pennsylvania Plant) | Benefits range from \$21 to \$59 per month per year of credited service.                                                                                                                                                                                                                                                                   | Age 55 with 10 or more years of service. Benefit is reduced by 6% per year prior to normal retirement date.                        | In addition to providing the statutory qualified surviving spouse annuity, \$100 per year of credited service up to a maximum of 10 years.                                                                                     | The remainder of 60 times the pensioner's monthly pension less aggregate payments received prior to death.                                                                                                                        |
| Aerospace - Union                                    | Benefits are based on the sum of percentages of career compensation up to and in excess of covered compensation not to exceed 34 years of service plus a percentage of compensation for each year of credited service in excess of 34 years of service.<br><br>Certain participants are eligible to receive supplemental pension payments. | Age 55 with 5 years of service. Benefit reduced by 8% per year prior to age 60.                                                    | In addition to providing the statutory qualified surviving spouse annuity, lump sum amount equals to the present value of employee retirement benefit for five years.                                                          | For certain participants of transferred employees or union members meeting certain requirements who retired after May 18, 2002, \$13,000 lump sum payment upon death of retiree.                                                  |
| Monthly Formula                                      | Accrued monthly pension at actual retirement date generally based on varying rates, times years of service.                                                                                                                                                                                                                                | Accrued monthly pension at early retirement date, reduced 1/15 <sup>th</sup> per year for pre-normal retirement date commencement. | 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before normal retirement date. Lifetime payments to spouse may begin at participant's earliest retirement date. | Lump sum paid to designated beneficiary as follows: Binghamton participants - \$3,000; Hunter Spring and East Moline participants - \$2,000.                                                                                      |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

## **Plan Amendments**

Effective January 16, 2019, the Chemical Products (Wapakoneta) Plan was amended to increase the employee retirement benefit amount per month per year of credited service as follows: \$60 for service from January 15, 2018 through January 15, 2019; \$61 for service from January 16, 2019 through January 17, 2020; \$62 for service from January 18, 2020 through January 19, 2021 and \$65 for service after January 19, 2021.

Effective September 1, 2022, the Chemical Products (Nesquehoning) Plan was amended to close the Plan to new employees and to freeze benefit accruals.

## **Plan Termination**

Although it has not expressed an intention to do so, the Company reserves the right under the Plans to discontinue its contributions at any time and to terminate the Plans subject to the provisions of ERISA. Upon termination, the net assets of the Plans will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan documents.

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

## **2. Summary of Significant Accounting Policies**

### **Basis of Presentation**

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

### **Allocation of the Master Retirement Trust**

At December 31, 2019 and 2018, the assets of the Plans were held by The Bank of New York Mellon/BNY Mellon, N.A. ("Trustee") as trustee of the Trust.

Assets attributable to the individual plans participating in the Trust are equitable shares, which are based on each plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. Contributions received, benefits paid and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned income, realized gains and losses and unrealized gains and losses and Trust expenses to individual plans based on each plan's pro rata share of the fair value of the Trust's net assets at the end of the reporting period.

### **Investment Valuation and Income Recognition**

The Plans' investments are stated at fair value. See Note 5 for further discussion and disclosures related to fair value measurements.

Portfolio managers of the Trust may enter into certain types of futures and option contracts in order to enhance liquidity or protect the total return of the Trust's portfolio from market volatility. Realized and unrealized gains and losses from these contracts are included in investment income.

Purchases and sales of securities are reflected on the trade dates. Gains and losses on sales of securities are based on the average cost of securities. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

### **Actuarial Plan Benefits Valuation**

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plans' provisions to services rendered by the employees to the valuation date. 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 payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits under the Plans was calculated by the consulting actuaries, based on the latest available data as of December 31, 2018. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

### **Administrative Expenses**

Specific expenses incurred by the Plans are reported on the statements of changes in net assets available for benefits as administrative expenses. Administrative expenses related to the Trust are allocated to the Plans and are reflected in the change in value of plan interest in net assets of the Trust.

### **Payments of Benefits**

Benefits are recorded when paid.

### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and assumptions.

### **Risks and Uncertainties**

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

### **Subsequent Events**

The Plans have evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through the date the financial statements were available to be issued and have determined that, except for the matters noted below, no significant events occurred after December 31, 2019 that would have a material impact on its financial statements.

The novel coronavirus (or COVID-19) pandemic has affected, and may continue to affect, economic activity globally, nationally, and locally. Following the COVID-19 pandemic, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 pandemic may continue to affect the Plans. The extent of the impact of the COVID-19 pandemic on the Plans' investments cannot be estimated at this time.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

In March 2020, the Company sold its Chemical Products (Wapakoneta) facility and all participants were terminated.

### **3. Recent Accounting Pronouncements**

In February 2017, the 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* (“ASU 2017-06”). ASU 2017-06 requires a plan’s interest in a master trust and change in the value of that interest to be presented in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits. The new guidance removes the requirement to disclose the percentage interest in the master trust for those plans with divided interests and instead requires disclosure of the dollar amount of interest in each investment type. The Plans adopted ASU 2017-06 retrospectively effective January 1, 2019 and the adoption did not have a significant impact on the Plans’ financial statements, other than additional disclosure. See Note 5.

In July 2018, the FASB issued ASU No. 2018-09, *Codification Improvements*. ASU 2018-09 removes the stable value common collective trust fund from the illustrative example in paragraph 962-325-55-17 to avoid the interpretation that such an investment would never have a readily determinable fair value and, therefore, would always use the net asset value per share practical expedient. Rather, a plan should evaluate whether a readily determinable fair value exists to determine whether those investments may qualify for the practical expedient to measure at net asset value in accordance with Topic 820. The guidance is effective for fiscal years beginning after December 15, 2019. The guidance is to be applied prospectively as it affects the fair value disclosures only. Management is currently evaluating the impact of adopting ASU 2018-09 on the Plans’ financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 modifies certain disclosure requirements on fair value measurements in Topic 820. The guidance is effective for fiscal years beginning after December 15, 2019. The guidance is to be applied prospectively, depending on the different provisions. Management is currently evaluating the impact of adopting ASU 2018-13 on the Plans’ financial statements.

### **4. Accumulated Plan Benefits**

Significant assumptions underlying the actuarial valuation are as follows:

#### **Assumed Rate of Return on Investments**

The assumed rate of return on investments is 7.50% at December 31, 2018 compounded annually, net of investment expenses.

#### **Mortality Basis**

At December 31, 2018, mortality reflects the Pri-2012 gender-specific mortality table with generational projection using Scale MP-2019, no collar (Retirement Plan) and blue collar (all other plans) adjustments. At December 31, 2017, mortality was based on the RP-2014 gender-specific mortality table (with MP-2014 projected improvements after 2006 removed) projected from 2006 with Scale MP-2018, no collar (Retirement Plan) and blue collar (all other plans) adjustments.

#### **Retirement Rates**

Retirement under the various Plans is assumed to take place based on retirement rates which generally result in assumed retirement at ages ranging from 62 to 65.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

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

## 5. Investment and Master Trust Information

All investment information disclosed in the accompanying financial statements including plan interest in the Trust at December 31, 2019 and 2018 and change in value of plan interest in net assets of the Trust for the years ended December 31, 2019 and 2018, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The following is a list of the Plans participating in the Trust and their respective percentage interest in the Trust at December 31:

| Serial<br>Number | Name of Plan                                                                                                 | 2019                  |        | 2018                  |        |
|------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|--------|-----------------------|--------|
|                  |                                                                                                              | Amount                | %      | Amount                | %      |
| 001              | Employees' Retirement Plan of AMETEK, Inc. (1) (2) (3)                                                       | \$ 528,160,642        | 85.10  | \$ 470,065,720        | 85.26  |
| 012              | Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan           | 16,079,269            | 2.59   | 13,884,158            | 2.52   |
| 032              | Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan | 13,921,529            | 2.24   | 12,061,942            | 2.19   |
| 043              | Aerospace Division Pension Plan                                                                              | 49,989,763            | 8.05   | 44,604,305            | 8.09   |
| 035              | Monthly Formula Pension Plan                                                                                 | 9,367,482             | 1.51   | 8,004,090             | 1.45   |
| 046              | EDAX, Inc. Pension Plan for Hourly Employees - District Lodge No. 15 (4)                                     | 3,159,753             | 0.51   | 2,757,118             | 0.49   |
|                  |                                                                                                              | <u>\$ 620,678,438</u> | 100.00 | <u>\$ 551,377,333</u> | 100.00 |

(1) Includes hourly participants at the following current and former operations of AMETEK at December 31, 2019 and 2018:

|                         |                           |                          |
|-------------------------|---------------------------|--------------------------|
| Aerospace Binghamton    | Hunter Spring             | Microfoam Fresno         |
| East Moline             | Lamb-Cambridge            | P&AI                     |
| Electromechanical, N.C. | Lamb-Kent                 | Panalarm                 |
| Feasterville (PMT)      | Lamb-Racine               | Specialty Metal Products |
| Haveg                   | Largo (Mansfield & Green) | U.S. Gauge Allentown     |
| Hourly Employees'       | Microelectronics          | U.S. Gauge Bartow        |

(2) At December 31, 2014, the Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc. was amended to merge the plan's net assets into the Retirement Plan.

(3) Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan on December 31, 2015.

(4) The EDAX, Inc. Pension Plan holds an interest in the AMETEK, Inc. Employees' Master Retirement Trust. An audit is not required as it is considered a small pension plan, as defined by 29 CFR 2520.104-46 of the Department of Labor Rules and Regulations under ERISA.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

The following is a statement of the net assets held by the Trust at December 31, 2019 and 2018.

|                                              | <b>Total</b>  | <b>Retirement</b> | <b>Chemical<br/>Products<br/>(Wapakoneta)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)</b> | <b>Aerospace -<br/>Union</b> | <b>Monthly<br/>Formula</b> |
|----------------------------------------------|---------------|-------------------|-----------------------------------------------|-------------------------------------------------|------------------------------|----------------------------|
| <b>2019</b>                                  |               |                   |                                               |                                                 |                              |                            |
| Common Collective Trusts                     | \$190,629,870 | \$162,214,745     | \$4,938,449                                   | \$4,275,739                                     | \$15,353,429                 | \$2,877,048                |
| Corporate Debt Instruments                   | 2,697,534     | 2,295,442         | 69,882                                        | 60,504                                          | 217,261                      | 40,712                     |
| Corporate Debt Instruments -<br>Preferred    | 11,240,158    | 9,564,710         | 291,187                                       | 252,112                                         | 905,288                      | 169,640                    |
| Corporate Stocks – Common                    | 126,163,915   | 107,358,030       | 3,268,397                                     | 2,829,799                                       | 10,161,308                   | 1,904,108                  |
| Municipal Bonds                              | 573,741       | 488,220           | 14,863                                        | 12,869                                          | 46,209                       | 8,659                      |
| Registered Investment Companies              | 288,076,163   | 245,135,777       | 7,462,889                                     | 6,461,414                                       | 23,201,803                   | 4,347,740                  |
| U.S. Government Securities                   | 240,814       | 204,918           | 6,239                                         | 5,401                                           | 19,395                       | 3,634                      |
| Total investments                            | 619,622,195   | 527,261,842       | 16,051,906                                    | 13,897,838                                      | 49,904,693                   | 9,351,541                  |
| Receivable for securities sold and<br>other  | 1,130,501     | 961,989           | 29,287                                        | 25,357                                          | 91,051                       | 17,062                     |
| Total assets                                 | 620,752,696   | 528,223,831       | 16,081,193                                    | 13,923,195                                      | 49,995,744                   | 9,368,603                  |
| <b>Liabilities</b>                           |               |                   |                                               |                                                 |                              |                            |
| Accounts payable for securities<br>purchased | 74,258        | 63,189            | 1,924                                         | 1,666                                           | 5,981                        | 1,121                      |
| Net assets                                   | \$620,678,438 | \$ 528,160,642    | \$16,079,269                                  | \$13,921,529                                    | \$49,989,763                 | \$9,367,482                |

|                                              | <b>Total</b>  | <b>Retirement</b> | <b>Chemical<br/>Products<br/>(Wapakoneta)</b> | <b>Chemical<br/>Products<br/>(Nesquehoning)</b> | <b>Aerospace -<br/>Union</b> | <b>Monthly<br/>Formula</b> |
|----------------------------------------------|---------------|-------------------|-----------------------------------------------|-------------------------------------------------|------------------------------|----------------------------|
| <b>2018</b>                                  |               |                   |                                               |                                                 |                              |                            |
| Common Collective Trusts                     | \$143,101,171 | \$ 121,998,042    | \$ 3,603,411                                  | \$ 3,130,484                                    | \$11,576,334                 | \$2,077,334                |
| Corporate Debt Instruments                   | 2,429,099     | 2,070,880         | 61,167                                        | 53,139                                          | 196,505                      | 35,262                     |
| Corporate Debt Instruments -<br>Preferred    | 10,977,708    | 9,358,825         | 276,428                                       | 240,149                                         | 888,054                      | 159,358                    |
| Corporate Stocks – Common                    | 112,513,092   | 95,920,787        | 2,833,177                                     | 2,461,338                                       | 9,101,876                    | 1,633,301                  |
| Municipal Bonds                              | 488,003       | 416,037           | 12,288                                        | 10,676                                          | 39,478                       | 7,084                      |
| Registered Investment Companies              | 279,005,935   | 237,860,931       | 7,025,611                                     | 6,103,540                                       | 22,570,507                   | 4,050,200                  |
| U.S. Government Securities                   | 361,874       | 308,508           | 9,112                                         | 7,916                                           | 29,274                       | 5,253                      |
| Total investments                            | 548,876,882   | 467,934,010       | 13,821,194                                    | 12,007,242                                      | 44,402,028                   | 7,967,792                  |
| Receivable for securities sold and<br>other  | 2,593,138     | 2,210,728         | 65,296                                        | 56,728                                          | 209,775                      | 37,643                     |
| Total assets                                 | 551,470,020   | 470,144,738       | 13,886,492                                    | 12,063,970                                      | 44,611,803                   | 8,005,435                  |
| <b>Liabilities</b>                           |               |                   |                                               |                                                 |                              |                            |
| Accounts payable for securities<br>purchased | 92,687        | 79,018            | 2,334                                         | 2,028                                           | 7,498                        | 1,345                      |
| Net assets                                   | \$551,377,333 | \$ 470,065,720    | \$ 13,884,158                                 | \$ 12,061,942                                   | \$44,604,305                 | \$8,004,090                |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

A summary of the investment income (loss) on investments held by the Trust for the years ended December 31, 2019 and 2018 was as follows:

|                                               | <u>2019</u>           | <u>2018</u>            |
|-----------------------------------------------|-----------------------|------------------------|
| Net appreciation (depreciation) at fair value | \$ 90,392,614         | \$ (50,541,929)        |
| Dividends and interest                        | 10,860,826            | 12,363,165             |
| Net investment income (loss)                  | <u>\$ 101,253,440</u> | <u>\$ (38,178,764)</u> |

The Plans utilize a valuation hierarchy for disclosure of the inputs to the valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. Level 3 inputs are unobservable inputs based on the Plans' own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Level 1 investments are unadjusted, observable inputs from active markets. Investments such as common stocks traded on exchanges are valued at the last reported sale prices on the last business day of the year or, if not available, the last reported bid prices. Registered investment companies are valued at quoted market prices which represent the net asset values of shares held by the Trust at year-end.

Level 2 investments are equity funds and fixed income funds that are valued by the vendor using observable market inputs. Fixed income securities such as certain government, municipal and corporate obligations are primarily measured using a market approach pricing methodology, where observable prices are obtained by market transactions involving identical or comparable securities of issuers with similar credit ratings. Corporate obligations are all investment grade quality.

Alternative investments are considered level 3 investments as their values are determined by the sponsor using unobservable market data. The Plans' investment policy, developed by the Pension Investment Committee, limits the amount the Plans may invest in investments that are difficult to value. Valuation of these investments is determined by the management of the Plan Sponsor on an annual basis at the reporting date. The valuation procedures include, but are not limited to, the review of periodic due diligence materials provided by the third-party investment consultants and investment staff of the Plan Sponsor, as well as the investments' annual audited financial statements. As of December 31, 2019 and 2018, the Plans hold no alternative investments.

Common collective trusts, which include temporary cash investments, are valued based on the Trust's unit of ownership and net asset value of the investment entity's underlying investments. These investments have no unfunded commitments and no limits as to the frequency of redemptions. However, the investments have various redemption terms and notice periods. These investments that use the net asset value per share practical expedient are not classified in the fair value hierarchy.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

A summary of the fair value of plan assets at December 31, 2019 and 2018 was as follows (in thousands).

| <u><b>Asset Category</b></u>            | <b>2019</b>         |                       |                       |
|-----------------------------------------|---------------------|-----------------------|-----------------------|
|                                         | <u><b>Total</b></u> | <u><b>Level 1</b></u> | <u><b>Level 2</b></u> |
| Corporate Debt Instruments              | \$ 2,698            | \$ —                  | \$ 2,698              |
| Corporate Debt Instruments - Preferred  | 11,240              | —                     | 11,240                |
| Corporate Stocks – Common               | 126,164             | 126,164               | —                     |
| Municipal Bonds                         | 574                 | —                     | 574                   |
| Registered Investment Companies         | 288,076             | 288,076               | —                     |
| U.S Government Securities               | 240                 | —                     | 240                   |
| Total investments at fair value         | 428,992             | 414,240               | 14,752                |
| Investments measured at net asset value | 190,630             | —                     | —                     |
| Total Investments                       | <u>\$ 619,622</u>   | <u>\$ 414,240</u>     | <u>\$ 14,752</u>      |

  

| <u><b>Asset Category</b></u>            | <b>2018</b>         |                       |                       |
|-----------------------------------------|---------------------|-----------------------|-----------------------|
|                                         | <u><b>Total</b></u> | <u><b>Level 1</b></u> | <u><b>Level 2</b></u> |
| Corporate Debt Instruments              | \$ 2,429            | \$ —                  | \$ 2,429              |
| Corporate Debt Instruments - Preferred  | 10,978              | —                     | 10,978                |
| Corporate Stocks – Common               | 112,513             | 112,513               | —                     |
| Municipal Bonds                         | 488                 | —                     | 488                   |
| Registered Investment Companies         | 279,006             | 279,006               | —                     |
| U.S Government Securities               | 362                 | —                     | 362                   |
| Total investments at fair value         | 405,776             | 391,519               | 14,257                |
| Investments measured at net asset value | 143,101             | —                     | —                     |
| Total Investments                       | <u>\$ 548,877</u>   | <u>\$ 391,519</u>     | <u>\$ 14,257</u>      |

The objectives of the Plans' investment strategies are to maximize the Plans' funded status and minimize Company contributions and plan expenses. Because the goal is to optimize returns over the long-term, an investment policy that favors equity holdings has been established. Since there may be periods of time where both equity and fixed-income markets provide poor returns, allocations to alternative assets may be made to improve the overall portfolio's diversification and return potential. The Pension Investment Committee periodically reviews the Trust's asset allocation, taking into consideration plan liabilities, plan benefit payment streams and the investment strategy of the pension plans. The actual asset allocation is monitored frequently relative to the established targets and ranges and is re-balanced when necessary.

The equity portfolio is diversified by market capitalization and style. The equity portfolio also includes an international component.

The objective of the fixed-income portion of the pension assets is to provide interest rate sensitivity for a portion of the assets and to provide diversification. The fixed-income portfolio is diversified within certain quality and maturity guidelines in an attempt to minimize the adverse effects of interest rate fluctuations.

Other than investments in certain alternative investment collective trusts and pooled investments funds, certain investments are prohibited. Prohibited investments include venture capital, private placements, unregistered or restricted stock, margin trading, commodities, short selling and rights and warrants. Foreign currency futures, options and forward contracts may be used to manage foreign currency exposure.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2019 and 2018**

## **6. Income Tax Status**

The Plans have received determination letters from the IRS dated as follows:

|                                                                                                                    |                  |
|--------------------------------------------------------------------------------------------------------------------|------------------|
| Employees' Retirement Plan of AMETEK, Inc. (001)                                                                   | January 21, 2016 |
| Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (012)           | October 19, 2015 |
| Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (032) | January 21, 2016 |
| AMETEK, Inc. Aerospace Division Pension Plan (043)                                                                 | October 27, 2015 |
| AMETEK, Inc. Monthly Formula Pension Plan (035)                                                                    | January 21, 2016 |

The determination letters state that each of the Plans qualifies under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letters, all of the Plans were amended. Once qualified, the Plans are required to operate in conformity with the IRC to maintain their qualification. The Plan Sponsor believes the Plans, with the exception of Retirement, are being operated in compliance with the applicable requirements of the IRC and therefore believes these Plans, as amended, are qualified and the related trust is tax exempt. The Plan Sponsor has indicated that it will take the necessary steps, if any, to bring the operations of Retirement into compliance with the IRC.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plans. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken. The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **7. Related Party and Party-in-Interest Transactions**

At December 31, 2019 and 2018, the Trust held an investment in AMETEK common stock. At December 31, 2019, the investment consisted of 384,788 shares with a cost of \$190,757 and a market value of \$38,378,755. For the year 2019, the Trust received \$268,603 in related dividends. At December 31, 2018, the investment consisted of 512,565 shares with a cost of \$254,102 and a market value of \$34,700,651. For the year 2018, the Trust received \$287,036 in related dividends. Certain of the Trust's assets are invested in funds managed by the trustee of the Plans. During 2019 and 2018, there were no party-in-interest transactions which are prohibited by ERISA Section 406 and for which there is no statutory or administrative exemption.

AMETEK, Inc.  
Selected Defined Benefit Pension Plans  
AMETEK, Inc. Monthly Formula Pension Plan  
EIN: 14-1682544 Plan # 035  
Schedule G, Part III—Schedule of Nonexempt Transactions  
December 31, 2019

| (a) Identity of Party Involved | (b) Relationship to Plan, Employer, or Other Party-In-Interest | (c) Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (h) Cost of Asset | (i) Current Value of Asset |
|--------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|
| AMETEK, Inc.                   | Plan Sponsor                                                   | Plan has been allocated and has paid excessive audit fees from the Trust over the years 2016 to 2018.        | \$ 26,981         | \$ 26,981*                 |

\*Plan sponsor contributed the principal amount of the excess fees and allocable lost investment earnings in October 2019. Lost earnings were calculated at the Plan's earnings rate during each of the relevant periods. Plan sponsor will file the corresponding Form 5330 in 2020.

Columns (d) through (g) and (j) are not applicable.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data 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. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25     | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29      | 0                         |            | 0      |            | 6      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34      | 0                         |            | 2      |            | 5      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39      | 0                         |            | 0      |            | 8      |            | 2        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44      | 0                         |            | 0      |            | 4      |            | 5        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49      | 0                         |            | 1      |            | 4      |            | 8        |            | 0        |            | 7        |            | 2        |            | 1        |            | 0        |            | 0         |            |
| 50 - 54      | 0                         |            | 0      |            | 2      |            | 12       |            | 2        |            | 7        |            | 21       |            | 15       |            | 0        |            | 0         |            |
| 55 - 59      | 0                         |            | 0      |            | 3      |            | 24       |            | 1        |            | 10       |            | 21       |            | 23       |            | 6        |            | 2         |            |
| 60 - 64      | 0                         |            | 2      |            | 3      |            | 35       |            | 1        |            | 11       |            | 15       |            | 26       |            | 5        |            | 4         |            |
| 65 - 69      | 0                         |            | 0      |            | 1      |            | 7        |            | 0        |            | 3        |            | 2        |            | 6        |            | 2        |            | 2         |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 4        |            | 0        |            | 0        |            | 0        |            | 1        |            | 0        |            | 0         |            |

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
 EIN / PN: 14-1682544/001  
 Plan Sponsor: AMETEK, INC.  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

Interest rate basis:

- ▶ Applicable month
- ▶ Interest rate basis

January 2019

Segment Rates from one month preceding valuation date

Interest rates:

- ▶ First segment rate
- ▶ Second segment rate
- ▶ Third segment rate
- ▶ Effective interest rate (Reflecting Corridors)

Reflecting corridors      Not reflecting corridors

|       |       |
|-------|-------|
| 3.74% | 2.55% |
| 5.35% | 3.93% |
| 6.11% | 4.49% |
|       | 5.42% |

PBGC variable premium basis:

- ▶ PBGC method
- ▶ PBGC segment rates:

Standard

3.38%, 4.32%, 4.69%

Annual rates of increase

- ▶ Salaries
- ▶ Future Social Security wage bases
- ▶ Cash balance interest crediting rate

3.75%  
3.25%  
2.35%

Plan-related expenses

Plan-related expenses are assumed to be the actual plan-related expenses paid for the prior rounded up to the nearest ten-thousand dollars. The amount included this year for plan-related expenses for each plan is:

- Retirement Plan - \$1,130,000

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion Date** The valuation date coincident with or next following the date on which the employee is hired.

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

### Mortality

► Healthy Separate rates for non-annuitants (based on RP-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, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).

► Disabled Same as Healthy Mortality

**Termination** Rates varying by age and, for certain plans, by service during a select period.

Sample rates:

#### During Select Period

| Plan                     | Years of Service |      |      |     |     |
|--------------------------|------------------|------|------|-----|-----|
|                          | <2               | 3    | 6    | 9   | >10 |
| Retirement Plan          |                  |      |      |     |     |
| – Retirement Salaried    | .200             | .150 | .090 | N/A | N/A |
| – Aerospace Non-Union ** | .250             | .175 | .100 | N/A | N/A |
| – US Gauge ***           | .175             | .125 | .085 | N/A | N/A |
| All other plans† ****    | N/A              | N/A  | N/A  | N/A | N/A |

\*\* Aerospace Non-Union merged into the Retirement Plan effective December 31, 1999 but continues to use different termination rates.

† Specialty Metal and Lamb Kent merged into the Retirement Plan effective January 1, 2010 but continue to use different rates.

\*\*\* US Gauge merged into the Retirement Plan effective December 31, 2014 but continues to use different termination rates.

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
 EIN / PN: 14-1682544/001  
 Plan Sponsor: AMETEK, INC.  
 Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

\*\*\*\* Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan effective January 1, 2016 but continues to use different termination rates.

### After Select Period

| <i>Plan</i>                       | <i>Age</i> |      |      |
|-----------------------------------|------------|------|------|
|                                   | 25         | 35   | 45   |
| Retirement Plan                   |            |      |      |
| – Retirement Plan                 | .080       | .056 | .042 |
| – Aerospace Non-Union **          | .085       | .064 | .044 |
| – Specialty Metal * †             | .099       | .049 | .017 |
| – Lamb Kent†                      | .149       | .074 | .027 |
| – Superior Group (Non-union) **** | .182       | .106 | .052 |
| – Superior Group (Union) ****     | .079       | .054 | .013 |
| – US Gauge***                     | .099       | .049 | .017 |

\* Rates for females are set forward five years.

\*\* Aerospace Non-Union merged into the Retirement Plan effective December 31, 1999 but continues to use different termination rates.

† Specialty Metal and Lamb Kent merged into The Retirement Plan effective January 1, 2010 but continue to use different rates.

\*\*\* US Gauge merged into the Retirement Plan effective December 31, 2014 but continues to use different termination rates.

\*\*\*\* Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan effective January 1, 2016 but continues to use different termination rates

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

# SCHEDULE SB ATTACHMENTS

## Disability

Rates varying by age and sex.

Sample Rates:

| Plan                             | Age/Sex |        |        |        |        |        |
|----------------------------------|---------|--------|--------|--------|--------|--------|
|                                  | 25      |        | 40     |        | 55     |        |
|                                  | Male    | Female | Male   | Female | Male   | Female |
| Retirement Plan                  |         |        |        |        |        |        |
| – Retirement Salaried            | .00038  | .00047 | .00117 | .00211 | .00722 | .00952 |
| – Superior Group (Non-union)**** | .00003  | .00003 | .00010 | .00010 | .00059 | .00059 |
| – Superior Group (Union)****     | .00018  | .00012 | .00049 | .00045 | .00174 | .00161 |
| All other plans†                 | .00093  | .00096 | .00314 | .00357 | .01502 | .01490 |

† Specialty Metal and Lamb Kent merged into the Retirement Plan effective January 1, 2010 but continue to use different rates.

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
14-1682544/001  
AMETEK, INC.  
January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Retirement

Rates varying by age

Sample rates:

| Plan                           | Age |     |     |      | Expected Retirement Age |
|--------------------------------|-----|-----|-----|------|-------------------------|
|                                | 55  | 60  | 62  | 65   |                         |
| Retirement Plan                |     |     |     |      |                         |
| – Retirement Salaried          | .06 | .08 | .25 | .40  | 62                      |
| – Specialty Metal <sup>†</sup> | .05 | .04 | .15 | .67  | 63                      |
| – Lamb Kent <sup>†</sup>       | .04 | .04 | .30 | .75  | 62                      |
| – Superior Group****           | .02 | .05 | .10 | 1.00 | 63                      |
| – US Gauge***                  | .00 | .03 | .30 | .75  | 64                      |

<sup>†</sup> Specialty Metal and Lamb Kent merged into the Retirement Plan effective January 1, 2010 but continue to use different rates.

\*\*\* US Gauge merged into the Retirement Plan effective December 31, 2014 but continues to use different rates.

\*\*\*\* Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan effective January 1, 2016 but continues to use different rates

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
14-1682544/001  
AMETEK, INC.  
January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Benefit Commencement Date

|                           |                              |                   |
|---------------------------|------------------------------|-------------------|
| ► Retirement benefit      | Immediately upon retirement  |                   |
| ► Deferred vested benefit | <u>Plan</u>                  | <u>Assumption</u> |
|                           | Retirement Pan – US Gauge*** | Age 62            |
|                           | All other plans              | Age 65            |

### Form of payment

|                                                                |                                                                                                                                                                                                                             |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Plan</u>                                                    | <u>Assumption</u>                                                                                                                                                                                                           |
| Retirement Plan (Drexelbrook & Cameca)                         | 100% life annuity                                                                                                                                                                                                           |
| Retirement Plan (Superior Group) ****                          | <u>Non-union</u> : 100% lump sum. As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the interest rate. |
|                                                                | <u>Union</u> : 100% life annuity                                                                                                                                                                                            |
| Retirement Plan† (all other Legacy Retirement Salaried groups) | 100% 5-year certain and continuous                                                                                                                                                                                          |
| All other plans†                                               | 100% life annuity                                                                                                                                                                                                           |

† Specialty Metal and Lamb Kent merged into the Retirement Plan effective January 1, 2010 but continue to use different rates.

\*\*\* US Gauge merged into the Retirement Plan effective December 31, 2014 but continues to use different termination rates.

\*\*\*\* Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan effective January 1, 2016 but continues to use different rates.

### Percentage married

60% for Legacy Superior (union only), 80% for all other plans

### Spouse age

Wife three years younger than husband

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
EIN / PN: 14-1682544/001  
Plan Sponsor: AMETEK, INC.  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                                   |                                                                                                                                                                                                                   |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation pay</b>              | Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate. |
| <b>Covered pay</b>                | Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate. |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                        |

### Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.29% (with such expected earnings limited by the prior year's third segment rate as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA).</p> <p>These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p> <p>However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Benefits not valued

Certain plans pay small benefits with a present value up to \$5,000 in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.

All benefits described in the Plan Provisions section of this report were valued.

Willis Towers Watson has reviewed the plan provisions with AMETEK, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

### Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2018 to January 2019.

The required mortality table used to calculate the funding target and target normal cost was updated.

Plan-related expenses were updated to reflect the most recent experience.

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(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<br/>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><u>EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.</u>                                                                | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMETEK, INC.</u>                                           | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</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 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>470,065,720</u>       |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | <u>496,832,534</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>3,646</u>               | <u>251,137,756</u>        | <u>251,137,756</u>       |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>1,404</u>               | <u>53,477,403</u>         | <u>53,477,403</u>        |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>334</u>                 | <u>52,440,880</u>         | <u>53,742,954</u>        |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>5,384</u>               | <u>357,056,039</u>        | <u>358,358,113</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>5.42%</u>              |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>4,053,623</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>                    | <u>JDR</u> | <u>9/1/2020</u>                        |
| Signature of actuary                |            | Date                                   |
| <u>Jason D Rohrer, F.S.A., E.A.</u> |            | <u>2007974</u>                         |
| Type or print name of actuary       |            | Most recent enrollment number          |
| <u>Willis Towers Watson US LLC</u>  |            | <u>215-246-6000</u>                    |
| Firm name                           |            | Telephone number (including area code) |
| <u>1735 Market Street</u>           |            |                                        |
| <u>Philadelphia PA 19103-7501</u>   |            |                                        |
| Address of the firm                 |            |                                        |

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

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

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 132,680,734            |
| <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).....                                                                                                                | 0                     | 132,680,734            |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-6.31%</u> .....                                                                                | 0                     | -8,372,154             |
| <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>5.60%</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).....                                                                         | 0                     | 124,308,580            |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.95% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 138.64% |
| <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> | 101.03% |
| <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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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <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>                                                                                                                                    |                        |                        | 63                                                  |
| <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 type="checkbox"/> Yes <input checked="" 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>                                                                                                                                                                                                                                                                                                                    | 4,053,623          |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                    | 4,053,623          |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <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 | Total balance |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                                                                                                                                                                                                                                                                                                                             | 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>      | AMETEK, INC.                               |
| <b>EIN/PN</b>            | 14-1682544/001                             |
| <b>Plan Name</b>         | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| <b>Valuation Date</b>    | January 1, 2019                            |
| <b>Enrolled Actuary</b>  | Jason D Rohrer, F.S.A., E.A.               |
| <b>Enrollment Number</b> | 20-07974                                   |

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

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

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

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

| (A)                     | (B)                | (C)                                    | (D)                | (E)       |
|-------------------------|--------------------|----------------------------------------|--------------------|-----------|
| Age                     | Retirement<br>Rate | Hypothetical<br>Number of<br>Employees | Number<br>Retiring | (A)*(D)   |
| 55                      | 0.060              | 100,000                                | 6,000              | 330,000   |
| 56                      | 0.020              | 94,000                                 | 1,880              | 105,280   |
| 57                      | 0.040              | 92,120                                 | 3,685              | 210,045   |
| 58                      | 0.040              | 88,435                                 | 3,537              | 205,146   |
| 59                      | 0.040              | 84,898                                 | 3,396              | 200,364   |
| 60                      | 0.080              | 81,502                                 | 6,520              | 391,200   |
| 61                      | 0.090              | 74,982                                 | 6,748              | 411,628   |
| 62                      | 0.250              | 68,234                                 | 17,059             | 1,057,658 |
| 63                      | 0.230              | 51,175                                 | 11,770             | 741,510   |
| 64                      | 0.250              | 39,405                                 | 9,851              | 630,464   |
| 65                      | 0.400              | 29,554                                 | 11,822             | 768,430   |
| 66                      | 0.500              | 17,732                                 | 8,866              | 585,156   |
| 67                      | 0.300              | 8,866                                  | 2,660              | 178,220   |
| 68                      | 0.300              | 6,206                                  | 1,862              | 126,616   |
| 69                      | 0.300              | 4,344                                  | 1,303              | 89,907    |
| 70                      | 1.000              | 3,041                                  | 3,041              | 212,870   |
| Total:                  |                    |                                        |                    | 6,244,494 |
| Average Retirement Age: |                    |                                        |                    | 62.4      |

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
EIN / PN: 14-1682544/001  
Plan Sponsor: AMETEK, INC.  
Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## AMETEK, INC.

Employees' Retirement Plan of AMETEK, Inc.

EIN: 14-1682544

Plan Num: 001

Attachment to 2019 Schedule SB

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Former Plan Number: 039

Former Plan Name: Specialty Metal Products Division of AMETEK, Inc. Pension Plan

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

| (A)                     | (B)             | (C)                              | (D)             | (E)       |
|-------------------------|-----------------|----------------------------------|-----------------|-----------|
| Age                     | Retirement Rate | Hypothetical Number of Employees | Number Retiring | (A)*(D)   |
| 55                      | 0.050           | 100,000                          | 5,000           | 275,000   |
| 56                      | 0.020           | 95,000                           | 1,900           | 106,400   |
| 57                      | 0.020           | 93,100                           | 1,862           | 106,134   |
| 58                      | 0.020           | 91,238                           | 1,825           | 105,850   |
| 59                      | 0.030           | 89,413                           | 2,682           | 158,238   |
| 60                      | 0.040           | 86,731                           | 3,469           | 208,140   |
| 61                      | 0.050           | 83,262                           | 4,163           | 253,943   |
| 62                      | 0.150           | 79,099                           | 11,865          | 735,630   |
| 63                      | 0.150           | 67,234                           | 10,085          | 635,355   |
| 64                      | 0.150           | 57,149                           | 8,572           | 548,608   |
| 65                      | 0.670           | 48,577                           | 32,547          | 2,115,555 |
| 66                      | 0.500           | 16,030                           | 8,015           | 528,990   |
| 67                      | 0.500           | 8,015                            | 4,008           | 268,536   |
| 68                      | 0.500           | 4,007                            | 2,004           | 136,272   |
| 69                      | 0.500           | 2,003                            | 1,002           | 69,138    |
| 70                      | 1.000           | 1,001                            | 1,001           | 70,070    |
| Total:                  |                 |                                  |                 | 6,321,859 |
| Average Retirement Age: |                 |                                  |                 | 63.2      |

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
EIN / PN: 14-1682544/001  
Plan Sponsor: AMETEK, INC.  
Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name/No.</b>  | Employees Retirement Plan of AMETEK, Inc./001 - Legacy Retirement Salaried                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Effective Date</b> | December 29, 1942. Amended and restated effective January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Participation</b>  | <p>Salaried employees hired prior to January 1, 1997 who do not participate in another AMETEK qualified pension plan (other than the AMETEK Savings and Investment Plan) participate on the January 1 or July 1 following attainment of age 21 and completion of one year of service. Salaried employees hired on and after January 1, 1997 are ineligible to participate in this plan.</p> <p>Former Drexelbrook Engineering Company Pension Plan participants are eligible to participate in this plan as of January 1, 2005. Benefit accruals under the Drexelbrook plan were frozen effective December 31, 1999. Benefits for these participants are as outlined in the former Drexelbrook Plan document.</p> <p>Former Cameca employees are eligible to participate in this plan as of December 31, 2007.</p> <p>Former participants of the Specialty Metal Products Division of AMETEK, Inc. Employees' Pension Plan, AMETEK Hourly Employees' Pension Plan, or AMETEK Lamb Kent Hourly Employees' Pension Plan are eligible to participate in this plan as of January 1, 2010 (Provisions for Legacy plans are included separately).</p> <p>Former participants of U.S. Gauge Sellersville Shop Employees' Pension Plan are eligible to participate in this plan as of December 31, 2014</p> <p>Active participants of the AMETEK Hourly Employees' Pension Plan as of January 1, 2015 are no longer eligible to participate in this plan.</p> <p>Effective January 1, 2016, the Superior Group, Inc. 2007 Retirement Plan merged into this plan. Accrual of benefits, vesting requirements, and other plan related provisions of the Superior Group, Inc. 2007 Retirement Plan remain unchanged for those participating in the plan (i.e. participants are not subject to the provisions of the Employees Retirement Plan of AMETEK, Inc.). Legacy Plan provisions are included separately.</p> |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Definitions

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>                          | Twelve month period ending December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Vesting Service</b>                    | Service from date of hire as a covered employee, including service with GE for Aerospace Non-Union participants who directly transferred from GE on August 7, 1989.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Credited Service (CS)</b>              | <p>Service from date of hire as a covered employee. For Aerospace Non-Union participants, service prior to August 7, 1989 is excluded. For Specialty Metal participants, service prior to January 8, 1988 is excluded. For Plymouth participants, service is frozen as of August 1, 1997. For Drexelbrook participants, service is frozen as of December 31, 1999. For Cameca participants, includes past service with Cameca Instruments Inc. but disregarding years of service prior to January 1, 1983. For Superior Group participants:</p> <p><u>Non-union</u>: For part-time employees, a year of service is awarded for any Plan Year during which at least 1,000 hours of service is reached. Otherwise, year of service is accumulated fractionally for each month of employment, calculated to the nearest completed month.</p> <p><u>Union</u>: Used in determination of the participant's accrued benefit. Accumulated fractionally for each month of employment, calculated to the nearest completed month. Credited service was frozen on March 17, 2014.</p> |
| <b>Normal Retirement Date (NRD)</b>       | First of the month coincident with or next following attainment of age 65 with five years of participation. For US Gauge participants, the first of the month coincident with or next following attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Annual Plan Compensation</b>           | Total compensation (excluding awards, gifts, loans and fees) plus the bonus accrued during the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Average Monthly Compensation (AMC)</b> | <p>One-twelfth of average of annual plan compensation for the highest five consecutive plan years out of the ten years preceding date of benefit determination.</p> <p>For Cameca participants, one-twelfth of the highest average annual earnings in any five consecutive calendar years of employment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Actuarial Equivalence

The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries), and an interest rate of 8%.

The conversion factor for lump sum conversions for Drexelbrook participants is determined based on one the following, whichever produces the greater value:

- ▶ Prescribed 417(e)(3) (unisex) mortality table and the 417(e)(3) rate in the month prior to the distribution;
- ▶ UP 1984 mortality and a 5% interest rate.

The conversion factor for lump sum conversions for Cameca participants is determined based on one the following, whichever produces the greater value:

- ▶ Prescribed 417(e)(3) (unisex) mortality table and the 417(e)(3) rate in the month prior to the distribution;
- ▶ UP 1984 mortality and a 6% interest rate.

No pre-retirement mortality is assumed for purposes of determining lump sums payable to Cameca participants.

### Career Earnings

Total earnings during last 35 years of credited service.

**Career Average Earnings (CAE)** Career earnings divided by credited service, not in excess of 35 years.

**Covered Compensation (CC)** Average of the Social Security wage bases during the 35-year period ending with the year employee reaches Social Security normal retirement age, rounded to the nearest \$600.

**Accrued Monthly Pension** For Retirement Plan participants, on any given date, the sum of (a) plus (b) times (c), but not less than (d), times 1.02:

- (a) 32% (32.5% for Aerospace Non-Union participants) x AMC not in excess of CC plus 40% of AMC in excess of CC, times CS at NRD (maximum of 15 years) divided by 15.
- (b) .5% x AMC x CS at NRD in excess of 15 years (maximum of ten years).
- (c) CS at such date divided by CS at NRD, maximum of 1.0.
- (d) \$16.00 x CS at such date.

For Cameca Participants, on any given date, (a) x (b) x (c):

- (a) 35% x AMC
- (b) CS at normal retirement date divided by 25, not greater than 1
- (c) CS at termination date divided by CS at normal retirement date, not greater than 1

For US Gauge participants, \$26.00 times accrual service.

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
14-1682544/001  
AMETEK, INC.  
January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Eligibility for Benefits

|                              |                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>     | Retire on or after NRD.                                                                                                                                                                                                                     |
| <b>Early Retirement</b>      | Retire before NRD but on or after both attaining age 55 and completing ten years of vesting service.<br><br>For US Gauge participants, retire before NRD but on or after both attaining age 60 and completing ten years of vesting service. |
| <b>Disability Retirement</b> | Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.                                                             |
| <b>Temporary Supplement</b>  | Aerospace Non-Union participants who retire on or after age 60 but before age 65, and who directly transferred employment from GE.<br><br>US Gauge participants who retire on or after age 62 and completing but before age 65.             |
| <b>Deferred Vested</b>       | Terminate for reasons other than death or retirement after completing 5 years of vesting service.                                                                                                                                           |
| <b>Preretirement Death</b>   | Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.                                                                                                                                         |
| <b>Postretirement Death</b>  | Die while receiving a normal, early or disability retirement benefit (if disability occurs after age 60).                                                                                                                                   |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

### Benefits Paid Upon the Following Events

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>     | Accrued monthly pension at actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Early Retirement</b>      | Accrued monthly pension at early retirement date, reduced 1/15th (or 6.67%) per year for pre-NRD commencement (reduced 3% per year from age 65 to age 62 and 6.67% per year from age 62 to age 55 for Aerospace Non-Union participants) (reduced 1/15th (or 6.67%) per year for pre-age 62 commencement for US Gauge participants).                                                                                                                   |
| <b>Disability Retirement</b> | Accrued monthly pension at date of disability, with payments commencing immediately.                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Temporary Supplement</b>  | <p>\$190 per month payable from date of retirement to age 65.</p> <p>For US Gauge participants, \$125.00 per month payable beginning on the date the participant attains age 63 1/2 (on the participant's date of retirement, if later). Supplement is payable until participant reaches age 65 (or date of participant's death, if earlier).</p>                                                                                                     |
| <b>Vested Termination</b>    | Accrued monthly pension at termination date, reduced 1/15th per year for pre-NRD commencement (reduced 3% per year from age 65 to age 62 and 6.67% per year from age 62 to age 55 for Aerospace Non-Union participants) (reduced 1/15th (or 6.67%) per year for pre-age 62 commencement for US Gauge participants).                                                                                                                                   |
| <b>Preretirement Death</b>   | 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.                                                                                                                                                                                                                                           |
| <b>Postretirement Death</b>  | \$5,000 lump sum paid to designated beneficiary (\$1,000 for Aerospace Non-Union participants who transferred from GE on August 7, 1989 and who were age 50 but not eligible to retire under the GE Plan on August 7, 1989) (\$3,000 for US Gauge participants).                                                                                                                                                                                      |
| <b>Forms of Payment</b>      | Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. If spouse dies within ten years of participant's retirement, pension increases to single life amount. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan. |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Changes in Benefits Valued Since Prior Year

There were no changes in benefits valued since the prior year except to reflect increases in the statutory limits on pay and benefits.

### Plan Provisions

|                |                                                                                                                                                                                                                                                       |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name/No.  | Employees Retirement Plan of AMETEK, Inc./001 - Legacy Specialty Metal                                                                                                                                                                                |
| Effective Date | January 8, 1988. Amended and restated effective January 1, 2015                                                                                                                                                                                       |
| Participation  | Employees at the Specialty Metal Division hired prior to January 1, 1997 participate on the January 1 or July 1 following completion of one year of service. Employees hired on and after January 1, 1997 are ineligible to participate in this plan. |

### Definitions

|                               |                                                                                                                                                                               |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Year                     | Twelve-month period ending December 31.                                                                                                                                       |
| Credited Service (CS)         | Service from date of hire as a covered employee, or January 8, 1988 if later.                                                                                                 |
| Years of Service              | Service from date of hire, including service under the Pfizer Annuity Plan.                                                                                                   |
| Normal Retirement Date (NRD)  | First of the month coincident with or next following attainment of age 65 with five years of service                                                                          |
| Annual Plan Compensation      | Total compensation (excluding gifts, loans and fees) plus the bonus accrued during the year.                                                                                  |
| Actuarial Equivalence         | The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%. |
| Career Earnings (CE)          | Total earnings during last 35 years of credited service.                                                                                                                      |
| Career Average Earnings (CAE) | Career earnings divided by credited service, not in excess of 35 years.                                                                                                       |
| Plan Name:                    | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.                                                                                                                                    |
| EIN / PN:                     | 14-1682544/001                                                                                                                                                                |
| Plan Sponsor:                 | AMETEK, INC.                                                                                                                                                                  |
| Valuation Date                | January 1, 2019                                                                                                                                                               |

## SCHEDULE SB ATTACHMENTS

Covered Compensation (CC)      Average of the social security wage bases during the 35-year period ending with the year the participant reaches social security normal retirement age.

Accrued Monthly Pension      One-twelfth of the greater of:  
 (a) 1.4% x CE, or  
 (b) 1.28% x CAE up to CC plus 1.65% x CAE over CC, times credited service maximum 35 years.

### Eligibility for Benefits

Normal Retirement      Retire on or after NRD.

Early Retirement      Retire before NRD but (a) on or after both attaining age 50 and completing 10 Years of Service, and sum of age and Years of Service equals 65 or more, or (b) sum of age and Years of Service equals 90 or more.

Disability Retirement      Retire after completing 5 Years of Service due to a disability incurred while a covered employee.

Deferred Vested      Terminate for reasons other than death or retirement after completing 5 Years of Service.

Preretirement Death      Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.

### Benefits Paid Upon the Following Events

Normal Retirement      Accrued monthly pension at actual retirement date.

Early Retirement      Accrued monthly pension at early retirement date, reduced 4% per year for pre-NRD commencement. If age plus Years of Service equals 90 or more, reduction is as follows:

| <u>Age at Retirement</u> | <u>Years of Service</u> | <u>Percentage</u> | <u>Age at Retirement</u> | <u>Years of Service</u> | <u>Percentage</u> |
|--------------------------|-------------------------|-------------------|--------------------------|-------------------------|-------------------|
| 64                       | 26                      | 100%              | 58                       | 32                      | 92%               |
| 63                       | 27                      | 100%              | 57                       | 33                      | 88%               |
| 62                       | 28                      | 100%              | 56                       | 34                      | 84%               |
| 61                       | 29                      | 100%              | 55                       | 35                      | 80%               |
| 60                       | 30                      | 100%              | 54                       | 36                      | 76%               |
| 59                       | 31                      | 96%               | 53                       | 37                      | 72%               |

Plan Name:      EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
 EIN / PN:      14-1682544/001  
 Plan Sponsor:      AMETEK, INC.  
 Valuation Date      January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Changes in Benefits Valued Since Prior Year

None.

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                      |                   |                      |             |                   |                           |                         |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|-------------------|----------------------|-------------|-------------------|---------------------------|-------------------------|
| <b>Plan Name/No.</b>      | Employees Retirement Plan of AMETEK, Inc./001 - Legacy Hourly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                      |                   |                      |             |                   |                           |                         |
| <b>Effective Date</b>     | March 14, 1985. Amended and restated effective January 1, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                      |                   |                      |             |                   |                           |                         |
| <b>Participation</b>      | <p>Inactive participants as of December 31, 2015 at the following divisions:</p> <table><tr><td>Binghamton</td><td>Process &amp; Analytical</td></tr><tr><td>Electromechanical</td><td>U.S. Gauge Allentown</td></tr><tr><td>Lamb Racine</td><td>U.S. Gauge Bartow</td></tr><tr><td>Largo (Mansfield &amp; Green)</td><td>U.S. Gauge Feasterville</td></tr></table> <p>In addition, inactive participants at the following former divisions participate based on the date the division adopted the plan, or the date of merger: Carsonite, Orionics, Valley Foundry, Microfoam Fresno, Hunter Spring, East Moline, Microelectronics, Panalarm, and Lamb Cambridge.</p> <p>Former Haveg Division Hourly Employees' Pension Plan participants will participate in this plan as of December 31, 2005.</p> | Binghamton | Process & Analytical | Electromechanical | U.S. Gauge Allentown | Lamb Racine | U.S. Gauge Bartow | Largo (Mansfield & Green) | U.S. Gauge Feasterville |
| Binghamton                | Process & Analytical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |                   |                      |             |                   |                           |                         |
| Electromechanical         | U.S. Gauge Allentown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                      |                   |                      |             |                   |                           |                         |
| Lamb Racine               | U.S. Gauge Bartow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                      |                   |                      |             |                   |                           |                         |
| Largo (Mansfield & Green) | U.S. Gauge Feasterville                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                      |                   |                      |             |                   |                           |                         |

### Definitions

|                                     |                                                                                                                                                                                                                |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>                    | Twelve-month period ending December 31.                                                                                                                                                                        |
| <b>Vesting Service</b>              | Generally, service from date of hire as a covered employee.                                                                                                                                                    |
| <b>Accrual Service</b>              | Generally, 1/12th of a year for each month in which the covered employee completes at least one hour of service. Service prior to January 1, 1983 is excluded for participants in the Electromechanical Group. |
| <b>Normal Retirement Date (NRD)</b> | First of month coinciding with or next following attainment of age 65.                                                                                                                                         |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Accrued Monthly Pension

Rate times accrual service, maximum of 30 years.

| <u>Division</u>         | <u>Rate</u> | <u>Division</u>         | <u>Rate</u> |
|-------------------------|-------------|-------------------------|-------------|
| Binghamton              | \$24.00     | Process & Analytical    | \$12.00     |
| Electromechanical Group | 11.00       | U.S. Gauge Allentown    | 7.00        |
| Lamb Racine             | 18.00       | U.S. Gauge Feasterville | 10.00       |

U.S. Gauge Bartow — \$9.00 times accrual service prior to January 1, 1997; \$12.00 times accrual service on and after January 1, 1997.

Largo (M&G) — \$7.00 times accrual service prior to January 1, 1997; \$10.00 times accrual service on and after January 1, 1997.

Haveg — \$25.00 times accrual service.

### Actuarial Equivalence

The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.

### Eligibility for Benefits

#### Normal Retirement

Retire on or after NRD.

#### Early Retirement

Retire before NRD but on or after both attaining age 60 (age 55 for Electromechanical Group, Largo (M&G) and U.S. Gauge, Feasterville participants) and completing 10 years of vesting service.

#### Early Retirement Supplement

Haveg participants — Retire before eligible for Medicare benefits.

#### Disability Retirement

Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.

#### Deferred Vested

Terminate for reasons other than death or retirement after completing 5 years of vesting service.

#### Preretirement Death

Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.

#### Postretirement Death

Die while receiving a normal, early or disability retirement benefit.

Plan Name:

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.

EIN / PN:

14-1682544/001

Plan Sponsor:

AMETEK, INC.

Valuation Date

January 1, 2019

## SCHEDULE SB ATTACHMENTS

### Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>           | Accrued monthly pension at actual retirement date.                                                                                                                                                                                                                                                                                                                     |
| <b>Early Retirement</b>            | Accrued monthly pension at early retirement date, reduced 1/15th per year for pre-NRD commencement. Haveg participants — reduced 1/10 <sup>th</sup> per year for pre-NRD commencement, unreduced if retire before NRD but on or after age 62 with 15 years of accrual service, or age 63 with 14 years of accrual service, or age 64 with 12 years of accrual service. |
| <b>Early Retirement Supplement</b> | \$60 per month for participant and eligible spouse. Supplement is payable until recipient is eligible for Medicare benefits. This supplement increased to \$65.00 per month effective May 18, 2002.                                                                                                                                                                    |
| <b>Disability Retirement</b>       | Accrued monthly pension at date of disability, with payments commencing immediately.                                                                                                                                                                                                                                                                                   |
| <b>Vested Termination</b>          | Accrued monthly pension at termination date, reduced 1/15th per year for pre-NRD commencement. Haveg participants — Benefits is actuarially reduced if commencement is on or after participant's age 62. If commencement is prior to age 62, benefit is reduced 10% per year for pre-NRD commencement.                                                                 |
| <b>Preretirement Death</b>         | 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.                                                                                                                                                            |
| <b>Postretirement Death</b>        | Lump sum paid to designated beneficiary as follows: Binghamton participants — \$3,000; Hunter Spring and East Moline participants — \$2,000; Haveg participants — \$10,500; all others — \$1,000.                                                                                                                                                                      |
| <b>Forms of Payment</b>            | Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.                        |

### Changes in Benefits Valued Since Prior Year

None.

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Plan Provisions

|                       |                                                                                                                                                                                    |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name/No.</b>  | Employees Retirement Plan of AMETEK, Inc./001 - Legacy Lamb Kent Hourly                                                                                                            |
| <b>Effective Date</b> | September 1, 1969. Amended and restated effective January 1, 2015.                                                                                                                 |
| <b>Participation</b>  | Each hourly-paid employee at the Kent, Ohio location within the bargaining unit represented by the Union becomes a participant on his date of hire, or September 1, 1969 if later. |

### Definitions

|                                        |                                                                                                                                                                                                                 |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>                       | Twelve-month period ending December 31.                                                                                                                                                                         |
| <b>Vesting Service</b>                 | Service from date of hire as a covered employee.                                                                                                                                                                |
| <b>Accrual Service</b>                 | Prior to October 1, 1976, years (and fractions thereof) of Vesting Service. Beginning on October 1, 1976, 1/12th of a year for each month in which the covered employee completes at least one hour of service. |
| <b>Normal Retirement Date (NRD)</b>    | First of month coinciding with or next following attainment of age 65.                                                                                                                                          |
| <b>Accrued Monthly Accrual Pension</b> | Hired prior to September 15, 1987: \$19.00 times accrual service. Hired September 15, 1987 or later: \$12.00 times service. (Increased from \$18.00 and \$11.00, respectively, at September 15, 2000.)          |
| <b>Actuarial Equivalence</b>           | The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.                                   |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Eligibility for Benefits

|                              |                                                                                                                                                                                                    |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>     | Retire on or after NRD.                                                                                                                                                                            |
| <b>Early Retirement</b>      | Retire before NRD but on or after both attaining age 55 and completing 15 years of vesting service.                                                                                                |
| <b>Disability Retirement</b> | Retire after completing 2 years of vesting service due to a total and permanent disability incurred while a covered employee which results in entitlement to a Social Security disability pension. |
| <b>Deferred Vested</b>       | Terminate for reasons other than death or retirement after completing 5 years of vesting service.                                                                                                  |
| <b>Preretirement Death</b>   | Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit, or after 10 years of vesting service.                                                          |
| <b>Postretirement Death</b>  | Die while receiving a normal, early or disability retirement benefit.                                                                                                                              |

### Benefits Paid Upon the Following Events

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>     | Accrued monthly pension at actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Early Retirement</b>      | Accrued monthly pension at early retirement date, reduced 4.8% per year for pre-NRD commencement.                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Disability Retirement</b> | Accrued monthly pension at date of disability, minimum \$50.00, with payments commencing immediately.                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Vested Termination</b>    | Accrued monthly pension at termination date, reduced 4.8% per year for pre-NRD commencement.                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Preretirement Death</b>   | <p><u>Married, vested</u>: 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date. Spouse may elect benefit payment to single participants as outlined below.</p> <p><u>Not married</u>: Beneficiary may elect 60 monthly payments of participant's accrued monthly pension, or lump sum actuarial equivalent payment.</p> |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Postretirement Death

Sum of (1) and (2):

- (1) Receiving benefits in joint and survivor or single life form: \$1,000. Receiving benefits in single life with certain period form: larger of (1) 120 times pension being paid to participant at the time of his death, less payments received prior to death, or (2) \$1,000.
- (2) If deceased participant had completed 15 years of vesting service (ten years if disability retiree): \$3,000.

### Forms of Payment

Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

### Changes in Benefits Valued Since Prior Year

None.

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

# SCHEDULE SB ATTACHMENTS

## Plan Provisions

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name/No.</b>  | Employees Retirement Plan of AMETEK, Inc./001 - Legacy Superior Group, Inc. 2007 Retirement Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Effective Date</b> | January 1, 2007. Amended and restated effective January 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Participation</b>  | <p><u>Non-union:</u> Full-time employees hired prior to October 15, 2015 may participate in the plan beginning on the next January 1, April 1, July 1, or October 1 after completion of 6 months of service. Part-time employees who complete 1,000 hours of service during the first 12 consecutive months of service or 1,000 hours within a plan year may participate in the plan. Any full-time employee hired after October 14, 2015 and any part-time employee not participating in the plan as of October 14, 2015 are not eligible for participation in the plan.</p> <p><u>Union:</u> Employees hired prior to March 17, 2014 whose terms and conditions of employment are governed by a Collective Bargaining Agreement may participate in the plan. The plan with regards to union employees was closed and frozen as of March 17, 2014.</p> |

## Definitions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>        | Twelve-month period ending December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Service</b>          | <p><u>Non-union:</u> For part-time employees, a year of service is awarded for any Plan Year during which at least 1,000 hours of service is reached. Otherwise, year of service is accumulated fractionally for each month of employment, calculated to the nearest completed month.</p> <p><u>Union:</u><br/><i>Credited service</i> – used in determination of the participant's accrued benefit. Accumulated fractionally for each month of employment, calculated to the nearest completed month. Credited service was frozen on March 17, 2014.<br/><i>Vesting Service</i> – Aggregate of all 12 consecutive months of employment.</p> |
| <b>Break-in-Service</b> | <p><u>Non-union:</u> For part-time employees, a plan year during which less than 501 hours of service is reached. Otherwise, a 12 consecutive month period during which service is not completed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

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### Compensation

W-2 earnings plus any amounts deducted in accordance with section 125, 132(f)(4), 401(k) of the IRC and any differential wage payments made by the employer in accordance with sections 3401(h) and 414(u)(12) of the IRC, but excluding any other deferred compensation, taxable fringe benefits, expense reimbursements, allowances, and severance payments. Compensation is limited to the dollar limitation under section 401(a)(17) of the IRC with respect to the plan year.

### Normal Retirement Date (NRD)

First of month coinciding with or next following attainment of age 65.

### Benefit

Non-union: An account balance is established for each participant. The account shall be increased as of the last day of each calendar month of employment with a percentage of compensation in accordance with the age plus service points schedule below, where age and service is the sum of the whole and fractional years of age and service:

| <u>Age plus Service Points</u> | <u>Percentage of Compensation</u> |
|--------------------------------|-----------------------------------|
| Less than 30                   | 4.0%                              |
| 30 but less than 40            | 5.0%                              |
| 40 but less than 55            | 6.0%                              |
| 55 and greater                 | 7.0%                              |

The account shall be increased each day of employment with interest credits. Interest on the account balance is calculated as the greater of:

- (i) average monthly yield on 10-year US Treasury securities at constant maturity for the second month preceding each calendar year quarter, and
- (ii) 2.25%.

Interest is credited prior to the addition of compensation credits on applicable dates.

Account balances revert back to zero if a participant terminates employment prior to attaining 5 years of service and returns to service after a period of 5 or more breaks-in-service.

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
14-1682544/001  
AMETEK, INC.  
January 1, 2019

## SCHEDULE SB ATTACHMENTS

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Union: Accrued benefit payable monthly as a life annuity is determined by multiplying the participant's total credited service and the multiplier in effect during the time of termination, based on the schedule below:

| <u>Date of Termination</u>             | <u>Benefit Multiplier</u>                               |                                                       |
|----------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
|                                        | <u>Service accumulated prior to<br/>January 1, 2007</u> | <u>Service accumulated after<br/>January 1, 2007*</u> |
| January 1, 2007 –<br>December 31, 2007 | \$5.00                                                  | \$35.00                                               |
| January 1, 2008 –<br>December 31, 2008 | \$6.00                                                  | \$36.00                                               |
| January 1, 2009 –<br>March 14, 2010    | \$7.00                                                  | \$37.00                                               |
| March 15, 2010 –<br>March 17, 2013     | \$10.00                                                 | \$40.00                                               |
| March 18, 2013<br>and after            | \$10.00**                                               | \$42.00                                               |

\*Credited service used for calculating the accrued benefit was frozen as of March 17, 2014

\*\*For those who terminated during the period between March 18, 2013 and March 17, 2014 and had provided notice of intention to leave to the employer prior to January 1, 2014, a multiplier of \$12.00 for service accumulated prior to January 1, 2007 was used.

### Actuarial Equivalence

Non-union: The conversion factors for optional forms of payment are determined according to IRC §417(e) assumptions using the second month prior to the plan year as the lookback month.

Union: The conversion factors for optional forms of payment are determined using the 1994 Group Annuity Reserving Table (blended 50% male and 50% female) projected to 2002 using Scale AA and an interest rate of 6.5%. The conversion factor for single sum present value of accrued benefits of less than \$5,000 are determined according to IRC §417(e) assumptions using the second month prior to the plan year as the lookback month.

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date

EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
14-1682544/001  
AMETEK, INC.  
January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Retirement</b>                      | Retire on NRD.                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Early Retirement</b>                       | <u>Non-union</u> : Retire prior to NRD.<br><u>Union</u> : Retire prior to NRD after attaining either (i) age 55 and 5 years of vesting service, (ii) 30 years of service, (iii) age 55 and age plus service points is at least 70 points, or (iv) age plus service points is at least 80 points, given that the termination is not due to a permanent shutdown, layoff, or physical disability for items (iii) and (iv). |
| <b>Ancillary Early Retirement age Benefit</b> | <u>Union</u> : Retire prior to NRD after attaining either (i) age 55 and age plus service points is at least 70 points, or (ii) plus service points is at least 80 points, given that the termination is not due to a permanent shutdown, layoff, or physical disability for items (i) and (ii).                                                                                                                         |
| <b>Disability Retirement</b>                  | <u>Non-union</u> : Total disability attained while an eligible employee.<br><u>Union</u> : Attained 10 years of vesting service and total disability attained for at least 6 months.                                                                                                                                                                                                                                     |
| <b>Deferred Vested</b>                        | <u>Non-union</u> : Terminate for reasons other than death or retirement after completing 3 years of service.<br><u>Union</u> : Terminate for reasons other than death or retirement after completing 5 years of vesting service.                                                                                                                                                                                         |
| <b>Postponed Retirement</b>                   | Retire after NRD.                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Preretirement Death</b>                    | <u>Non-union</u> : Death while participating in the plan, prior to commencement. All eligible employees immediately become vested in their benefit.<br><u>Union</u> : Death while fully vested in the plan, prior to commencement.                                                                                                                                                                                       |
| <b>Postretirement Death</b>                   | Death while receiving a normal, early or disability retirement benefit.                                                                                                                                                                                                                                                                                                                                                  |
| <b>Ancillary Death Benefit</b>                | <u>Union</u> : Death prior to or after benefit commencement for participants hired on or after January 1, 2007 (participants hired prior to this date are covered by an ancillary death benefit under the prior plan, The Superior Group, Inc. Retirement Plan).                                                                                                                                                         |

|                |                                            |
|----------------|--------------------------------------------|
| Plan Name:     | EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC. |
| EIN / PN:      | 14-1682544/001                             |
| Plan Sponsor:  | AMETEK, INC.                               |
| Valuation Date | January 1, 2019                            |

## SCHEDULE SB ATTACHMENTS

### Benefits Paid Upon the Following Events

**Normal Retirement**      Non-union: Distribution of entire vested interest in the account balance or actuarially equivalent life annuity benefit as of the date of commencement.  
Union: Accrued monthly benefit at actual retirement date.

**Early Retirement**      Non-union: Distribution of entire vested interest in the account balance or actuarially equivalent life annuity benefit as of the date of commencement.  
Union: Accrued benefit as of the commencement date, unreduced if at least age 62 or commences due to criteria (iii) or (iv). Otherwise, reduced by the following schedule:

| <u>Age</u> | <u>Reduction Factor</u> |
|------------|-------------------------|
| 62         | 100%                    |
| 61         | 84%                     |
| 60         | 80%                     |
| 59         | 76%                     |
| 58         | 72%                     |
| 57         | 68%                     |
| 56         | 64%                     |
| 55         | 60%                     |
| 54         | 54.92%                  |
| 53         | 50.34%                  |
| 52         | 46.21%                  |
| 51         | 42.48%                  |
| 50         | 39.09%                  |
| 49         | 36.02%                  |
| 48         | 32.22%                  |

**Ancillary Early Retirement Benefit**      Union: \$75 per month payable in any month where the retired participant is not eligible for Social Security Benefits.

Plan Name:                      EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
EIN / PN:                      14-1682544/001  
Plan Sponsor:                AMETEK, INC.  
Valuation Date                January 1, 2019

## SCHEDULE SB ATTACHMENTS

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### Disability Retirement

Non-union: Account balance as of the date of disability is increased with interest and compensation credits until the earlier of the end of total disability, the benefit commencement date, or normal retirement date. Compensation credits are determined using the base rate of compensation for the month preceding the date of disability.

Union: The greater of \$150 monthly and the accrued monthly benefit (unreduced) at date of disability. An additional \$100 per month is payable for each month a disabled participant is not eligible for Social Security Benefits, unless the participant is receiving an accrued benefit under the prior plan, The Superior Group, Inc. Retirement Plan. Benefits end with the cessation of total disability, the benefit commencement date, or normal retirement date.

### Vested Termination

Non-union: Distribution of entire vested interest in the account balance or actuarially equivalent life annuity benefit as of the date of commencement.

Union: Distribution of accrued benefit at commencement. If at least age 55, a reduced benefit may be elected, reduced by 0.5% for each month that commencement precedes NRD.

### Postponed Retirement

Non-union: Distribution of entire vested interest in the account balance or actuarially equivalent life annuity benefit as of the date of commencement.

Union: Greater of the accrued monthly benefit at actual retirement date or the actuarially equivalent value as of NRD.

### Preretirement Death

Non-union: Distribution of entire vested interest in the account balance or actuarially equivalent life annuity benefit as of the date of commencement made payable to the surviving beneficiary.

Union: Distribution of actuarially equivalent 50% joint and survivor annuity benefit as of the date of participant's earliest retirement date made payable to the surviving beneficiary. An additional death benefit may be awarded to the surviving beneficiary:

If the participant was actively employed and had attained age 50 and 10 years of vesting service at time of death, an additional monthly benefit is payable until the beneficiary attains age 65, and is equal to the greater of:

1. \$100 plus the prior plan benefit, and
2. A percentage of the participant's accrued benefit following the age schedule below

| <u>Participant's Age at Time<br/>of Death</u> | <u>Percentage</u> |
|-----------------------------------------------|-------------------|
| 55 and over                                   | 50%               |
| 54                                            | 48%               |
| 53                                            | 46%               |
| 52                                            | 44%               |
| 51                                            | 42%               |
| 50                                            | 40%               |

Plan Name: EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
EIN / PN: 14-1682544/001  
Plan Sponsor: AMETEK, INC.  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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The additional benefit is reduced by 0.5% for each year that the beneficiary's age is less than 50 at the time of the participant's death.

Once the beneficiary reaches age 62, the additional benefit is reduced by 65% of the benefit the beneficiary is entitled to under Social Security (the additional benefit may not go below \$25, however).

The additional benefit is not awarded if the participant and beneficiary had not attained 55 and 45 years of age, respectively, at the time of death.

### Postretirement Death

All participants: Distribution of the remaining vested benefit to the surviving beneficiary in the form chosen by the participant.

Union: If a participant dies between the ages of 55 and 65 after commencing under early or disabled retirement, the beneficiary is entitled to similar additional benefits as described under preretirement death, given that the beneficiary is the spouse of the participant.

### Ancillary Death Benefit

Union: \$5,000 lump sum made payable to the beneficiary at time of participant's death.

### Forms of Payment

For unmarried participants, normal form of payment is a life annuity. For married participants, normal form of payment is a 50% joint and survivor annuity. Optional forms of payments include a single lump sum; a 50%, 66⅔%, 75%, and 100% joint and survivor annuity; a 5, 10, and 15 year certain annuity.

### Changes in Benefits Valued Since Prior Year

None

Plan Name:  
EIN / PN:  
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EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.  
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