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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: 1.2em; font-weight: bold;">2020</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 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN</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>036</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1987</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>036</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1987</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                          | <u>036</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1987</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>COLFAX CORPORATION</u><br><br><u>2711 CENTERVILLE ROAD</u><br><u>SUITE 400</u><br><u>WILMINGTON, DE 19808</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>54-1887631</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>302-252-9160</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>333200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>54-1887631</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>302-252-9160</u> | <b>2d</b> Business code (see instructions)<br><u>333200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>54-1887631</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>302-252-9160</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>333200</u>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/13/2021 | CARLOS CARVALHO                                              |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>COLFAX CORPORATION</b><br><br><b>2711 CENTERVILLE RD</b><br><b>SUITE 400</b><br><b>WILMINGTON, DE 19808</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3b</b> Administrator's EIN<br><b>54-1887631</b><br><br><b>3c</b> Administrator's telephone number<br><b>302-252-9160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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> 3870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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><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><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><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> 230<br><b>6a(2)</b> 202<br><b>6b</b> 2488<br><b>6c</b> 445<br><b>6d</b> 3135<br><b>6e</b> 598<br><b>6f</b> 3733<br><b>6g</b> 0<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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><b>1A 1I 3H</b><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><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><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> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |     |
| A Name of plan<br>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN                          | B Three-digit plan number (PN) ▶                     | 036 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COLFAX CORPORATION               | D Employer Identification Number (EIN)<br>54-1887631 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
AETNA LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-6033492 | 60054         | 004607                                | 2                                                                           | 01/01/2020              | 12/31/2020 |

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

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

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

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

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

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

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

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

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

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

---

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

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

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

---

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

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 1060339**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 1051243**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)** 51613  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below)..... **7c(5)** -14920

▶ EARNINGS ADJUSTMENTS AND PRIOR PERIOD INTEREST RATE CHANGES

(6) Total additions ..... **7c(6)** 36693**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 1087936**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 16063(2) Administration charge made by carrier..... **7e(2)** 11534(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)**

▶

(5) Total deductions ..... **7e(5)** 27597**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1060339

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN                                                                  | B Three-digit plan number (PN) ▶ 036                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COLFAX CORPORATION                                            | D Employer Identification Number (EIN)<br>54-1887631                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                         |                            |                           |                          |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                       |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                     |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                 |                            |                           |                          |
|        | a Market value .....                                                                                                                                                                                    | 2a                         | 186857320                 |                          |
|        | b Actuarial value .....                                                                                                                                                                                 | 2b                         | 176304867                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|        | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 3104                       | 145883098                 | 145883098                |
|        | b For terminated vested participants.....                                                                                                                                                               | 578                        | 20153904                  | 20153904                 |
|        | c For active participants .....                                                                                                                                                                         | 230                        | 8492913                   | 8629647                  |
|        | d Total.....                                                                                                                                                                                            | 3912                       | 174529915                 | 174666649                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b                         |                           |                          |
| 5      | Effective interest rate .....                                                                                                                                                                           | 5                          | 5.19 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                                 | 6                          | 1600000                   |                          |

**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.

|                                                          |  |                                        |
|----------------------------------------------------------|--|----------------------------------------|
| <div>SIGN<br/>HERE</div>                                 |  | 10/13/2021                             |
| Signature of actuary                                     |  | Date                                   |
| BRIAN D. EVITTS                                          |  | 20-05995                               |
| Type or print name of actuary                            |  | Most recent enrollment number          |
| CBIZ RETIREMENT PLAN SERVICES                            |  | 215-587-0700                           |
| Firm name                                                |  | Telephone number (including area code) |
| 1845 WALNUT STREET, 14TH FLOOR<br>PHILADELPHIA, PA 19103 |  |                                        |
| Address of the firm                                      |  |                                        |

**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                     | 0                      |
| <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                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>27.22</u> % .....                                                                                | 0                     | 0                      |
| <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) .....                                                                                      |                       | 1419                   |
| <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>5.34</u> % ..... |                       | 76                     |
| <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 .....                                                                        |                       | 1495                   |
| <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                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.93 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.93 % |
| <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> | 93.19 %  |
| <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 |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**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** 1600000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 1600000**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment .....**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****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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN                   | <b>B</b> Three-digit plan number (PN) ▶                     | 036 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COLFAX CORPORATION        | <b>D</b> Employer Identification Number (EIN)<br>54-1887631 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

CBIZ

31-1582098

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17<br>38 50 64<br>70 | NONE                                                                                              | 360265                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET  
CHICAGO, IL 60603

36-1561860

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28<br>36 50 52<br>62 | NONE                                                                                              | 299683                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BDO USA, LLP

13-5381590

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 16 50<br>70         | NONE                                                                                              | 22000                                                                  | 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)

AETNA LIFE INSURANCE COMPANY

06-6033492

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 53                  | NONE                                                                                              | 11534                                                                  | 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:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</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 | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                   |                                                                    |            |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN</u>                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>036</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COLFAX CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>54-1887631</u> |            |

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

|                                                                                               |                               |                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P 500 INDEX FUND LE</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51728237</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EMERGING MKTS INDEX F</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9155232</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE LONG TERM CREDIT BOND</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74978060</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE QUALITY LCC EAFE FUND</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21396833</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE QUALITY SCC US FUND L</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10543039</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P 400 INDEX FUND LE</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10632072</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE SHORT TERM INVESTMENT FU</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>    |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-000</u>                                                         | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1752403</u>  |  |  |

**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>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN</u>                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>036</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COLFAX CORPORATION</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><u>54-1887631</u>                                                                                                                                                                                                           |                                                                                                          |

| 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> 0            | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                        |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b> 3405000   | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 0         | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b> 2485      | 32              |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b> 0         | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b> 0         | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b> 0      | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b> 0      | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b> 0      | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b> 0      | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 0         | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b> 0         | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b> 0         | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b> 0         | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b> 170437453 | 180185876       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 0        | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b> 0        | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b> 0        | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 0        | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 1051243  | 1060339         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b> 0        | 0               |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 12267336        | 12894528        |
| (2)                | Employer real property.....                                      | 1d(2) 0               | 0               |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e 0                  | 0               |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 187163517          | 194140775       |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g 0                  | 0               |
| <b>h</b>           | Operating payables .....                                         | 1h 0                  | 0               |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i 0                  | 0               |
| <b>j</b>           | Other liabilities.....                                           | 1j 199683             | 245431          |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 199683             | 245431          |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 186963834          | 193895344       |

**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 .....                                     | 2a(1)(A)        |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B)        |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C)        |           |
| (2)      | Noncash contributions .....                                                                         | 2a(2)           |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)           | 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)..... | 2b(1)(A) 63210  |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)        |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)        |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)        |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E)        |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F)        |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)        | 63210     |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)        |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B)        |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C)        |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)        | 0         |
| (3)      | Rents .....                                                                                         | 2b(3)           |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A)        |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B)        |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)        |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)        |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 627192 |           |
|          | <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B) .....             | 2b(5)(C)        |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 22729002  |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 23419404  |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 15105783 |          |
| (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) |          | 15105783 |
| 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) | 383606   |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 311222   |          |
| (4) Other.....                                                                      | 2i(4) | 687283   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 1382111  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 16487894 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6931510 |
| 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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

**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.) .....

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

|                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                 | No                 | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</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.) .....                                                                                                   |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <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                   |                    | 15000000 |
| <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.) .....                                                                                                                                                                                                                                                     | X                   |                    |          |
| <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.) .....                                                                                                                                                                                       | X                   |                    |          |
| <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? .....                                                                                                                                                                                                                                                |                     | X                  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                 |                     | X                  |          |
| <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.) .....                                                                                                                                                                                                                                                                                       |                     | X                  |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                     | X                  |          |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                       |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                       | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4333093 _____. |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                          |                                                                  |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN</div>            | <div>B Three-digit plan number (PN) ▶ 036</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>COLFAX CORPORATION</div> | <div>D Employer Identification Number (EIN)<br/>54-1887631</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                  |                                                                                                                                                                                                                                                               |   |   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                  | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 36-1561860 39-0989781 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                               |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                       | 3 | 7 |

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

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

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                   |                                   |                                   |                               |                                        |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2020  
v. 200204

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                            |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                                            | <b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                          |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                           | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                      | <b>15b</b> |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                          | <b>16b</b> |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... <input type="checkbox"/>                                                                  |            |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>60.0</u> % Investment-Grade Debt: <u>38.6</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.4</u> %                                                                                                                                                                                                                  |  |
| <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input checked="" type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |  |
| <b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):                                                                                                                                                      |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                 |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                  |  |
| <b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:                                                                                                                                                                                                                                                                      |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.                                                                                                                                                                                                 |  |
| <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.                                                                                                                                                          |  |
| <input type="checkbox"/> No. Other. Provide explanation _____                                                                                                                                                                                                                                                                                                                                                   |  |



# **Colfax Corporation Consolidated Retirement Plan**

**Financial Statements and  
Supplemental Schedules**  
Years Ended December 31, 2020 and 2019

The report accompanying these financial statements was issued by  
BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of  
BDO International Limited, a UK company limited by guarantee.



## **Colfax Corporation Consolidated Retirement Plan**

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Financial Statements and Supplemental Schedules  
Years Ended December 31, 2020 and 2019

# **Colfax Corporation Consolidated Retirement Plan**

## **Contents**

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Suite 1200  
Charlotte, NC 28202

## **Independent Auditor's Report**

To the Retirement Plans Committee  
Colfax Corporation Consolidated Retirement Plan  
Annapolis Junction, Maryland

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements***

We have performed an audit of the financial statements of the Colfax Corporation Consolidated Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2020 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2020 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2020, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2020 Financial Statements***

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report,

- the amounts and disclosures in the accompanying 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP"); and
- the certified investment information in the accompanying 2020 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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### ***Basis for Opinion on the 2020 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audit of the 2020 Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2020 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2020 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2020 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### ***Other Matter – 2020 Supplemental Schedules Required by ERISA***

The supplemental schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2020 and schedule H, line 4j—schedule of reportable transactions for the year ended December 31, 2020 are presented for purposes of additional analysis and are not a required part of the 2020 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2020 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2020 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2020 financial statements or to the 2020 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**In our opinion**

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

***Other Matter – Report on the 2019 Financial Statements***

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2019 and the statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institutions. Our audit report, dated October 9, 2020, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2019 financial statements, and (b) the form and content of the information included in the 2019 financial statements other than that derived from the information certified by the qualified institutions were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*BDO USA, LLP*

October 12, 2021

## Financial Statements

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# Colfax Corporation Consolidated Retirement Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2020</b>           | <b>2019</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| <b>Investments, at fair value</b>        |                       |                       |
| Common/collective trusts                 | \$ 180,185,876        | \$ 170,437,453        |
| Guaranteed investment contract           | 1,060,339             | 1,051,243             |
| Employer common stock                    | 12,894,528            | 12,267,336            |
| <b>Total investments, at fair value</b>  | <b>194,140,743</b>    | <b>183,756,032</b>    |
| <b>Receivables</b>                       |                       |                       |
| Accrued income                           | 32                    | 2,485                 |
| Employer contribution                    | -                     | 3,405,000             |
| <b>Total receivables</b>                 | <b>32</b>             | <b>3,407,485</b>      |
| <b>Total assets</b>                      | <b>194,140,775</b>    | <b>187,163,517</b>    |
| <b>Liabilities</b>                       |                       |                       |
| Accrued expenses                         | 245,431               | 199,683               |
| <b>Total liabilities</b>                 | <b>245,431</b>        | <b>199,683</b>        |
| <b>Net assets available for benefits</b> | <b>\$ 193,895,344</b> | <b>\$ 186,963,834</b> |

*See accompanying notes to financial statements.*

**Colfax Corporation Consolidated Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**

| <i>Years Ended December 31,</i>                             | <b>2020</b>           | <b>2019</b>           |
|-------------------------------------------------------------|-----------------------|-----------------------|
| <b>Changes in Net Assets Attributable to:</b>               |                       |                       |
| <b>Net investment income:</b>                               |                       |                       |
| Interest and dividends                                      | \$ 63,210             | \$ 107,900            |
| Dividends from fully allocated investment contracts         | -                     | 59,907                |
| Net appreciation in fair value of investments               | 23,356,194            | 40,920,759            |
| <b>Total net investment income</b>                          | <b>23,419,404</b>     | <b>41,088,566</b>     |
| <b>Employer contribution</b>                                | <b>-</b>              | <b>5,550,000</b>      |
| <b>Deductions:</b>                                          |                       |                       |
| Benefits paid to participants                               | (15,105,783)          | (15,115,115)          |
| Administrative expenses                                     | (1,382,111)           | (3,059,918)           |
| <b>Total deductions</b>                                     | <b>(16,487,894)</b>   | <b>(18,175,033)</b>   |
| <b>Net increase</b>                                         | <b>6,931,510</b>      | <b>28,463,533</b>     |
| <b>Net assets available for benefits, beginning of year</b> | <b>186,963,834</b>    | <b>158,500,301</b>    |
| <b>Net assets available for benefits, end of year</b>       | <b>\$ 193,895,344</b> | <b>\$ 186,963,834</b> |

*See accompanying notes to financial statements.*

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Colfax Corporation Consolidated Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### *General*

The Plan is a noncontributory defined benefit pension plan under Internal Revenue Code Section 401(a), which covers certain employees and their beneficiaries of Colfax Corporation and its subsidiaries (collectively, the "Employer"). The Plan provides for certain protected rights, benefits and features applicable only to certain identifiable participant groups resulting from past mergers of affiliated plans. Participation and accrual of benefits under the Plan were frozen effective January 31, 1999.

#### *Benefit Payments*

The Plan generally provides for normal retirement benefits at age 65, early retirement benefits at age 55 and 10 years of service, disability benefits and survivor benefits. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit.

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$1,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$5,000 but greater than \$1,000, the lump-sum payment will be made as a direct rollover to an eligible retirement plan specified by the participant or to an individual retirement plan account.

#### *Vesting*

Participants become 100 percent vested at the earlier of completion of five years of vesting service, or attainment of normal retirement age of 65.

#### *Administrative Expenses*

The Plan pays certain administrative expenses including actuary, trustee, record-keeping, audit and consulting fees, and Pension Benefit Guaranty Corporation ("PBGC") premiums. All other administrative expenses of the Plan are paid by the Employer and excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in the fair value of investments on the statements of changes in net assets available for benefits.

#### *CARES Act*

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. The Plan did not adopt any provisions of the CARES Act.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

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

#### *Investment Valuation and Income Recognition*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). The Plan's investment committee determines the Plan's valuation policies utilizing information provided by investment advisors and the trustee. See Note 4 for discussion of fair value measurements.

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

#### *Funding Policy*

The Employer makes contributions in amounts sufficient to comply with the funding requirements of ERISA. The Employer's policy is to fund the normal cost currently and the amortization of the estimated unfunded past service liabilities generally over the maximum period permitted by ERISA. Although it has not expressed any intention to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. For the year ended December 31, 2020, no contributions were made as the Employer met the minimum funding requirement, and for the year ended December 31, 2019, \$5,550,000 was contributed by the Employer to meet the minimum funding requirements of ERISA.

#### *Use of Estimates*

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

#### *Payment of Benefits*

Benefit payments are recorded when paid.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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### ***New Accounting Pronouncement***

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *"Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement"*, which modified the disclosure requirements for fair value measurements by removing, modifying or adding certain disclosures. This guidance became effective for the Plan for the year ended December 31, 2020 but did not have a material impact on the Plan financial statements and disclosures. The Plan adopted ASU 2018-13 as of January 1, 2020; as a result, the disclosure of the timing of transfers between fair value levels was removed.

### **3. Investment Information Certified by the Trustee and Aetna**

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company ("Trustee") and Aetna Life Insurance Company ("Aetna"), qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019;
- Investment income, net as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2020 and 2019; and
- Investment information included in the schedule H, line 4i-schedule of assets (held at end of year) as of December 31, 2020, and schedule H, line 4j-schedule of reportable transactions for the year ended December 31, 2020; as shown on the ERISA-required supplemental schedules.

The Plan's independent accountants did not perform auditing procedures on the above information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

### **4. Fair Value Measurements**

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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

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

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

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the valuation methodologies used at December 31, 2020 and 2019. Following is a description of the valuation methodologies used for assets measured at fair value:

**Common/Collective Trusts:** Common/ collective trusts ("CCTs") represent investments with various investment managers. Units held in CCTs are valued at the net asset value ("NAV"). The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, that are traded in an active market, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

**Guaranteed Investment Contract:** The Plan holds one annuity contract, the Fixed Income Regular Account Fund with Aetna Life Insurance Company ("Aetna"). Aetna maintains the assets of this investment in both allocated and unallocated funds with crediting rates averaging 5.03 percent and 4.87 percent for 2020 and 2019, respectively. The total yield for the Aetna contract was 4.89 percent and 4.80 percent for 2020 and 2019, respectively. Fair value of the guaranteed investment contracts is determined by discounting the related cash flows based on observable, current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

**Employer Common Stock:** The common stock of the Employer is traded on the New York Stock Exchange and is valued at the closing price on the last day of the Plan year.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

### *Fair Value of Investments that Calculate Net Asset Value*

The following table presents the unfunded commitments, redemption frequencies, and redemption notice periods as of December 31, 2020 and 2019 for those assets, summarized by category, whose fair value is estimated using the NAV per share or its equivalent:

| Investment      | Fair Value at December 31, |                | Unfunded Commitment | Redemption Frequency | Notice Period | Other Restrictions |
|-----------------|----------------------------|----------------|---------------------|----------------------|---------------|--------------------|
|                 | 2020                       | 2019           |                     |                      |               |                    |
| Equity          | \$ 103,455,414             | \$ 97,248,300  | \$ -                | Daily                | None          | None               |
| Fixed income    | 74,978,060                 | 70,334,457     | -                   | Daily                | None          | None               |
| Cash equivalent | 1,752,402                  | 2,854,696      | -                   | Daily                | None          | None               |
| Total           | \$ 180,185,876             | \$ 170,437,453 | \$ -                |                      |               |                    |

The following tables summarize, by level within the fair value hierarchy, the Plan's investments stated at fair value at December 31, 2020 and 2019:

| December 31, 2020              |                                               |               |              |         |                |
|--------------------------------|-----------------------------------------------|---------------|--------------|---------|----------------|
|                                | Measured at<br>Net Asset Value <sup>(1)</sup> | Level 1       | Level 2      | Level 3 | Total          |
| Employer common stock          | \$ -                                          | \$ 12,894,528 | \$ -         | \$ -    | \$ 12,894,528  |
| Guaranteed investment contract | -                                             | -             | 1,060,339    | -       | 1,060,339      |
| Common collective trusts       | 180,185,876                                   | -             | -            | -       | 180,185,876    |
| Total                          | \$ 180,185,876                                | \$ 12,894,528 | \$ 1,060,339 | \$ -    | \$ 194,140,743 |

| December 31, 2019              |                                               |               |              |         |                |
|--------------------------------|-----------------------------------------------|---------------|--------------|---------|----------------|
|                                | Measured at<br>Net Asset Value <sup>(1)</sup> | Level 1       | Level 2      | Level 3 | Total          |
| Employer common stock          | \$ -                                          | \$ 12,267,336 | \$ -         | \$ -    | \$ 12,267,336  |
| Guaranteed investment contract | -                                             | -             | 1,051,243    | -       | 1,051,243      |
| Common collective trusts       | 170,437,453                                   | -             | -            | -       | 170,437,453    |
| Total                          | \$ 170,437,453                                | \$ 12,267,336 | \$ 1,051,243 | \$ -    | \$ 183,756,032 |

<sup>(1)</sup>In accordance with ASC 820, certain investments that are measured at fair value using the NAV practical expedient have not been classified in the fair value hierarchy. These investments, consisting of common collective trusts, are valued using the NAV provided by the Trustee.

## 5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits. As of December 31, 2020 and 2019, three investments represented approximately 76 percent of total investments at fair value.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

On January 30, 2020 the World Health Organization (“WHO”) announced a global health emergency because of a new strain of coronavirus in Wuhan, China (the “COVID-19 outbreak”) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to volatility in financial markets. Since the values of the Plan’s investments have and will fluctuate in response to changing market conditions, the amount of losses that may be recognized in subsequent periods, if any, cannot be determined. The value of the Plan’s investments has a direct impact on its funded status. As a result of such declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Plan Sponsor may need to make cash contributions to fund the Plan in the future. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

### **6. Fully Allocated Investment Contracts**

Prior to 1993, a plan that merged into the Plan on December 31, 2012 had purchased guaranteed annuity contracts from John Hancock Mutual Life Insurance Company (“Hancock”) to fulfill the benefit obligations of individual participants. The payments under the annuities are guaranteed to be paid at a future date, usually on the participant’s retirement date, and for the life of the participant. The guaranteed annuities are fully allocated investment contracts and therefore are excluded from Plan assets. The guaranteed annuity contracts provide for dividend payments at Hancock’s discretion based on the experience under the contracts compared to the assumptions upon purchase of the annuity contracts. Total dividends received by the Plan from fully allocated annuity contracts were \$59,907 during 2019. No dividends were received by the Plan from fully allocated annuity contracts during 2020.

### **7. Tax Status**

The Internal Revenue Service (“IRS”) has determined and informed the Plan administrator by letter dated March 20, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan, as currently designed, is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

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

### 8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had returned with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed subsequently).
4. All other vested benefits (not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

### 9. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest average compensation during any consecutive 60-months period of credited service or based on years of service, as defined by the Plan. The accumulated plan benefits for active employees are based on their average compensation and years of service as of the date the Plan was frozen. Benefits payable under all circumstances, (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made using the beginning of year method. The significant actuarial assumptions used in the valuation as of December 31, 2019 were (a) life expectancy of participants (the Pri-2012 Amount-Weighted Total Dataset Mortality Tables with generational projection using Scale MP-2020), (b) retirement age assumptions (the assumed average retirement age for the Plan ranged from age 55 to 65, as defined by the Plan for specific employees), (c) investment return (6.25 percent), and (d) expenses (which were assumed to be \$1,600,000 per year).

A summary of the most recent actuarial present value of accumulated plan benefits is shown below:

| <i>December 31,</i>                                               | <i>2019</i>           |
|-------------------------------------------------------------------|-----------------------|
| <b>Vested benefits:</b>                                           |                       |
| Participants currently receiving benefits                         | \$ 132,495,085        |
| Other participants                                                | 26,082,551            |
| <b>Total vested benefits</b>                                      | <b>158,577,636</b>    |
| <b>Nonvested benefits</b>                                         | <b>172,492</b>        |
| <b>Total actuarial present value of accumulated plan benefits</b> | <b>\$ 158,750,128</b> |

# Colfax Corporation Consolidated Retirement Plan

## Notes to Financial Statements

The change in the actuarial present value of accumulated plan benefits is as follows:

|                                                                                      |                       |
|--------------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits, December 31, 2018              | \$ 166,016,308        |
| Net decrease in actuarial present value of accumulated plan benefits attributed to:  |                       |
| Increase for interest                                                                | 9,902,907             |
| Benefits paid to participants                                                        | (15,115,115)          |
| Actuarial (gains)                                                                    | (1,177,436)           |
| Change of assumptions <sup>(1)</sup>                                                 | (876,536)             |
| Net decrease                                                                         | (7,266,180)           |
| <b>Total actuarial present value of accumulated plan benefits, December 31, 2019</b> | <b>\$ 158,750,128</b> |

<sup>(1)</sup> The changes in assumptions since the prior valuation include an update from the mortality improvement scale MP-2019 to the mortality improvement scale MP-2020 and decrease of plan expenses from \$3,000,000 to \$1,600,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and January 1, 2019. Had the valuations been performed as of December 31, there would be no material differences.

### 10. Related Party and Party-In-Interest Transactions

Certain plan investments are managed by affiliates of The Northern Trust Company and Aetna. The Plan pays fees to these service providers for administrative, trustee, and custodial services which are recorded within administrative expenses on the accompanying statements of changes in net assets available for benefits. During 2020 and 2019, the Plan incurred approximately \$311,000 and \$646,000, respectively, for these services. The Plan also invests in Employer common stock. During 2020 and 2019, there were no purchases or sales of the Employer common stock. Total net depreciation of approximately \$7,260,000 and \$7,887,000 was recognized during 2020 and 2019, respectively, related to the Employer stock and is recognized in net appreciation on the statements of changes in net assets available for benefits. During 2020 and 2019, the Plan paid for actuarial and audit services. These transactions qualify as exempt party-in-interest transactions.

# **Colfax Corporation Consolidated Retirement Plan**

## **Notes to Financial Statements**

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### **11. Subsequent Events**

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 12, 2021, the date the financial statements were available to be issued. During this period, no material subsequent events were identified.

## **Supplemental Schedules**

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**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 26 - Schedule of Active Participant Data***

| <b>Attained<br/>Age</b> | <b>Years of Credited Service</b> |            |            |              |              |              |              |              |              |                      | <b>Total<br/>Number</b> |
|-------------------------|----------------------------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------------|-------------------------|
|                         | <b>Under 1</b>                   | <b>1-4</b> | <b>5-9</b> | <b>10-14</b> | <b>15-19</b> | <b>20-24</b> | <b>25-29</b> | <b>30-34</b> | <b>35-39</b> | <b>40 &amp; Over</b> |                         |
| Under 25                | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0            | 0                    | 0                       |
| 25-29                   | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0            | 0                    | 0                       |
| 30-34                   | 0                                | 0          | 0          | 2            | 0            | 0            | 0            | 0            | 0            | 0                    | 2                       |
| 35-39                   | 0                                | 0          | 0          | 1            | 4            | 0            | 0            | 0            | 0            | 0                    | 5                       |
| 40-44                   | 0                                | 0          | 0          | 1            | 4            | 1            | 0            | 0            | 0            | 0                    | 6                       |
| 45-49                   | 0                                | 0          | 0          | 0            | 2            | 13           | 1            | 0            | 0            | 0                    | 16                      |
| 50-54                   | 0                                | 0          | 0          | 4            | 2            | 8            | 6            | 8            | 0            | 0                    | 28                      |
| 55-59                   | 0                                | 0          | 0          | 1            | 3            | 16           | 11           | 21           | 8            | 1                    | 61                      |
| 60-64                   | 0                                | 0          | 0          | 2            | 4            | 5            | 5            | 19           | 7            | 29                   | 71                      |
| 65-69                   | 0                                | 0          | 0          | 1            | 1            | 2            | 1            | 5            | 2            | 25                   | 37                      |
| 70 & Over               | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 1            | 1            | 2                    | 4                       |
| <b>Total</b>            | <b>0</b>                         | <b>0</b>   | <b>0</b>   | <b>12</b>    | <b>20</b>    | <b>45</b>    | <b>24</b>    | <b>54</b>    | <b>18</b>    | <b>57</b>            | <b>230</b>              |

Colfax Corporation Consolidated Retirement Plan

EIN: 54-1887631 Plan: 036

Attachment to the 2020 Form 5500 Schedule SB

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## ACTUARIAL ASSUMPTIONS AND METHODS

**Interest Rates:**

**Minimum Funding** - segment rates with a four-month lookback, with the segment rates adjusted as applicable according to HATFA.

**(Segment 1):** 3.64% per year, compounded annually.

**(Segment 2):** 5.21% per year, compounded annually.

**(Segment 3):** 5.94% per year, compounded annually.

**Effective Rate:** 5.19% per year, compounded annually.

**Mortality:**

IRS 2020 Static Mortality Table.

**Withdrawal:**

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. Sample rates are shown in the following tables:

Legacy Hanover:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 5.0%   | 3.0%   | 0.0%   |

All other Legacy ESAB/Howden:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 11.0%  | 4.3%   | 0.0%   |

Legacy Victor Technologies:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 9.7%   | 7.8%   | 0.0%   |

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Withdrawal:***

Legacy Fan Group:

No withdrawal rates assumed.

***Disability:***

Legacy Hanover:

Sample rates varying by age:

| Age | Rate |
|-----|------|
| 25  | 0.0% |
| 40  | 0.1% |
| 55  | 1.1% |

All other Legacy ESAB/Howden:

Sample rates varying by age:

| Age | Rate |
|-----|------|
| 25  | 0.1% |
| 40  | 0.2% |
| 55  | 0.8% |

Legacy Victor Technologies:

No disability rates assumed.

Legacy Fan Group:

No disability rates assumed.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Retirement:***

Legacy Hanover:

Active participants are assumed to retire at age 64.

Term Vested participants are assumed to retire at 62.

Legacy Howden:

Active participants with under 30 years of service are assumed to retire at age 65.

Active participants with 30 or more years of service are assumed to retire at age 62.

Term Vested participants are assumed to retire at 62.

Legacy New Philadelphia Union:

Active participants with under 15 years of service are assumed to retire at age 65.

Active participants with 15 to 29 years of service are assumed to retire at age 62.

Active participants with 30 or more years of service are assumed to retire at age 60.

Term Vested participants are assumed to retire at 62.

Legacy ESAB/Howden and Ashtabula/Niagara:

Sample rates varying by age for active participants:

| Age   | Rate   |
|-------|--------|
| 55    | 10.0%  |
| 56-59 | 7.0%   |
| 60    | 20.0%  |
| 61    | 8.0%   |
| 62    | 80.0%  |
| 63-64 | 20.0%  |
| 65    | 100.0% |

Term Vested participants are assumed to retire at 62.

Legacy Victor Technologies:

Sample rates varying by age:

| Age   | Rate   |
|-------|--------|
| 55-58 | 2.0%   |
| 59    | 2.5%   |
| 60-63 | 3.0%   |
| 64    | 6.5%   |
| 65    | 100.0% |

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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## **ACTUARIAL ASSUMPTIONS AND METHODS**

***Retirement:***

Legacy Fan Group:

Terminated vested participants are assumed to commence benefits at age 60.

Legacy Connersville:

Terminated vested participants are assumed to commence benefits at age 65.

***Form of Payment:***

All Legacy ESAB/Howden Plans:

50% of participants are assumed to elect a life annuity and 50% of participants are assumed to elect a 50% Joint & Survivor Annuity.

Legacy Victor Technologies:

Non-Stoody Deloro Stellite participants are assumed to elect a 50% Joint & Survivor Annuity. Stoody Deloro Stellite participants are assumed to elect a life annuity.

Legacy Fan Group:

Frequency of optional payment forms:

| <u>Form</u>  | <u>Single</u> | <u>Married</u> |
|--------------|---------------|----------------|
| Life Annuity | 100%          | 30%            |
| 50% J&S      | 0%            | 40%            |
| 100% J&S     | 0%            | 30%            |
| Total        | 100%          | 100%           |

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Form of Payment:***

Legacy Connersville:

75% of participants are assumed to elect a life annuity.

25% of participants are assumed to elect a J&S 50% annuity.

***Expenses:***

Expenses are assumed to be \$1,600,000.

***Marital Status:***

It is assumed that husbands are three years older than wives and that 80% of the male Participants and 80% of the female

Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

***Asset Valuation Method:***

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returnst that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

***Changes since the Prior Valuation:***

The funding target interest rates for minimum funding changed as follows: from 3.74% to 3.64% for the first five years, from 5.35% to 5.21% for the next 15 years, and from 6.11% to 5.49% for all years thereafter.

The funding mortality table was updated from the IRS 2019 Static Mortality Table to the IRS 2020 Static Mortality Table.

Plan administrative expenses were changed from \$3,000,000 to \$1,600,000, to reflect expected expenses paid from the trust during the current Plan Year.

# Colfax Corporation Consolidated Retirement Plan

## Schedule H, Line 4j—Schedule of Reportable Transactions—Year Ended December 31, 2020

EIN\PN: 54-1887631/036

| (a)<br>Identity of Party<br>Involved    | (b)<br>Description of Assets                  | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred With<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value of<br>Asset on the<br>Transaction Date | (i)<br>Net Gain or<br>(Loss) |
|-----------------------------------------|-----------------------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|-------------------------------------------------------------|------------------------------|
| Single Transaction in Excess of 5%:     |                                               |                          |                         |                        |                                                |                         |                                                             |                              |
| None                                    |                                               |                          |                         |                        |                                                |                         |                                                             |                              |
| Series of Transactions in Excess of 5%: |                                               |                          |                         |                        |                                                |                         |                                                             |                              |
| * The Northern Trust Company            | COLTV SHORT TERM INVT FD                      | \$ 15,218,036            | \$ -                    | \$ -                   | \$ -                                           | \$ 15,218,036           | \$ 15,218,036                                               | \$ -                         |
| * The Northern Trust Company            | COLTV SHORT TERM INVT FD                      | \$ -                     | \$ 16,320,330           | \$ -                   | \$ -                                           | \$ 16,320,330           | \$ 16,320,330                                               | \$ -                         |
| * The Northern Trust Company            | MFB NT COLLECTIVE LONG-TERM CREDIT BOND INDEX | \$ 9,979,069             | \$ -                    | \$ -                   | \$ -                                           | \$ 9,979,069            | \$ 9,979,069                                                | \$ -                         |
| * The Northern Trust Company            | MFB NT COLLECTIVE LONG-TERM CREDIT BOND INDEX | \$ -                     | \$ 13,992,119           | \$ -                   | \$ -                                           | \$ 10,757,941           | \$ 13,992,119                                               | \$ 3,234,178                 |

\* A party-in-interest as defined by ERISA.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► **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>Colfax Corporation Consolidated Retirement Plan                                                                                | <b>B</b> Three-digit plan number (PN) ►                     | 036 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Colfax Corporation                                                          | <b>D</b> Employer Identification Number (EIN)<br>54-1887631 |     |
| <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>2020</u>                                                                                                                               |                            |                           |                          |  |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |  |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 186,857,320               |                          |  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 176,304,867               |                          |  |
| <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.....                                                                                                                                      | 3,104                      | 145,883,098               | 145,883,098              |  |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 578                        | 20,153,904                | 20,153,904               |  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 230                        | 8,492,913                 | 8,629,647                |  |
| <b>d</b> Total .....                                                                                                                                                                                            | 3,912                      | 174,529,915               | 174,666,649              |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |  |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   |                           | 5.19%                    |  |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   |                           | 1,600,000                |  |

**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>                                                                       | Brian D. Evitts <span style="float: right;"><i>BDE</i></span><br><br>Signature of actuary | 10/12/2021<br><br>Date                                     |
| BRIAN D. EVITTS<br><br>Type or print name of actuary                                   |                                                                                           | 2005995<br><br>Most recent enrollment number               |
| CBIZ Retirement Plan Services<br><br>Firm name                                         |                                                                                           | 215-587-0700<br><br>Telephone number (including area code) |
| 1845 WALNUT STREET, 14TH FLOOR<br><br>PHILADELPHIA PA 19103<br><br>Address of the firm |                                                                                           |                                                            |

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

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

**Schedule SB (Form 5500) 2020 v. 200204**



|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.64 % | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <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 |                        |                        |                                                     |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

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

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 1,600,000          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 1,600,000          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <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>          |                    |               |
| <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                  |               |

|                |                                                                                   |
|----------------|-----------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b> |
|----------------|-----------------------------------------------------------------------------------|

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <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 |

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 22 - Description of Weighted Average Retirement Age***

**Legacy ESAB Retirement Table:**

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Retired</u> | <u>Average</u> | <u># Active</u> |
|------------------------|--------------|------------------|------------------|----------------|-----------------|
| 55                     | 1000.000     | 10.00%           | 100.000          | 5500.000       |                 |
| 56                     | 900.000      | 7.00%            | 63.000           | 3528.000       |                 |
| 57                     | 837.000      | 7.00%            | 58.590           | 3339.630       |                 |
| 58                     | 778.410      | 7.00%            | 54.489           | 3160.345       |                 |
| 59                     | 723.921      | 7.00%            | 50.674           | 2989.795       |                 |
| 60                     | 673.247      | 20.00%           | 134.649          | 8078.962       |                 |
| 61                     | 538.597      | 8.00%            | 43.088           | 2628.356       |                 |
| 62                     | 495.510      | 80.00%           | 396.408          | 24577.279      |                 |
| 63                     | 99.102       | 20.00%           | 19.820           | 1248.684       |                 |
| 64                     | 79.282       | 20.00%           | 15.856           | 1014.804       |                 |
| 65                     | 63.425       | 100.00%          | 63.425           | 4122.640       |                 |
| Average Retirement Age |              |                  |                  | 60.188         | 70              |

**Legacy Victor Technologies Retirement Table:**

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Retired</u> | <u>Average</u> | <u># Active</u> |
|------------------------|--------------|------------------|------------------|----------------|-----------------|
| 55                     | 1000.000     | 2.00%            | 20.000           | 1100.000       |                 |
| 56                     | 980.000      | 2.00%            | 19.600           | 1097.600       |                 |
| 57                     | 960.400      | 2.00%            | 19.208           | 1094.856       |                 |
| 58                     | 941.192      | 2.00%            | 18.824           | 1091.783       |                 |
| 59                     | 922.368      | 2.50%            | 23.059           | 1360.493       |                 |
| 60                     | 899.309      | 3.00%            | 26.979           | 1618.756       |                 |
| 61                     | 872.330      | 3.00%            | 26.170           | 1596.363       |                 |
| 62                     | 846.160      | 3.00%            | 25.385           | 1573.857       |                 |
| 63                     | 820.775      | 3.00%            | 24.623           | 1551.265       |                 |
| 64                     | 796.152      | 6.50%            | 51.750           | 3311.991       |                 |
| 65                     | 744.402      | 100.00%          | 744.402          | 48386.123      |                 |
| Average Retirement Age |              |                  |                  | 63.783         | 79              |

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 22 - Description of Weighted Average Retirement Age***  
***(continued)***

**Constant Retirement Age Assumptions:**

| <u>Age</u>                             | <u>Average</u> | <u># Active</u> |
|----------------------------------------|----------------|-----------------|
| 62                                     | 62.000         | 0               |
| 64                                     | 64.000         | 81              |
| 65                                     | 65.000         | 0               |
| <b>Weighted Average Retirement Age</b> | <b>62.765</b>  | <b>230</b>      |

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 24 - Change in Actuarial Assumptions***

Plan administrative expenses were changed from \$3,000,000 in 2019 to \$1,600,000 in 2020, to reflect expected expenses paid from the trust during the current Plan Year.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

***Schedule SB, line 26 - Schedule of Active Participant Data***

| <b>Attained<br/>Age</b> | <b>Years of Credited Service</b> |            |            |              |              |              |              |              |              |                      | <b>Total<br/>Number</b> |
|-------------------------|----------------------------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------------|-------------------------|
|                         | <b>Under 1</b>                   | <b>1-4</b> | <b>5-9</b> | <b>10-14</b> | <b>15-19</b> | <b>20-24</b> | <b>25-29</b> | <b>30-34</b> | <b>35-39</b> | <b>40 &amp; Over</b> |                         |
| Under 25                | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0            | 0                    | 0                       |
| 25-29                   | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0            | 0                    | 0                       |
| 30-34                   | 0                                | 0          | 0          | 2            | 0            | 0            | 0            | 0            | 0            | 0                    | 2                       |
| 35-39                   | 0                                | 0          | 0          | 1            | 4            | 0            | 0            | 0            | 0            | 0                    | 5                       |
| 40-44                   | 0                                | 0          | 0          | 1            | 4            | 1            | 0            | 0            | 0            | 0                    | 6                       |
| 45-49                   | 0                                | 0          | 0          | 0            | 2            | 13           | 1            | 0            | 0            | 0                    | 16                      |
| 50-54                   | 0                                | 0          | 0          | 4            | 2            | 8            | 6            | 8            | 0            | 0                    | 28                      |
| 55-59                   | 0                                | 0          | 0          | 1            | 3            | 16           | 11           | 21           | 8            | 1                    | 61                      |
| 60-64                   | 0                                | 0          | 0          | 2            | 4            | 5            | 5            | 19           | 7            | 29                   | 71                      |
| 65-69                   | 0                                | 0          | 0          | 1            | 1            | 2            | 1            | 5            | 2            | 25                   | 37                      |
| 70 & Over               | 0                                | 0          | 0          | 0            | 0            | 0            | 0            | 1            | 1            | 2                    | 4                       |
| <b>Total</b>            | <b>0</b>                         | <b>0</b>   | <b>0</b>   | <b>12</b>    | <b>20</b>    | <b>45</b>    | <b>24</b>    | <b>54</b>    | <b>18</b>    | <b>57</b>            | <b>230</b>              |

Colfax Corporation Consolidated Retirement Plan

EIN: 54-1887631 Plan: 036

Attachment to the 2020 Form 5500 Schedule SB

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## ACTUARIAL ASSUMPTIONS AND METHODS

**Interest Rates:**

**Minimum Funding** - segment rates with a four-month lookback, with the segment rates adjusted as applicable according to HATFA.

**(Segment 1):** 3.64% per year, compounded annually.

**(Segment 2):** 5.21% per year, compounded annually.

**(Segment 3):** 5.94% per year, compounded annually.

**Effective Rate:** 5.19% per year, compounded annually.

**Mortality:**

IRS 2020 Static Mortality Table.

**Withdrawal:**

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. Sample rates are shown in the following tables:

Legacy Hanover:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 5.0%   | 3.0%   | 0.0%   |

All other Legacy ESAB/Howden:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 11.0%  | 4.3%   | 0.0%   |

Legacy Victor Technologies:

| Age 25 | Age 40 | Age 55 |
|--------|--------|--------|
| 9.7%   | 7.8%   | 0.0%   |

**Colfax Corporation Consolidated Retirement Plan**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Withdrawal:***

Legacy Fan Group:

No withdrawal rates assumed.

***Disability:***

Legacy Hanover:

Sample rates varying by age:

| Age | Rate |
|-----|------|
| 25  | 0.0% |
| 40  | 0.1% |
| 55  | 1.1% |

All other Legacy ESAB/Howden:

Sample rates varying by age:

| Age | Rate |
|-----|------|
| 25  | 0.1% |
| 40  | 0.2% |
| 55  | 0.8% |

Legacy Victor Technologies:

No disability rates assumed.

Legacy Fan Group:

No disability rates assumed.

**Colfax Corporation Consolidated Retirement Plan**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Retirement:***

**Legacy Hanover:**

Active participants are assumed to retire at age 64.

Term Vested participants are assumed to retire at 62.

**Legacy Howden:**

Active participants with under 30 years of service are assumed to retire at age 65.

Active participants with 30 or more years of service are assumed to retire at age 62.

Term Vested participants are assumed to retire at 62.

**Legacy New Philadelphia Union:**

Active participants with under 15 years of service are assumed to retire at age 65.

Active participants with 15 to 29 years of service are assumed to retire at age 62.

Active participants with 30 or more years of service are assumed to retire at age 60.

Term Vested participants are assumed to retire at 62.

**Legacy ESAB/Howden and Ashtabula/Niagara:**

Sample rates varying by age for active participants:

| Age   | Rate   |
|-------|--------|
| 55    | 10.0%  |
| 56-59 | 7.0%   |
| 60    | 20.0%  |
| 61    | 8.0%   |
| 62    | 80.0%  |
| 63-64 | 20.0%  |
| 65    | 100.0% |

Term Vested participants are assumed to retire at 62.

**Legacy Victor Technologies:**

Sample rates varying by age:

| Age   | Rate   |
|-------|--------|
| 55-58 | 2.0%   |
| 59    | 2.5%   |
| 60-63 | 3.0%   |
| 64    | 6.5%   |
| 65    | 100.0% |

**Colfax Corporation Consolidated Retirement Plan**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Retirement:***

Legacy Fan Group:

Terminated vested participants are assumed to commence benefits at age 60.

Legacy Connersville:

Terminated vested participants are assumed to commence benefits at age 65.

***Form of Payment:***

All Legacy ESAB/Howden Plans:

50% of participants are assumed to elect a life annuity and 50% of participants are assumed to elect a 50% Joint & Survivor Annuity.

Legacy Victor Technologies:

Non-Stoody Deloro Stellite participants are assumed to elect a 50% Joint & Survivor Annuity. Stoody Deloro Stellite participants are assumed to elect a life annuity.

Legacy Fan Group:

Frequency of optional payment forms:

| <u>Form</u>  | <u>Single</u> | <u>Married</u> |
|--------------|---------------|----------------|
| Life Annuity | 100%          | 30%            |
| 50% J&S      | 0%            | 40%            |
| 100% J&S     | 0%            | 30%            |
| Total        | 100%          | 100%           |

**Colfax Corporation Consolidated Retirement Plan**

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**ACTUARIAL ASSUMPTIONS AND METHODS**

***Form of Payment:***

Legacy Connersville:

75% of participants are assumed to elect a life annuity.

25% of participants are assumed to elect a J&S 50% annuity.

***Expenses:***

Expenses are assumed to be \$1,600,000.

***Marital Status:***

It is assumed that husbands are three years older than wives and that 80% of the male Participants and 80% of the female

Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

***Asset Valuation Method:***

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returnst that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

***Changes since the Prior Valuation:***

The funding target interest rates for minimum funding changed as follows: from 3.74% to 3.64% for the first five years, from 5.35% to 5.21% for the next 15 years, and from 6.11% to 5.49% for all years thereafter.

The funding mortality table was updated from the IRS 2019 Static Mortality Table to the IRS 2020 Static Mortality Table.

Plan administrative expenses were changed from \$3,000,000 to \$1,600,000, to reflect expected expenses paid from the trust during the current Plan Year.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Ashtabula/Niagara)**

***Effective Date and Plan Year***

Original plan: August 1, 1985; Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.

***Participation***

Immediate on date of hire. New employees are not eligible to participate.

***Credited Service***

Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance.

***Retirement Dates***

Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more.

Unreduced pension for participants hired on or after September 1, 1987: Age 65.

Reduced pension: Age 50 with ten years of Credited Service. Reduction based on factor in plan document.

***Average Monthly Earnings***

Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.

***Benefit Formulas***

Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

***Minimum Formula:***

\$5 times first ten years of Credited Service  
**plus**  
\$7 times next ten years of Credited Service  
**plus**  
\$9 times Credited Service greater than 20  
**plus**  
10% of Average Monthly Earnings (reduced if Credited Service less than 8)  
**plus**  
\$12

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Ashtabula/Niagara)**

***Regular Formula:***

1.5% of Average Monthly Earnings for each year of Credited Service

**minus**

1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

***Disability***

***Eligibility***

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

***Benefit***

The benefit is the higher of the amount determined under the regular formula and the minimum formula (the former being used only if a Social Security disability benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until social security benefits are payable.

At age 65, the disability benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and average monthly earnings used to calculate above disability benefit.

***Death***

***Benefit***

The spouse of a participant who dies after five years of Credited Service will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

***Vested Retirement Pension***

***Eligibility***

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Ashtabula/Niagara)**

***Benefit***

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65. The benefit is determined under the minimum formula assuming service and earnings credited to date. The percentage of average monthly earnings is reduced by one percent for each year that Credited Service is less than ten years.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Level income.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Hanover)**

***Effective Date and Plan Year***

Original plan: January 1, 1952; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.

***Participation***

All employees of GAC 290 become participants of the plan on the first month coinciding with or next following one year of service. All employees of IAM District #98 become participants of the plan on date of employment. New employees are not eligible to participate.

***Initial Vesting Date***

A participant's initial vesting date is the earlier of (a) the date he has completed five years of Vesting Service or (b) the date he attains age 65.

***Vesting Service***

Vesting Service is the elapsed time between date of hire and date of termination.

***Credited Service***

Benefit Service is the elapsed time between date of hire and date of termination, excluding leaves of absence for which the employee was not compensated. Only benefit service through December 31, 2006 will be used in the calculation of the Accrued Benefit.

***Normal Retirement***

***Eligibility***

The Normal Retirement Date is the first day of the month coincident with or next following age 65.

***Benefit***

Monthly income for retirement on the Normal Retirement Date is equal to the participant's accrued monthly benefit. Normal form of retirement income is life only.

***Late Retirement***

***Eligibility***

All participants who continue employment after their Normal Retirement Date.

***Benefit***

All participants shall receive, upon retirement, monthly income equal to their accrued monthly benefit.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Hanover)**

***Early Retirement***

***Eligibility***

All participants with ten or more years of Vesting Service who have attained age 55 are eligible for Early Retirement.

***Benefit***

For participants retiring prior to age 62, the accrued monthly benefit at the participant's Early Retirement Date reduced .4166% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service less than 25 years, the accrued monthly benefit at the participant's Early Retirement Date reduced .2083% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service of 25 or more years, the accrued monthly benefit at the participant's Early Retirement Date.

***Deferred Vested***

***Eligibility***

A participant who terminates his service prior to his Normal Retirement Date for any reason other than death, disability or Early Retirement, prior to having attained age 55 but after attaining his initial vesting date, will be entitled to a termination benefit.

***Benefit***

Participant will be entitled to a termination benefit equal to the accrued monthly benefit commencing on or after the date on which the participant attains age 65.

***Disability***

***Eligibility***

All participants with ten or more years of Vesting Service who terminate employment as a result of disability are eligible for a disability benefit under the plan.

***Benefit***

The monthly disability benefit is payable at the participant's Normal Retirement Date and is equal to the participant's accrued monthly benefit.

***Pre-Retirement Death***

***Eligibility***

A married participant who has completed five or more years of Vesting Service and dies prior to commencement of his retirement income.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Hanover)**

***Benefit***

The benefit payable to his beneficiary is the benefit which would have been payable if the employee had separated from service on his date of death, survived to the earliest age at which he qualified for Early Retirement, retired on that date with a 50% qualified joint and survivor annuity, and then died.

***Accrued Benefit***

***GAC 290 Employees***

- 1) For terminations prior to February 9, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after February 9, 1999 and prior to April 1, 2000, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after April 1, 2000 and prior to April 1, 2001, a monthly benefit equal to \$25.50 multiplied by Credited Service.
- 4) For terminations after April 1, 2001 and prior to April 1, 2002, a monthly benefit equal to \$26.00 multiplied by Credited Service.
- 5) For terminations after April 1, 2002 and prior to April 1, 2003, a monthly benefit equal to \$26.50 multiplied by Credited Service.
- 6) For terminations after April 1, 2003 and prior to April 1, 2004, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 7) For terminations after April 1, 2004 and prior to April 1, 2005, a monthly benefit equal to \$33.00 multiplied by Credited Service.
- 8) For terminations after April 1, 2005, a monthly benefit equal to \$34.00 multiplied by Credited Service.

***IAM District #98 Employees***

- 1) For terminations prior to April 1, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after April 1, 1999 and prior to June 1, 2003, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after June 1, 2003 and prior to June 1, 2004, a monthly benefit equal to \$29.00 multiplied by Credited Service.
- 4) For terminations after June 1, 2004 and prior to June 1, 2005, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 5) For terminations after June 1, 2005, a monthly benefit equal to \$32.00 multiplied by Credited Service.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Certain and continuous.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Non-Union [ESAB])**

***Effective Date and Plan Year***

Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2004, the plan froze benefit accruals for non-Howden participants.

***Participation***

Immediate on date of hire. New employees are not eligible to participate.

***Credited Service***

Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance.

A former Hanover plan participant's Credited Service shall begin no earlier than June 1, 1998 under this plan.

***Retirement Dates***

Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more.

Unreduced pension for participants hired on or after September 1, 1987: Age 65.

Reduced pension: Age 50 with ten years of Credited Service (reduction based on factor in plan document); Age 55 with ten years of Credited Service for former Hanover plan participants.

Special case: If participant is terminated for cause, more stringent retirement dates than outlined above.

***Average Monthly Earnings***

Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.

***Benefit Formulas***

Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

***Regular Formula:***

1.5% of Average Monthly Earnings for each year of Credited Service  
**minus**

1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Non-Union [ESAB])**

***Minimum Formula:***

\$5 times first ten years of Credited Service  
**plus**  
\$7 times next ten years of Credited Service  
**plus**  
\$9 times Credited Service greater than 20  
**plus**  
10% of Average Monthly Earnings (reduced if Credited Service less than 8)  
**plus**  
\$12

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

For former Alloy Rods Salaried Plan participants, the benefit accrued under the Salaried Plan will be included in their total benefit from the Non-Union Plan.

***Deferred Vested***

***Eligibility***

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

***Benefit***

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65.

***Disability***

***Eligibility***

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

***Benefit***

The benefit is the higher of the amount determined under the Regular Formula and the Minimum Formula (the former being used only if a Social Security disability benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until Social Security benefits are payable.

At age 65, the disability benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and Average Monthly Earnings used to calculate above disability benefit.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Non-Union [ESAB])**

***Pre-Termination Death***

***Eligibility***

Active participant who dies after five years of Credited Service, but prior to retirement, disability or termination.

***Benefit***

The spouse will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

***Post-Termination Death***

***Benefit***

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Level income.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Howden)**

***Effective Date and Plan Year***

Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the plan froze benefit accruals for Howden participants who were employees of the New Philadelphia Union division.

***Participation***

Each eligible employee who was a participant in the Ampco Pittsburgh Corporation Retirement Plan which was spun off resulting in this plan is a participant. Any participants who were not eligible employees of the Ampco Pittsburgh Corporation Retirement Plan but have an Accrued Benefit due to the spinoff resulting in this plan are participants.

Salaried Buffalo Forge Company Employees: The plan froze as of December 31, 2000. No additional employees shall become participants after December 31, 2000.

Union Buffalo Forge Company Employees: Employees become participants upon the completion of the probationary period set forth in the most recent collective bargaining agreement.

New Philadelphia Union Employees: Employees who were participants in the prior plan shall become participants on May 1, 1997. All other employees become participants on the first day of the calendar month following the date 1,000 hours of service are completed. The plan froze as of December 31, 2006.

***Prior Plan***

Service and earnings for the period prior to May 6, 1993 earned under the Ampco Pittsburgh Corporation Retirement Plan are to be included in the calculation of benefits for employees of the Buffalo Forge Company as of May 6, 1993. Service and benefit accruals for the New Philadelphia Union Employees for the period prior to May 1, 1997 earned under the Harnischfeger Industries Hourly Employees' Retirement Plan are to be included in the calculation of benefits. This plan also includes benefits accrued under the Howden Sirocco, Inc. Retirement Plan and the Howden Sirocco, Inc. Hourly Rated Pension Plan.

***Vesting***

A participant is 100 percent vested in their Accrued Benefit upon the completion of five years of vesting service, or if earlier, upon their attainment of Normal Retirement Age.

***Pensionable Earnings***

Salaried Buffalo Forge Company Employees: Base salary excluding any bonuses, incentives, premiums, overtime, living expenses or traveling allowances.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Howden)**

***Accrued Benefit***

Salaried Buffalo Forge Company Employees: The annual benefit is the sum of 1, 2, 3, and 4 (frozen as of December 31, 2000).

- 1) For service prior to 1989, a noncontributory benefit of \$180.00 times years of Credited Service prior to 1989, plus a contributory benefit of 2 percent of the participant's effective contributory compensation for months in which he/she made contributions prior to 1989.
- 2) For 1989, the greater of (a) 1.1 percent of the participant's average annual compensation times Credited Service during 1989 and (b) \$180.00 times Credited Service during 1989 plus 2 percent of the participant's effective contributory compensation for months in which he/she made contributions during 1989.
- 3) For service after 1989, Credited Service after 1989 times the greater of (a) 1.1 percent of the participant's average annual compensation and (b) \$180.00.
- 4) An additional contributory benefit for any participant who elected to withdraw his/her after-tax contributions in 1976 under the predecessor to this plan.

Union Buffalo Forge Company Employees: The annual benefit is \$216.00 times years of Credited Service.

New Philadelphia Union Employees: The annual benefit is \$384 per year of Credited Service for Local 2737-09 and \$408 per year of Credited Service for Local 2737-08. This benefit is offset by the benefit payable from the prior plan. The plan was frozen on December 31, 2006.

***Normal Retirement***

***Eligibility***

Salaried Buffalo Forge Company Employees: Normal Retirement Age is 65.

Union Buffalo Forge Company Employees: Normal Retirement Age is the later of age 65 and the completion of five years of continuous service.

New Philadelphia Union Employees: Normal Retirement Age is 65.

***Benefit***

The Accrued Benefit at Normal Retirement.

***Early Retirement***

***Eligibility***

Salaried Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 55 and the completion of 15 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 60 and the completion of ten years of continuous service.

New Philadelphia Union Employees: Early Retirement is any time following the attainment of age 60 and the completion of 15 years of Credited Service or any age and the completion of 30 years of Credited Service.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Howden)**

***Benefit***

The Accrued Benefit commencing at Normal Retirement reduced by a subsidized factor based on age and years of service at retirement.

Salaried Buffalo Forge Company Employees: Early Retirement reduction factors are 1/2 percent per month early for the first five years and 1/3 percent per month early for the next 5 years. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

New Philadelphia Union Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit with 30 years of Credited Service.

***Late Retirement***

***Eligibility***

Deferred retirement is any time after a participant's Normal Retirement Date.

***Benefit***

A participant continues to accrue benefits and service beyond their Normal Retirement Date. Accrued Benefits commence immediately upon retirement.

***Deferred Vested***

***Eligibility***

Completion of five years of Vesting Service, or if earlier, attainment of their Normal Retirement Age.

***Benefit***

Accrued Benefit payable at their Normal Retirement Date.

***Disability***

***Eligibility***

Salaried Buffalo Forge Company Employees: An eligible employee must become eligible for disability benefits under the Company's long term disability plan and have completed at least ten years of continuous service.

Union Buffalo Forge Company Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of continuous service.

New Philadelphia Union Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of Credited Service.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Howden)**

***Benefit***

Salaried Buffalo Forge Company Employees: Continuous and Credited Service will be accrued during the period of disability to the earlier of the participant's retirement date and Normal Retirement Age. Average compensation is determined as of the onset of disability. Benefits are reduced for early commencement.

Union Buffalo Forge Company Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement.

New Philadelphia Union Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement. There is an additional \$400.00 per month supplemental payable until the participant reaches age 62.

***Death Benefits***

***Qualified Pre-retirement Survivor Annuity***

Participants are eligible if they have a vested right to any of their benefit, and have been married for one year at the time of death. For participants who die prior to their Early Retirement Date, they are assumed to have terminated on the date of death, survived to their earliest retirement date, retired with a 50 percent qualified joint and survivor annuity, and died the day after retirement. For participants who die after attaining their Early Retirement Date, they are assumed to have retired on the day before their death and were to receive a 50 percent qualified joint and survivor annuity. New Philadelphia Union Employees must pay for this coverage.

***Other Death Benefits***

For Union Buffalo Forge Company Employees with a vested right to any portion of their Accrued Benefit, who die before the earlier of a break in service and their benefit commencement date, have been married for one year, and have attained Normal Retirement Age 60 with 10 years of continuous service, or age 55 with 20 years of continuous service, they will have a death benefit paid to their spouse equal to 50 percent of their unreduced Normal Retirement Benefit payable in the form of a straight life annuity.

***Post-Retirement Death***

For New Philadelphia Union Employees who retire from active status, a lump sum death benefit of \$5,000 will be paid to the participant's beneficiary.

***Optional Forms of Payment***

Salaried Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50%, 75% or 100%], Certain and continuous [5, 10 or 15 years]

Union Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50% or 100%]

New Philadelphia Union Employees: Life annuity, Joint & Survivor [50%]

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Victor Technologies)**

**Non-Stoody Deloro Stellite, Inc. Participants**

***Effective Date***

September 9, 1987.

***Participation***

Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the PALCO Retirement Plan on September 8, 1987 and who became employees of the Company on September 9, 1987 became participants in the Plan on that date. After September 8, 1987, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which 1,000 hours of service was granted.

***Vesting Service***

One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.

***Credited Service***

Credited Service accruals ceased on December 31, 1989.

Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.

***Current Service Earnings***

Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

***Normal Retirement***

***Eligibility***

Age 65.

**Colfax Corporation Consolidated Retirement Plan**  
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**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Benefit***

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

(a) 1.5% of Current Service Earnings for such year not in excess of \$500, and

(b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

***Early Retirement***

***Eligibility***

Age 55 and ten years of service.

***Benefit***

Reduced by 6% for each of the first three years, 5% for each of the next two years, 4% for each of the next three years, and 3% for the next two years by which the starting date of payments precedes the Normal Retirement Date.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is determined in the same manner as the Early Retirement benefit calculated on a participant's date of termination.

***Disability***

***Eligibility***

Total disability as defined in the Company's long-term disability plan.

***Benefit***

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Pre-Retirement Death Benefit***

***Eligibility***

Death in active service of a married participant who qualified for a vested benefit.

***Benefit***

The surviving spouse receives a benefit based on the 100% joint and survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement for the first ten years by which the starting date of payments precedes the participant's Normal Retirement Date; thereafter, the reduction increases by 3% a year.

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Unreduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available, if married.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Salaried Stooddy Deloro Stellite, Inc. Participants**

***Effective Date***

February 15, 1985.

***Participation***

Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the Pacific Lumber Company Retirement Plan on February 14, 1985 and who became employees of the Company on February 15, 1985 became participants in the Plan on that date. After February 14, 1985, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which credit for 1,000 hours of service was granted.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Vesting Service***

One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.

***Credited Service***

Credited Service accruals ceased on December 31, 1989.

Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.

***Current Service Earnings***

Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

***Normal Retirement***

***Eligibility***

Age 65.

***Benefit***

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

(a) 1.5% of Current Service Earnings for such year not in excess of \$500, and

(b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Early Retirement***

***Eligibility***

Age 55 and five years of service.

***Benefit***

Reduced by 6% for each of the first three years, 5% for each of the next two years, 4% for each of the next three years, and 3% for the next two years by which the starting date of payments precedes the Normal Retirement Date.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is determined in the same manner as the Early Retirement benefit calculated on a participant's date of termination.

***Disability***

***Eligibility***

Total disability as defined in the Company's long-term disability plan.

***Benefit***

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

***Pre-Retirement Death Benefit***

***Eligibility***

Death in active service of a married participant who qualified for a vested benefit.

***Benefit***

The surviving spouse receives a benefit based on the 50% joint and survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement. The death benefit for those who were participants in the plan on February 15, 1985 is equal to 50% of the Accrued Benefit at date of death reduced for early commencement, if applicable.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Reduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available, if married.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Hourly Union Stoodly Deloro Stellite, Inc. Participants**

***Effective Date***

The Retirement Plan for Employees of Stoodly Deloro Stellite, Inc. who were also members of Local 803, Allied Industrial Workers of America, AFL-CIO was established February 25, 1977.

***Participation***

Participation was frozen on December 31, 1994. Prior to that, an employee became a participant on the later of the Plan's effective date and when the employee entered the Bargaining Unit.

***Service***

Service accruals ceased on December 31, 1994. One year of service was credited for each calendar year in which an employee received credit for at least 1,000 hours of service.

***Normal Retirement***

***Eligibility***

Age 65 or one year of participation, if later.

***Benefit***

Benefit accruals ceased as of December 31, 1994.

The monthly benefit is \$18.00 for each year of service.

Colfax Corporation Consolidated Retirement Plan  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(Legacy Victor Technologies)

**Early Retirement**

**Eligibility**

Age 55 and ten years of service.

**Benefit**

Greater of (a) and (b):

(a) the actuarial equivalent of Normal Retirement Benefit, and

(b) the amount obtained by reducing the Normal Retirement Benefit by .5% for each month that Early Retirement precedes Normal Retirement

**Late Retirement**

**Eligibility**

First day of any month following Normal Retirement Date.

**Benefit**

The late retirement benefit is determined in same manner as the Normal Retirement Benefit, but based on the number of pension credits to late retirement date.

**Deferred Vested**

**Eligibility**

Five years of service.

**Benefit**

The deferred vested benefit is determined in the same manner as the Normal Retirement Benefit, but based on the number of pension credits to date of termination.

**Disability**

**Eligibility**

Total disability as defined in the Company's long-term disability plan.

**Benefit**

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Pre-Retirement Death Benefit***

***Eligibility***

All participants with 20 years of service, or who are vested and who have been married one year.

***Benefit***

50% of the Accrued Benefit reduced for Early Retirement.

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Reduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available; ten-year certain and life annuity; Social Security leveling option.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Fan Group)**

***Effective Date***

October 1, 1983; revised and restated October 1, 1989; last amended and restated January 1, 2009.

***Plan Year***

Prior to January 1, 1991, October 1 through September 30. Effective January 1, 1991, and thereafter, January 1 through December 31.

***Eligibility***

All employees covered by the collective bargaining agreement between ABB Garden City Fan and the United Steelworkers of America Local 8086, are eligible to participate after the completion of one year of eligibility service. An eligibility year of service is the first twelve months of employment or plan year in which an employee works 1,000 hours.

The entry date is the first day of each month.

***Normal Retirement***

***Eligibility***

The first day of the calendar month coincident with or next following the participant's Normal Retirement Age of 65.

***Benefit***

\$24.50 multiplied by the number of years of Credited Benefit Service, less any benefit payable under the Wheelabrator-Frye, Inc. Hourly Employees' Retirement Plan for funding purposes. The ultimate multiplier level of \$24.50 is effective for terminations on or after August 1, 2003.

Benefit Service is determined as a plan year in which the employee works 1,000 hours. Benefit Service for the short plan year October 1, 1990 through December 31, 1990 is based on the ratio of hours worked to 1,000 and rounded to the nearest tenth. A partial year is not credited. Benefit service excludes service prior to January 1, 1977. Benefit Service includes service with a predecessor employer.

***Early Retirement***

***Eligibility***

Age 55 and ten years of Credited Service.

***Benefit***

The Accrued Benefit reduced by 1/12 of 5% for each month that actual retirement precedes the Normal Retirement Date.

Colfax Corporation Consolidated Retirement Plan  
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Attachment to the 2020 Form 5500 Schedule SB

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(Legacy Fan Group)

***Late Retirement***

***Benefit***

The benefit continues to accrue until actual retirement.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is payable at the Normal Retirement Date or the vested Accrued Benefit, reduced by 6% for each year benefits commence prior to Normal Retirement, is payable as early as age 55 if the service requirement for the Early Retirement benefit was met as of the termination date.

***Disability***

***Eligibility***

An active participant who is receiving disability payments under the Federal Social Security Act and who is not receiving benefits under the employer's long-term disability program.

***Severance Date***

The second anniversary of the date the participant was first absent as a result of becoming disabled.

***Benefit***

The actuarial equivalent of the Accrued Benefit as of the severance date, payable until death. In lieu of this disability pension, the participant may elect an Early Retirement benefit, if eligible for Early Retirement, based on the Accrued Benefit as of the date the disability occurred.

***Benefit for participants not eligible for disability under the plan***

The Accrued Benefit as of the date the disability occurred, payable at the Normal Retirement Date.

***Qualified Pre-Retirement Death Benefit***

***Eligibility***

The participant and spouse had been married at the date of the participant's death and the participant had become eligible for vested benefits.

***Benefit***

Qualified joint and 50% survivor annuity subsidized by the plan, payable at the participant's Earliest Retirement Date or at the date of death, if later.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Fan Group)**

***Actuarial Equivalent***

The determination of actuarially equivalent benefits is based on mortality rates in accordance with the UP-1984 Mortality Table and an interest rate of 7.0%.

For determination of single sum payments, available for all benefits with value not greater than \$5,000, the applicable interest rate announced in October preceding the plan year in which the distribution occurs and the applicable mortality table are used.

***Optional Forms of Payment***

The retirement benefit is payable monthly during the life of the unmarried retired participant; for a married participant, the retirement benefit is paid in the form of a qualified joint and survivor annuity without any actuarial adjustment. Optional forms of benefit are the actuarial equivalent of the normal form.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Covered Employees***

Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer, hired before November 1, 2008.

***Participation Service***

Elapsed time of period of employment, used for vesting and benefit eligibility.

***Benefit Accrual Service***

Elapsed time of period of employment.

***Eligibility***

One year of service, provided the employee was hired before November 1, 2008.

***History of Benefit Multipliers***

| <u>Benefit Accrual Service Period</u> | <u>Benefit Multiplier</u> |
|---------------------------------------|---------------------------|
| Prior to November 1, 2009             | \$31.25                   |
| November 1, 2009 - October 31, 2011   | 33.25                     |
| November 1, 2011 - March 31, 2015     | 35.00                     |
| April 1, 2015 - March 31, 2018        | 36.00                     |
| April 1, 2018 - September 30, 2019    | 37.00                     |
| October 1, 2019 or later              | 0.00                      |

***Monthly Pension Benefit***

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years of Benefit Accrual Service, considering only full months, with a maximum of 41 years.

***Normal Retirement Pension:***

***Eligibility***

Age 65 and completion of five years of Participation Service.

***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Early Retirement Pension***

***Eligibility***

Attainment of age 60 and completion of ten years of Participation Service.

***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced for prior to Normal Retirement Date as follows:

If benefit commences before age 62, reduction is 1/180 for each complete month before age 65;

If benefit commences after age 62, benefit is not reduced.

***Deferred Retirement Pension***

***Eligibility***

Retirement after Normal Retirement Date.

***Benefit***

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

***Vested Retirement Pension***

***Eligibility***

Completion of five years of Participation Service or attainment of age 65.

***Benefit***

Monthly pension benefit determined as of termination, with reduction for Early Retirement as specified above.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Death Benefits***

***Eligibility***

Completion of five years of service.

***Benefit***

Spouses of actives who attained age 55 but not age 60 receive the greater of \$125 per month for two years or accrued Early Retirement benefit (adjusted by 10% and ½% for age difference) and accrued Early Retirement benefit (adjusted by 10% and ½% for age difference) thereafter.

Spouses of actives who attained age 60 but not age 65 receive accrued Early Retirement benefit (adjusted by 10% and ½% for age difference).

All other spouses receive 50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

***Disability Benefits***

***Eligibility***

Total and permanent disability prior to age 65 and completion of ten years of Participation Service.

***Benefit***

Monthly Accrued Benefit based on the Benefit Accrual Service as of the disability retirement date, reduced by the amount of Worker's Compensation or any other disability benefits payable to the Disabled Participant.

***Forms of Payment***

***Normal form***

Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity.

***Optional forms***

Life annuity, or 50% or 75% joint and contingent survivor annuity.

***Changes since Prior Valuation***

With the sale of Howden on September 30, 2019, benefit accruals for Legacy Connersville participants were effectively frozen.

**Colfax Corporation Consolidated Retirement Plan**  
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**Attachment to the 2020 Form 5500 Schedule SB**

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*Schedule SB, line 22 - Description of Weighted Average Retirement Age*

**Legacy ESAB Retirement Table:**

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Retired</u> | <u>Average</u> | <u># Active</u> |
|------------------------|--------------|------------------|------------------|----------------|-----------------|
| 55                     | 1000.000     | 10.00%           | 100.000          | 5500.000       |                 |
| 56                     | 900.000      | 7.00%            | 63.000           | 3528.000       |                 |
| 57                     | 837.000      | 7.00%            | 58.590           | 3339.630       |                 |
| 58                     | 778.410      | 7.00%            | 54.489           | 3160.345       |                 |
| 59                     | 723.921      | 7.00%            | 50.674           | 2989.795       |                 |
| 60                     | 673.247      | 20.00%           | 134.649          | 8078.962       |                 |
| 61                     | 538.597      | 8.00%            | 43.088           | 2628.356       |                 |
| 62                     | 495.510      | 80.00%           | 396.408          | 24577.279      |                 |
| 63                     | 99.102       | 20.00%           | 19.820           | 1248.684       |                 |
| 64                     | 79.282       | 20.00%           | 15.856           | 1014.804       |                 |
| 65                     | 63.425       | 100.00%          | 63.425           | 4122.640       |                 |
| Average Retirement Age |              |                  |                  | 60.188         | 70              |

**Legacy Victor Technologies Retirement Table:**

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Retired</u> | <u>Average</u> | <u># Active</u> |
|------------------------|--------------|------------------|------------------|----------------|-----------------|
| 55                     | 1000.000     | 2.00%            | 20.000           | 1100.000       |                 |
| 56                     | 980.000      | 2.00%            | 19.600           | 1097.600       |                 |
| 57                     | 960.400      | 2.00%            | 19.208           | 1094.856       |                 |
| 58                     | 941.192      | 2.00%            | 18.824           | 1091.783       |                 |
| 59                     | 922.368      | 2.50%            | 23.059           | 1360.493       |                 |
| 60                     | 899.309      | 3.00%            | 26.979           | 1618.756       |                 |
| 61                     | 872.330      | 3.00%            | 26.170           | 1596.363       |                 |
| 62                     | 846.160      | 3.00%            | 25.385           | 1573.857       |                 |
| 63                     | 820.775      | 3.00%            | 24.623           | 1551.265       |                 |
| 64                     | 796.152      | 6.50%            | 51.750           | 3311.991       |                 |
| 65                     | 744.402      | 100.00%          | 744.402          | 48386.123      |                 |
| Average Retirement Age |              |                  |                  | 63.783         | 79              |

**Colfax Corporation Consolidated Retirement Plan**  
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**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 22 - Description of Weighted Average Retirement Age***  
***(continued)***

**Constant Retirement Age Assumptions:**

| <u>Age</u>                             | <u>Average</u> | <u># Active</u> |
|----------------------------------------|----------------|-----------------|
| 62                                     | 62.000         | 0               |
| 64                                     | 64.000         | 81              |
| 65                                     | 65.000         | 0               |
| <b>Weighted Average Retirement Age</b> | <b>62.765</b>  | <b>230</b>      |

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Ashtabula/Niagara)**

***Effective Date and Plan Year***

Original plan: August 1, 1985; Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.

***Participation***

Immediate on date of hire. New employees are not eligible to participate.

***Credited Service***

Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance.

***Retirement Dates***

Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more.

Unreduced pension for participants hired on or after September 1, 1987: Age 65.

Reduced pension: Age 50 with ten years of Credited Service. Reduction based on factor in plan document.

***Average Monthly Earnings***

Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.

***Benefit Formulas***

Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

***Minimum Formula:***

\$5 times first ten years of Credited Service  
**plus**  
\$7 times next ten years of Credited Service  
**plus**  
\$9 times Credited Service greater than 20  
**plus**  
10% of Average Monthly Earnings (reduced if Credited Service less than 8)  
**plus**  
\$12

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Ashtabula/Niagara)**

***Regular Formula:***

1.5% of Average Monthly Earnings for each year of Credited Service

**minus**

1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

***Disability***

***Eligibility***

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

***Benefit***

The benefit is the higher of the amount determined under the regular formula and the minimum formula (the former being used only if a Social Security disability benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until social security benefits are payable.

At age 65, the disability benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and average monthly earnings used to calculate above disability benefit.

***Death***

***Benefit***

The spouse of a participant who dies after five years of Credited Service will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

***Vested Retirement Pension***

***Eligibility***

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Ashtabula/Niagara)**

***Benefit***

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65. The benefit is determined under the minimum formula assuming service and earnings credited to date. The percentage of average monthly earnings is reduced by one percent for each year that Credited Service is less than ten years.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Level income.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Hanover)**

***Effective Date and Plan Year***

Original plan: January 1, 1952; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.

***Participation***

All employees of GAC 290 become participants of the plan on the first month coinciding with or next following one year of service. All employees of IAM District #98 become participants of the plan on date of employment. New employees are not eligible to participate.

***Initial Vesting Date***

A participant's initial vesting date is the earlier of (a) the date he has completed five years of Vesting Service or (b) the date he attains age 65.

***Vesting Service***

Vesting Service is the elapsed time between date of hire and date of termination.

***Credited Service***

Benefit Service is the elapsed time between date of hire and date of termination, excluding leaves of absence for which the employee was not compensated. Only benefit service through December 31, 2006 will be used in the calculation of the Accrued Benefit.

***Normal Retirement***

***Eligibility***

The Normal Retirement Date is the first day of the month coincident with or next following age 65.

***Benefit***

Monthly income for retirement on the Normal Retirement Date is equal to the participant's accrued monthly benefit. Normal form of retirement income is life only.

***Late Retirement***

***Eligibility***

All participants who continue employment after their Normal Retirement Date.

***Benefit***

All participants shall receive, upon retirement, monthly income equal to their accrued monthly benefit.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Hanover)**

***Early Retirement***

***Eligibility***

All participants with ten or more years of Vesting Service who have attained age 55 are eligible for Early Retirement.

***Benefit***

For participants retiring prior to age 62, the accrued monthly benefit at the participant's Early Retirement Date reduced .4166% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service less than 25 years, the accrued monthly benefit at the participant's Early Retirement Date reduced .2083% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service of 25 or more years, the accrued monthly benefit at the participant's Early Retirement Date.

***Deferred Vested***

***Eligibility***

A participant who terminates his service prior to his Normal Retirement Date for any reason other than death, disability or Early Retirement, prior to having attained age 55 but after attaining his initial vesting date, will be entitled to a termination benefit.

***Benefit***

Participant will be entitled to a termination benefit equal to the accrued monthly benefit commencing on or after the date on which the participant attains age 65.

***Disability***

***Eligibility***

All participants with ten or more years of Vesting Service who terminate employment as a result of disability are eligible for a disability benefit under the plan.

***Benefit***

The monthly disability benefit is payable at the participant's Normal Retirement Date and is equal to the participant's accrued monthly benefit.

***Pre-Retirement Death***

***Eligibility***

A married participant who has completed five or more years of Vesting Service and dies prior to commencement of his retirement income.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Hanover)**

***Benefit***

The benefit payable to his beneficiary is the benefit which would have been payable if the employee had separated from service on his date of death, survived to the earliest age at which he qualified for Early Retirement, retired on that date with a 50% qualified joint and survivor annuity, and then died.

***Accrued Benefit***

***GAC 290 Employees***

- 1) For terminations prior to February 9, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after February 9, 1999 and prior to April 1, 2000, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after April 1, 2000 and prior to April 1, 2001, a monthly benefit equal to \$25.50 multiplied by Credited Service.
- 4) For terminations after April 1, 2001 and prior to April 1, 2002, a monthly benefit equal to \$26.00 multiplied by Credited Service.
- 5) For terminations after April 1, 2002 and prior to April 1, 2003, a monthly benefit equal to \$26.50 multiplied by Credited Service.
- 6) For terminations after April 1, 2003 and prior to April 1, 2004, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 7) For terminations after April 1, 2004 and prior to April 1, 2005, a monthly benefit equal to \$33.00 multiplied by Credited Service.
- 8) For terminations after April 1, 2005, a monthly benefit equal to \$34.00 multiplied by Credited Service.

***IAM District #98 Employees***

- 1) For terminations prior to April 1, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after April 1, 1999 and prior to June 1, 2003, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after June 1, 2003 and prior to June 1, 2004, a monthly benefit equal to \$29.00 multiplied by Credited Service.
- 4) For terminations after June 1, 2004 and prior to June 1, 2005, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 5) For terminations after June 1, 2005, a monthly benefit equal to \$32.00 multiplied by Credited Service.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Certain and continuous.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Non-Union [ESAB])**

***Effective Date and Plan Year***

Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2004, the plan froze benefit accruals for non-Howden participants.

***Participation***

Immediate on date of hire. New employees are not eligible to participate.

***Credited Service***

Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance.

A former Hanover plan participant's Credited Service shall begin no earlier than June 1, 1998 under this plan.

***Retirement Dates***

Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more.

Unreduced pension for participants hired on or after September 1, 1987: Age 65.

Reduced pension: Age 50 with ten years of Credited Service (reduction based on factor in plan document); Age 55 with ten years of Credited Service for former Hanover plan participants.

Special case: If participant is terminated for cause, more stringent retirement dates than outlined above.

***Average Monthly Earnings***

Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.

***Benefit Formulas***

Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

***Regular Formula:***

1.5% of Average Monthly Earnings for each year of Credited Service  
**minus**

1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Non-Union [ESAB])**

***Minimum Formula:***

\$5 times first ten years of Credited Service  
**plus**  
\$7 times next ten years of Credited Service  
**plus**  
\$9 times Credited Service greater than 20  
**plus**  
10% of Average Monthly Earnings (reduced if Credited Service less than 8)  
**plus**  
\$12

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

For former Alloy Rods Salaried Plan participants, the benefit accrued under the Salaried Plan will be included in their total benefit from the Non-Union Plan.

***Deferred Vested***

***Eligibility***

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

***Benefit***

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65.

***Disability***

***Eligibility***

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

***Benefit***

The benefit is the higher of the amount determined under the Regular Formula and the Minimum Formula (the former being used only if a Social Security disability benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until Social Security benefits are payable.

At age 65, the disability benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and Average Monthly Earnings used to calculate above disability benefit.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Non-Union [ESAB])**

***Pre-Termination Death***

***Eligibility***

Active participant who dies after five years of Credited Service, but prior to retirement, disability or termination.

***Benefit***

The spouse will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

***Post-Termination Death***

***Benefit***

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

***Optional Forms of Payment***

Life annuity; Qualified joint & survivor; Level income.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Howden)**

***Effective Date and Plan Year***

Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.

***Status of the Plan***

Effective December 31, 2006, the plan froze benefit accruals for Howden participants who were employees of the New Philadelphia Union division.

***Participation***

Each eligible employee who was a participant in the Ampco Pittsburgh Corporation Retirement Plan which was spun off resulting in this plan is a participant. Any participants who were not eligible employees of the Ampco Pittsburgh Corporation Retirement Plan but have an Accrued Benefit due to the spinoff resulting in this plan are participants.

Salaried Buffalo Forge Company Employees: The plan froze as of December 31, 2000. No additional employees shall become participants after December 31, 2000.

Union Buffalo Forge Company Employees: Employees become participants upon the completion of the probationary period set forth in the most recent collective bargaining agreement.

New Philadelphia Union Employees: Employees who were participants in the prior plan shall become participants on May 1, 1997. All other employees become participants on the first day of the calendar month following the date 1,000 hours of service are completed. The plan froze as of December 31, 2006.

***Prior Plan***

Service and earnings for the period prior to May 6, 1993 earned under the Ampco Pittsburgh Corporation Retirement Plan are to be included in the calculation of benefits for employees of the Buffalo Forge Company as of May 6, 1993. Service and benefit accruals for the New Philadelphia Union Employees for the period prior to May 1, 1997 earned under the Harnischfeger Industries Hourly Employees' Retirement Plan are to be included in the calculation of benefits. This plan also includes benefits accrued under the Howden Sirocco, Inc. Retirement Plan and the Howden Sirocco, Inc. Hourly Rated Pension Plan.

***Vesting***

A participant is 100 percent vested in their Accrued Benefit upon the completion of five years of vesting service, or if earlier, upon their attainment of Normal Retirement Age.

***Pensionable Earnings***

Salaried Buffalo Forge Company Employees: Base salary excluding any bonuses, incentives, premiums, overtime, living expenses or traveling allowances.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Howden)**

***Accrued Benefit***

Salaried Buffalo Forge Company Employees: The annual benefit is the sum of 1, 2, 3, and 4 (frozen as of December 31, 2000).

- 1) For service prior to 1989, a noncontributory benefit of \$180.00 times years of Credited Service prior to 1989, plus a contributory benefit of 2 percent of the participant's effective contributory compensation for months in which he/she made contributions prior to 1989.
- 2) For 1989, the greater of (a) 1.1 percent of the participant's average annual compensation times Credited Service during 1989 and (b) \$180.00 times Credited Service during 1989 plus 2 percent of the participant's effective contributory compensation for months in which he/she made contributions during 1989.
- 3) For service after 1989, Credited Service after 1989 times the greater of (a) 1.1 percent of the participant's average annual compensation and (b) \$180.00.
- 4) An additional contributory benefit for any participant who elected to withdraw his/her after-tax contributions in 1976 under the predecessor to this plan.

Union Buffalo Forge Company Employees: The annual benefit is \$216.00 times years of Credited Service.

New Philadelphia Union Employees: The annual benefit is \$384 per year of Credited Service for Local 2737-09 and \$408 per year of Credited Service for Local 2737-08. This benefit is offset by the benefit payable from the prior plan. The plan was frozen on December 31, 2006.

***Normal Retirement***

***Eligibility***

Salaried Buffalo Forge Company Employees: Normal Retirement Age is 65.

Union Buffalo Forge Company Employees: Normal Retirement Age is the later of age 65 and the completion of five years of continuous service.

New Philadelphia Union Employees: Normal Retirement Age is 65.

***Benefit***

The Accrued Benefit at Normal Retirement.

***Early Retirement***

***Eligibility***

Salaried Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 55 and the completion of 15 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 60 and the completion of ten years of continuous service.

New Philadelphia Union Employees: Early Retirement is any time following the attainment of age 60 and the completion of 15 years of Credited Service or any age and the completion of 30 years of Credited Service.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**

**(Legacy Howden)**

***Benefit***

The Accrued Benefit commencing at Normal Retirement reduced by a subsidized factor based on age and years of service at retirement.

Salaried Buffalo Forge Company Employees: Early Retirement reduction factors are 1/2 percent per month early for the first five years and 1/3 percent per month early for the next 5 years. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

New Philadelphia Union Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit with 30 years of Credited Service.

***Late Retirement***

***Eligibility***

Deferred retirement is any time after a participant's Normal Retirement Date.

***Benefit***

A participant continues to accrue benefits and service beyond their Normal Retirement Date. Accrued Benefits commence immediately upon retirement.

***Deferred Vested***

***Eligibility***

Completion of five years of Vesting Service, or if earlier, attainment of their Normal Retirement Age.

***Benefit***

Accrued Benefit payable at their Normal Retirement Date.

***Disability***

***Eligibility***

Salaried Buffalo Forge Company Employees: An eligible employee must become eligible for disability benefits under the Company's long term disability plan and have completed at least ten years of continuous service.

Union Buffalo Forge Company Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of continuous service.

New Philadelphia Union Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of Credited Service.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Howden)**

***Benefit***

Salaried Buffalo Forge Company Employees: Continuous and Credited Service will be accrued during the period of disability to the earlier of the participant's retirement date and Normal Retirement Age. Average compensation is determined as of the onset of disability. Benefits are reduced for early commencement.

Union Buffalo Forge Company Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement.

New Philadelphia Union Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement. There is an additional \$400.00 per month supplemental payable until the participant reaches age 62.

***Death Benefits***

***Qualified Pre-retirement Survivor Annuity***

Participants are eligible if they have a vested right to any of their benefit, and have been married for one year at the time of death. For participants who die prior to their Early Retirement Date, they are assumed to have terminated on the date of death, survived to their earliest retirement date, retired with a 50 percent qualified joint and survivor annuity, and died the day after retirement. For participants who die after attaining their Early Retirement Date, they are assumed to have retired on the day before their death and were to receive a 50 percent qualified joint and survivor annuity. New Philadelphia Union Employees must pay for this coverage.

***Other Death Benefits***

For Union Buffalo Forge Company Employees with a vested right to any portion of their Accrued Benefit, who die before the earlier of a break in service and their benefit commencement date, have been married for one year, and have attained Normal Retirement Age 60 with 10 years of continuous service, or age 55 with 20 years of continuous service, they will have a death benefit paid to their spouse equal to 50 percent of their unreduced Normal Retirement Benefit payable in the form of a straight life annuity.

***Post-Retirement Death***

For New Philadelphia Union Employees who retire from active status, a lump sum death benefit of \$5,000 will be paid to the participant's beneficiary.

***Optional Forms of Payment***

Salaried Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50%, 75% or 100%], Certain and continuous [5, 10 or 15 years]

Union Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50% or 100%]

New Philadelphia Union Employees: Life annuity, Joint & Survivor [50%]

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

**Non-Stoody Deloro Stellite, Inc. Participants**

***Effective Date***

September 9, 1987.

***Participation***

Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the PALCO Retirement Plan on September 8, 1987 and who became employees of the Company on September 9, 1987 became participants in the Plan on that date. After September 8, 1987, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which 1,000 hours of service was granted.

***Vesting Service***

One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.

***Credited Service***

Credited Service accruals ceased on December 31, 1989.

Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.

***Current Service Earnings***

Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

***Normal Retirement***

***Eligibility***

Age 65.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Benefit***

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

(a) 1.5% of Current Service Earnings for such year not in excess of \$500, and

(b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

***Early Retirement***

***Eligibility***

Age 55 and ten years of service.

***Benefit***

Reduced by 6% for each of the first three years, 5% for each of the next two years, 4% for each of the next three years, and 3% for the next two years by which the starting date of payments precedes the Normal Retirement Date.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is determined in the same manner as the Early Retirement benefit calculated on a participant's date of termination.

***Disability***

***Eligibility***

Total disability as defined in the Company's long-term disability plan.

***Benefit***

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Pre-Retirement Death Benefit***

***Eligibility***

Death in active service of a married participant who qualified for a vested benefit.

***Benefit***

The surviving spouse receives a benefit based on the 100% joint and survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement for the first ten years by which the starting date of payments precedes the participant's Normal Retirement Date; thereafter, the reduction increases by 3% a year.

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Unreduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available, if married.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Salaried Stooddy Deloro Stellite, Inc. Participants**

***Effective Date***

February 15, 1985.

***Participation***

Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the Pacific Lumber Company Retirement Plan on February 14, 1985 and who became employees of the Company on February 15, 1985 became participants in the Plan on that date. After February 14, 1985, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which credit for 1,000 hours of service was granted.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Vesting Service***

One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.

***Credited Service***

Credited Service accruals ceased on December 31, 1989.

Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.

***Current Service Earnings***

Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

***Normal Retirement***

***Eligibility***

Age 65.

***Benefit***

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

(a) 1.5% of Current Service Earnings for such year not in excess of \$500, and

(b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Early Retirement***

***Eligibility***

Age 55 and five years of service.

***Benefit***

Reduced by 6% for each of the first three years, 5% for each of the next two years, 4% for each of the next three years, and 3% for the next two years by which the starting date of payments precedes the Normal Retirement Date.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is determined in the same manner as the Early Retirement benefit calculated on a participant's date of termination.

***Disability***

***Eligibility***

Total disability as defined in the Company's long-term disability plan.

***Benefit***

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

***Pre-Retirement Death Benefit***

***Eligibility***

Death in active service of a married participant who qualified for a vested benefit.

***Benefit***

The surviving spouse receives a benefit based on the 50% joint and survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement. The death benefit for those who were participants in the plan on February 15, 1985 is equal to 50% of the Accrued Benefit at date of death reduced for early commencement, if applicable.

**Colfax Corporation Consolidated Retirement Plan**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Reduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available, if married.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Hourly Union Stoodly Deloro Stellite, Inc. Participants**

***Effective Date***

The Retirement Plan for Employees of Stoodly Deloro Stellite, Inc. who were also members of Local 803, Allied Industrial Workers of America, AFL-CIO was established February 25, 1977.

***Participation***

Participation was frozen on December 31, 1994. Prior to that, an employee became a participant on the later of the Plan's effective date and when the employee entered the Bargaining Unit.

***Service***

Service accruals ceased on December 31, 1994. One year of service was credited for each calendar year in which an employee received credit for at least 1,000 hours of service.

***Normal Retirement***

***Eligibility***

Age 65 or one year of participation, if later.

***Benefit***

Benefit accruals ceased as of December 31, 1994.

The monthly benefit is \$18.00 for each year of service.

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
(Legacy Victor Technologies)

**Early Retirement**

**Eligibility**

Age 55 and ten years of service.

**Benefit**

Greater of (a) and (b):

(a) the actuarial equivalent of Normal Retirement Benefit, and

(b) the amount obtained by reducing the Normal Retirement Benefit by .5% for each month that Early Retirement precedes Normal Retirement

**Late Retirement**

**Eligibility**

First day of any month following Normal Retirement Date.

**Benefit**

The late retirement benefit is determined in same manner as the Normal Retirement Benefit, but based on the number of pension credits to late retirement date.

**Deferred Vested**

**Eligibility**

Five years of service.

**Benefit**

The deferred vested benefit is determined in the same manner as the Normal Retirement Benefit, but based on the number of pension credits to date of termination.

**Disability**

**Eligibility**

Total disability as defined in the Company's long-term disability plan.

**Benefit**

The disability benefit is determined in the same manner as the deferred vested benefit calculated on the participant's date of disability.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Victor Technologies)**

***Pre-Retirement Death Benefit***

***Eligibility***

All participants with 20 years of service, or who are vested and who have been married one year.

***Benefit***

50% of the Accrued Benefit reduced for Early Retirement.

***Optional Forms of Payment***

***Normal***

Single: Straight life annuity.

Married: Reduced 50% joint and survivor annuity.

***Elective***

66-2/3%, 75%, and 100% joint and survivor annuity available; ten-year certain and life annuity; Social Security leveling option.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

**Colfax Corporation Consolidated Retirement Plan**  
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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Fan Group)**

***Effective Date***

October 1, 1983; revised and restated October 1, 1989; last amended and restated January 1, 2009.

***Plan Year***

Prior to January 1, 1991, October 1 through September 30. Effective January 1, 1991, and thereafter, January 1 through December 31.

***Eligibility***

All employees covered by the collective bargaining agreement between ABB Garden City Fan and the United Steelworkers of America Local 8086, are eligible to participate after the completion of one year of eligibility service. An eligibility year of service is the first twelve months of employment or plan year in which an employee works 1,000 hours.

The entry date is the first day of each month.

***Normal Retirement***

***Eligibility***

The first day of the calendar month coincident with or next following the participant's Normal Retirement Age of 65.

***Benefit***

\$24.50 multiplied by the number of years of Credited Benefit Service, less any benefit payable under the Wheelabrator-Frye, Inc. Hourly Employees' Retirement Plan for funding purposes. The ultimate multiplier level of \$24.50 is effective for terminations on or after August 1, 2003.

Benefit Service is determined as a plan year in which the employee works 1,000 hours. Benefit Service for the short plan year October 1, 1990 through December 31, 1990 is based on the ratio of hours worked to 1,000 and rounded to the nearest tenth. A partial year is not credited. Benefit service excludes service prior to January 1, 1977. Benefit Service includes service with a predecessor employer.

***Early Retirement***

***Eligibility***

Age 55 and ten years of Credited Service.

***Benefit***

The Accrued Benefit reduced by 1/12 of 5% for each month that actual retirement precedes the Normal Retirement Date.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Fan Group)**

***Late Retirement***

***Benefit***

The benefit continues to accrue until actual retirement.

***Deferred Vested***

***Eligibility***

Five years of service.

***Benefit***

The deferred vested benefit is payable at the Normal Retirement Date or the vested Accrued Benefit, reduced by 6% for each year benefits commence prior to Normal Retirement, is payable as early as age 55 if the service requirement for the Early Retirement benefit was met as of the termination date.

***Disability***

***Eligibility***

An active participant who is receiving disability payments under the Federal Social Security Act and who is not receiving benefits under the employer's long-term disability program.

***Severance Date***

The second anniversary of the date the participant was first absent as a result of becoming disabled.

***Benefit***

The actuarial equivalent of the Accrued Benefit as of the severance date, payable until death. In lieu of this disability pension, the participant may elect an Early Retirement benefit, if eligible for Early Retirement, based on the Accrued Benefit as of the date the disability occurred.

***Benefit for participants not eligible for disability under the plan***

The Accrued Benefit as of the date the disability occurred, payable at the Normal Retirement Date.

***Qualified Pre-Retirement Death Benefit***

***Eligibility***

The participant and spouse had been married at the date of the participant's death and the participant had become eligible for vested benefits.

***Benefit***

Qualified joint and 50% survivor annuity subsidized by the plan, payable at the participant's Earliest Retirement Date or at the date of death, if later.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Fan Group)**

***Actuarial Equivalent***

The determination of actuarially equivalent benefits is based on mortality rates in accordance with the UP-1984 Mortality Table and an interest rate of 7.0%.

For determination of single sum payments, available for all benefits with value not greater than \$5,000, the applicable interest rate announced in October preceding the plan year in which the distribution occurs and the applicable mortality table are used.

***Optional Forms of Payment***

The retirement benefit is payable monthly during the life of the unmarried retired participant; for a married participant, the retirement benefit is paid in the form of a qualified joint and survivor annuity without any actuarial adjustment. Optional forms of benefit are the actuarial equivalent of the normal form.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Covered Employees***

Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer, hired before November 1, 2008.

***Participation Service***

Elapsed time of period of employment, used for vesting and benefit eligibility.

***Benefit Accrual Service***

Elapsed time of period of employment.

***Eligibility***

One year of service, provided the employee was hired before November 1, 2008.

***History of Benefit Multipliers***

| <u>Benefit Accrual Service Period</u> | <u>Benefit Multiplier</u> |
|---------------------------------------|---------------------------|
| Prior to November 1, 2009             | \$31.25                   |
| November 1, 2009 - October 31, 2011   | 33.25                     |
| November 1, 2011 - March 31, 2015     | 35.00                     |
| April 1, 2015 - March 31, 2018        | 36.00                     |
| April 1, 2018 - September 30, 2019    | 37.00                     |
| October 1, 2019 or later              | 0.00                      |

***Monthly Pension Benefit***

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years of Benefit Accrual Service, considering only full months, with a maximum of 41 years.

***Normal Retirement Pension:***

***Eligibility***

Age 65 and completion of five years of Participation Service.

***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Early Retirement Pension***

***Eligibility***

Attainment of age 60 and completion of ten years of Participation Service.

***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced for prior to Normal Retirement Date as follows:

If benefit commences before age 62, reduction is 1/180 for each complete month before age 65;

If benefit commences after age 62, benefit is not reduced.

***Deferred Retirement Pension***

***Eligibility***

Retirement after Normal Retirement Date.

***Benefit***

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

***Vested Retirement Pension***

***Eligibility***

Completion of five years of Participation Service or attainment of age 65.

***Benefit***

Monthly pension benefit determined as of termination, with reduction for Early Retirement as specified above.

**Colfax Corporation Consolidated Retirement Plan**  
**EIN: 54-1887631 Plan: 036**  
**Attachment to the 2020 Form 5500 Schedule SB**

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**SUMMARY OF PRINCIPAL PLAN PROVISIONS**  
**(Legacy Connersville)**

***Death Benefits***

***Eligibility***

Completion of five years of service.

***Benefit***

Spouses of actives who attained age 55 but not age 60 receive the greater of \$125 per month for two years or accrued Early Retirement benefit (adjusted by 10% and ½% for age difference) and accrued Early Retirement benefit (adjusted by 10% and ½% for age difference) thereafter.

Spouses of actives who attained age 60 but not age 65 receive accrued Early Retirement benefit (adjusted by 10% and ½% for age difference).

All other spouses receive 50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

***Disability Benefits***

***Eligibility***

Total and permanent disability prior to age 65 and completion of ten years of Participation Service.

***Benefit***

Monthly Accrued Benefit based on the Benefit Accrual Service as of the disability retirement date, reduced by the amount of Worker's Compensation or any other disability benefits payable to the Disabled Participant.

***Forms of Payment***

***Normal form***

Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity.

***Optional forms***

Life annuity, or 50% or 75% joint and contingent survivor annuity.

***Changes since Prior Valuation***

With the sale of Howden on September 30, 2019, benefit accruals for Legacy Connersville participants were effectively frozen.

**Colfax Corporation Consolidated Retirement Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) -**  
**December 31, 2020**  
**EIN\PN: 54-1887631/036**

| (a)<br>Party-in<br>interest                                     | (b)<br>Identity of issue,<br>borrower, lessor, or<br>similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d)<br>Cost           | (e)<br>Current value  |
|-----------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Common/Collective Trusts:</b>                                |                                                                    |                                                                                                                      |                       |                       |
| *                                                               | The Northern Trust Company                                         | NT Collective S&P 500 Index Fund;<br>3,790.56 units                                                                  | \$ 30,180,583         | \$ 51,728,237         |
| *                                                               | The Northern Trust Company                                         | NT Collective Long Term Credit Bond<br>Index Fund; 997,313.91 units                                                  | 54,955,874            | 74,978,060            |
| *                                                               | The Northern Trust Company                                         | NT Collective Quality LCC EAFE Fund;<br>39,419.44 units                                                              | 17,448,166            | 21,396,833            |
| *                                                               | The Northern Trust Company                                         | NT Collective Quality SCC US Fund;<br>33,290.83 units                                                                | 7,321,675             | 10,543,039            |
| *                                                               | The Northern Trust Company                                         | NT Collective S&P 400 Index Fund;<br>105,598.43 units                                                                | 7,417,934             | 10,632,072            |
| *                                                               | The Northern Trust Company                                         | NT Collective Emerging Mkts Index<br>Fund; 434,886.56 units                                                          | 6,136,413             | 9,155,233             |
| *                                                               | The Northern Trust Company                                         | NT Collective Short Term Investment Fund                                                                             | 1,752,402             | 1,752,402             |
| <b>Total common/collective trusts</b>                           |                                                                    |                                                                                                                      | <b>125,213,047</b>    | <b>180,185,876</b>    |
| <b>Guaranteed Investment Contract:</b>                          |                                                                    |                                                                                                                      |                       |                       |
| *                                                               | AETNA Life Insurance Co.                                           | Fixed Income Regular Account Fund                                                                                    | 1,060,339             | 1,060,339             |
| <b>Employer Common Stock:</b>                                   |                                                                    |                                                                                                                      |                       |                       |
| *                                                               | Colfax Corporation                                                 | Common stock; 337,200 shares                                                                                         | 20,154,750            | 12,894,528            |
| <b>Total Investments per Form 5500 and financial statements</b> |                                                                    |                                                                                                                      | <b>\$ 146,428,136</b> | <b>\$ 194,140,743</b> |

\* Represents a party-in-interest as defined by ERISA.

**Colfax Corporation Consolidated Retirement Plan**

**EIN: 54-1887631 Plan: 036**

**Attachment to the 2020 Form 5500 Schedule SB**

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***Schedule SB, line 24 - Change in Actuarial Assumptions***

Plan administrative expenses were changed from \$3,000,000 in 2019 to \$1,600,000 in 2020, to reflect expected expenses paid from the trust during the current Plan Year.