Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANIXTER INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 08/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ANIXTER INC.

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

2b Employer Identification Number (EIN) 36-2361285

2c Plan Sponsor's telephone number 224-521-8000

2d Business code (see instructions) 423600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	JEFF STARZEC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	4522
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2268
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2119
b Retired or separated participants receiving benefits	**6b**	403
c Other retired or separated participants entitled to future benefits	**6c**	1713
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	140
f Total. Add lines **6d** and **6e**	**6f**	4375
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2020		
2	Assets:		
	a Market value	**2a**	299055283
	b Actuarial value	**2b**	299055283

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	454	67708224	67708224
b For terminated vested participants	1808	48470113	48470113
c For active participants	2268	82789121	85358790
d Total	4530	198967458	201537127

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
	a Funding target disregarding prescribed at-risk assumptions	**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	5.45 %
6	Target normal cost	**6**	4111530

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

REBECCA PETERSEN

Type or print name of actuary

20-07092

Most recent enrollment number

WILLIS TOWERS WATSON US LLC

Firm name

312-525-2500

Telephone number (including area code)

233 SOUTH WACKER DR, SUITE 1800
CHICAGO, IL 60606

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 23.76 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.63 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	148.38 %
15	Adjusted funding target attainment percentage	15	148.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	129.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	4111530
b Excess assets, if applicable, but not greater than line 31a	**31b**	4111530

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	
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**	

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
ANIXTER INC. PENSION PLAN	010
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ANIXTER INC.	36-2361285

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIS TOWERS WATSON DELAWARE INC

233 SOUTH WACKER DRIVE, SUITE 1800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	1018810	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK

500 GRANT STREET, SUITE 625
PITTSBURGH, PA 15258

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		326497	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

155 NORTH WACKER DRIVE
CHICAGO, IL 60606

36-2336943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	172337	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLACK ROCK INSTITUTIONAL TRUST

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	65814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS

P.O. BOX 75647
CHICAGO, IL 60675

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	27500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MITCHELL & TITUS, LLP

141 WEST JACKSON BOULEVARD, SUITE 2
CHICAGO, IL 60604

13-2781641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	ACCOUNTING	18235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SEYFARTH

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	LEGAL	16141	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIS TOWERS WATSON GLOBAL EQUITY

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES INC

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)
52-1868818-010	C	137097935

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIS TOWERS WATSON LONG CREDIT ST

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES INC

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)
52-1868818-010	C	23824495

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIS TOWERS WATSON DIVERSIFIED CR

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES INC

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)
52-1868818-010	C	55718147

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIS TOWERS WATSON REAL ASSET FUN

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES INC

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)
52-1868818-010	C	53718457

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK TSY US 10 YR KEY RATE DU

b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST

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)
94-3112180-010	C	5232764

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US GOV BOND INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-2456637-010	C	30638542

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	67	67
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12455	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2	7232882
(2) U.S. Government securities	1c(2)	56545814	42936756
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	248131162	306230340
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	304689500	356400045
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	5634217	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5634217	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	299055283	356400045

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	46639172	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28386590	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		18252582
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	11776011	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		11776011

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		38120547
(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 **income** amounts in column (b) and enter total	2d		68149140
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8772191	
(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)		8772191
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)	702208	
(2) Contract administrator fees	2i(2)	831294	
(3) Investment advisory and management fees	2i(3)	69467	
(4) Other	2i(4)	429218	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2032187
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10804378
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57344762
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)** [X] 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) [X] 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: MITCHELL & TITUS, LLP **(2)** EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4296706.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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**

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

EIN(s): 36-2361285

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** 195

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 100.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

Years ended December 31, 2020 and 2019
with Report of Independent Auditors

Employer Identification #36-2361285
Plan #010

Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

Years ended December 31, 2020 and 2019
with Report of Independent Auditors

Employer Identification #36-2361285
Plan #010

Anixter Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2020 and 2019

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MITCHELL TITUS

INDEPENDENT AUDITOR'S REPORT

The Board of Directors of Anixter Inc. and the
Trustees of the Anixter Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Anixter Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BNY Mellon Trust Company of Illinois, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the

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trustee as of December 31, 2020 and 2019 and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on Financial Statements

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

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2020, and the schedule of reportable transactions for the year ended December 31, 2020, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL's Rules and Regulations

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

Mitchell & Titus, LLP

October 12, 2021

Anixter Inc. Pension Plan

Statements of Net Assets Available for Benefits

As of December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Commingled Funds:		
Cash equivalents and short-term investments	$ 7,232,882	$ 2
Equity funds	275,591,798	248,131,162
Fixed income fund	30,638,542	—
Partnership Interest:		
Private equity funds	42,936,756	56,545,814
Total investments	356,399,978	304,676,978
Cash	67	67
Accrued investment income	—	12,455
Total assets	356,400,045	304,689,500
Liabilities		
Payable for securities purchased	—	5,634,217
Net assets available for benefits	$ 356,400,045	$ 299,055,283

See accompanying notes to the financial statements.

Anixter Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Interest and dividend income	$ —	$ 117
Net realized and unrealized appreciation in fair value of investments	68,149,140	59,684,404
Other income	—	1,698
Total investment income	68,149,140	59,686,219
Total additions	68,149,140	59,686,219
Deductions		
Benefits paid directly to participants	8,772,191	18,552,369
Administrative fees	2,032,187	1,759,517
Total deductions	10,804,378	20,311,886
Net increase	57,344,762	39,374,333
Net assets available for benefits at beginning of year	299,055,283	259,680,950
Net assets available for benefits at end of year	$ 356,400,045	$ 299,055,283

See accompanying notes to the financial statements.

Anixter Inc. Pension Plan

Notes to the Financial Statements

Note 1. Description of Plan

General

The Anixter Inc. Pension Plan (the "Plan") is a defined-benefit plan providing retirement benefits to substantially all non-union domestic employees of Anixter Inc., Anixter International Inc. and participating subsidiaries (collectively, the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants should refer to the Summary Plan Description and Plan agreement for a complete description of the Plan's provisions.

During 2015, the Employer took two actions relating to the Plan. First, the plan was frozen to new hires, rehires, and employees of related companies of the Employer that have not yet adopted the Plan on or before July 1, 2015. The Employer will make an annual contribution to the Employee Savings Plan on behalf of each active participant who is first hired or rehired on or after July 1, 2015, or is not participating in the Pension Plan. The amount of the Employer annual contribution to each active participant's account will be an amount determined by multiplying the participant's salary for the Plan year by either: (1) 2% if such participant's years of service as of August 1 of the Plan year is fewer than five, or (2) 2.5% if such participant's years of service as of August 1 of the Plan year is five or greater. This contribution is in lieu of being eligible for the Plan.

Second, the Plan was amended to allow for terminated employees of the Employer's former Fastener business to become immediately vested, if they were hired before February 12, 2015 and are not already fully vested.

Contributions

The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Contributions to the Plan by the Employer for the funding of current and past service cost of benefits are determined by the Plan's actuary.

In 2020 and 2019, the Employer made no cash contributions due to its overfunded status.

The Plan has met the minimum funding requirements of ERISA during 2020 and 2019.

Pension Benefits

Pension benefits under the Plan are as follows:

- Employees hired before June 1, 2004 will receive the grandfathered pension benefit. The amount of the benefit is based on a formula that uses their final average salary, social security
  covered compensation and continuous service through December 31, 2013 (or if earlier, their date of termination).
- For employee first hired on or after June 1, 2004 but prior to July 1, 2015, benefits are based on a personal retirement account that is credited annually with a contribution based on years of continuous service and salary.
- For employees hired before June 1, 2004 who work through January 1, 2014, or who are terminated and rehired on or after June 1, 2004 but prior to July 1, 2015, benefits are based on a combination of the grandfathered pension benefit and the personal retirement account.
- Employees hired on or after July 1, 2015 accrue no benefits under the Plan. Employees rehired on or after July 1, 2015 only participate with respect to benefits accrued prior to such date.

Vesting

Participants who were hired prior to June 1, 2004 vested after five years of service and participants hired thereafter vest after three years of service only if they terminated after January 1, 2011. Previously, employees hired after June 1, 2004 needed to have five years of service.

Plan Termination

While the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth under ERISA. In the event the Plan terminates, the assets of the Plan will be liquidated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. 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 retired with benefits under the Plan. There are limits on the amount of this priority.
b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limit.
c. All other vested benefits.
d. All nonvested benefits.

In the event of liquidation, each affected participant shall have a fully vested and nonforfeitable right to their benefits then accrued under the Plan. Participants should refer to the Plan agreement for details regarding Plan termination.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States 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. Actual results could differ from those estimates.

Investments Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the valuation policies utilizing information provided by the trustee and investment adviser. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Plan Fees and Expenses
Management and trustee fees, actuarial fees, certain legal and consulting fees related to the administration of the Plan and PBGC premiums are paid by the Plan.

Actuarial Value of Accumulated Plan Benefits
Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. For those employees hired before June 1, 2004, benefits for active, retired, or terminated employees or their beneficiaries are generally based on employees’ highest average annual compensation from any 60 consecutive months out of the

120 months before termination of employment. For employees hired on or after June 1, 2004 and before July 1, 2015, a benefit is earned under a cash balance account. Each year, a participant's account receives a credit equal to 2.0% of the participant's salary (2.5% if the participant's years of service as of August 1 of the Plan year is five or greater).

Interest earned on the credited amount is not credited to the cash balance account, but is contributed to the participant's account in the Anixter Inc. Employee Savings Plan. Benefits payable in circumstances such as retirement, death, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date. Effective December 31, 2013, all employees hired before June 1, 2004 will also accrue future pension benefits the same as those employees hired after June 1, 2004. This benefit was modified for entrants hired or rehired on or after July 1, 2015 as described above.

Recently Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board issued the Accounting Standards Update ("ASU") No. 2018-13, "Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement." This ASU removes the requirements to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of level transfers, and the valuation processes for Level 3 fair value measurements. This ASU requires entities that calculate NAV to disclose the timing of liquidation of an investee's assets and the date when redemption restrictions might lapse, only if the timing was communicated to the entity or publicly announced, and disclose information on measurement uncertainty as of the reporting date. In addition, this ASU will require entities to present the changes in unrealized gains and losses for recurring Level 3 fair value measurements, as well as the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements, based on materiality. The amendments in this ASU are effective for fiscal years beginning after December 15, 2019. All amendments, with the exception of the disclosures on changes in unrealized gains and losses, Level 3 unobservable inputs and measurement uncertainty information, will be applied retrospectively. The Plan sponsor adopted this ASU during 2020. The standard did not have any significant impact on the presentation of the Plan's fair value measurement disclosures.

Note 3. Fair Value Measurements

The Plan follows the guidance issued under the Fair Value Measurements and Disclosures topic of the FASB ASC, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the guidance are described as follows:

- Level 1 - inputs to the valuation are unadjusted quoted prices in active markets for identical assets or liabilities for which the Plan has the ability to access as of the reporting date.

- Level 2 - valuation inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- Level 3 - valuation inputs are unobservable inputs, such as internally-developed pricing models for the asset due to little or no market activity for the asset.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Cash equivalents include certain assets held in short-term investment funds held in a commingled fund. These assets are valued at cost which approximates market price in active markets. They have been categorized as Level 1.

Common/commingled funds (private equity fund and other equity funds except real asset fund) are valued at their NAV as determined by the fund manager based on inputs that are directly observable, or derived from quoted prices in active markets of the underlying securities. They have been categorized as Level 2. There are no unfunded commitments at December 31, 2020 and 2019, and no fund restrictions except as noted below with respect to the fund redemption.

Subject to Redemption Deferrals, as defined in the Confidential Offering Memorandum, redemptions from the funds generally may be made as of a time immediately after the close of business on each business day that is the last business day of a calendar week or calendar month, pursuant to notice or direction from the Group Trust Sponsor to the Trustee at least 3 or 7 business days in advance, as applicable (or such other shorter period determined by Group Trust Sponsor and agreed to by the Trustee).

Common/commingled funds (real asset fund and fixed income fund) are reported at the net asset value of Units in the Fund, determined on each valuation date as of the close of regular trading on the N.Y. Stock Exchange. In computing net asset value, portfolio holdings of the Real Asset Fund (Fund) are valued at their current market values determined on the basis of market quotations, to the extent readily available. If current market quotations are not readily available, securities are generally valued at last reported value by the issuer (adjusted for any subsequent capital calls/distributions). They have been categorized as Level 3. The Plan sponsor does not utilize quantitative unobservable inputs for measuring fair value for these assets.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total fair value at December 31, 2020
Commingled funds:				
Cash and cash equivalents	$ 7,232,882	$ —	$ —	$ 7,232,882
Equity funds	—	221,873,341	53,718,457	275,591,798
Fixed income fund	—	—	30,638,542	30,638,542
Partnership Interest:				
Private equity	—	42,936,756	—	42,936,756
Total Investments	$ 7,232,882	$264,810,097	$ 84,356,999	$356,399,978

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total fair value at December 31, 2019
Commingled funds:				
Cash and cash equivalents	$ 2	$ —	$ —	$ 2
Equity funds	—	202,011,941	46,119,221	248,131,162
Partnership Interest:				—
Private equity	—	42,936,756	—	42,936,756
Total Investments	$ 2	$244,948,697	$ 46,119,221	$291,067,920

There are no significant transfers between levels for the years ended December 31, 2020 and 2019.

Assets held in Real Asset Fund and SSGA Bond Index Fund are classified as level 3. Redemptions in this fund are generally permitted quarterly on each quarter-end valuation date upon at least 180 days' written notice. Requests will be accommodated based on available liquidity as determined by the Fund manager. If insufficient cash is available to effect all requested redemptions, then the Fund may, pursuant to its authority as described in "Limitations on Redemptions and the Payment of Redemption Proceeds" in the Confidential Offering Memorandum, reduce all redemption requests pro rata so that the total amount redeemed equals only a specified percentage, as determined by the Fund, of the aggregate net asset value of all Units of the Fund at such time. There are no unfunded commitments at December 31, 2020.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2020 and 2019.

Year ended December 31, 2020	Real Asset Fund	Fixed Income Fund
Balance, beginning of year	$ 46,119,221	$ —
Realized gains/(losses)	—	—
Unrealized gains/(losses)	3,599,236	(1,360,131)
Purchases	4,000,000	31,998,673
Sales	—	—
Balance, end of year	$ 53,718,457	$ 30,638,542
The amount of total gains or losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 3,599,236	$ (1,360,131)

Year ended December 31, 2019		Real Asset Fund
Balance, beginning of year		$ 32,217,445
Realized gains/(losses)		--
Unrealized gains/(losses)		4,401,776
Purchases		9,500,000
Sales		—
Balance, end of year		$ 46,119,221
The amount of total gains or losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date		$ 4,401,776

Realized and unrealized gains and losses included in changes in net assets for the period above are reported in net appreciation/(depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

Note 4. Information Certified by the Trustee

The Plan administrator has elected the method of reporting permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from the trustee that the following data included in the accompanying financial statements and schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for Plan benefits as of December 31, 2020 and 2019.
- Investment income/(loss), as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2020 and 2019.
- The schedule of assets (held at end of year) as of December 31, 2020, schedule of assets (acquired and disposed of within year) - year ended December 31, 2020, and schedule of reportable transactions for the year ended December 31, 2020.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedules.

Note 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary as of January 1, 2020. The present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

	January 1, 2020
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	$ 81,335,857
Active and terminated employees not receiving benefits	192,201,868
Non-vested benefits	3,211,904
Total actuarial present value of accumulated plan benefits	$ 276,749,629

	Year Ended January 1,
Actuarial present value of accumulated plan benefits at beginning of year	$ 241,839,051
Increase (decrease) during the year attributed to:	
Change in assumptions	38,936,592
Increase for interest due to the decrease in the discount period	10,080,893
Benefits accumulated (including actuarial gains and losses)	4,445,462
Benefits paid	(18,552,369)
Net Increase	34,910,578
Total actuarial present value of accumulated plan benefits	$ 276,749,629

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of January 1, 2020, are as follows:

Rate of return on investments:	5.27%
Discount rate:	3.33
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2019 Static Mortality Table
Actuarial Cost Method	Projected Unit Credit Cost Method

Termination and mortality prior to retirement:

Attained Age	Termination	Mortality			
		Males		Females	
		Non-annuitant	Annuitant[(a)]	Non-annuitant	Annuitant[(a)]
20	20%	0.0190%	0.0190%	0.0084%	0.0084%
25	20%	0.0260%	0.0260%	0.0100%	0.0100%
30	12%	0.0284%	0.0284%	0.0132%	0.0132%
40	7%	0.0457%	0.0457%	0.0294%	0.0294%

(a) Annuitant: a participant who is receiving benefits under the Plan.

These actuarial assumptions are based on the presumption that the Plan will continue. Although the Employer has not expressed any intent to do so, were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated May 31, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and, therefore, the related trust is exempt from taxation. An amendment to the plan was implemented subsequent to the date of the determination letter based on the recommendation of the IRS. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any 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 authorities; however, there are currently no audits for any tax periods in progress.

Note 7. Personal Retirement Accounts

All non-union domestic employees hired after June 1, 2004 and before July 1, 2015, earn a benefit under a personal retirement account (hypothetical account balance). Each year, a participant’s account receives a credit equal to 2.0% of the participant’s salary (2.5% if the participant’s years of service at August 1 of the plan year are 5 years or more). Active participants become fully vested in their hypothetical personal retirement account after 3 years of service. Interest earned on the

credited amount is not credited to the personal retirement account but is contributed to the participant's account in the Anixter Inc. Employee Savings Plan. The interest contribution equals the interest earned on the personal retirement account balance as of January 1st in the Domestic Plan and is based on the 10 year Treasury Securities rate as of the last business day of the year preceding the prior year, multiplied by the value of the personal retirement account on January 1 of that prior year. The contribution is invested consistent with the participants' deferral elections in the Anixter Inc. Employee Savings Plan.

Note 8. Risk 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 9. Subsequent Events

The Employer has evaluated these annual financial statements for disclosure of subsequent events through October 12, 2021 the date on which the financial statements were available to be issued, and has identified no material subsequent events.

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	Originally effective August 1, 1973. The Plan was restated effective January 1, 2016 and subsequently amended for the annuity purchases, lump sum window and clarification of the death benefit and missing participant requirements.
Covered employees	Each employee who was a participant in the plan prior at December 31, 1988 is a covered a participant. Each employee hired or rehired on or after January 1, 1989 but before June 30, 2015 became a covered participant on the day in which one hour of service was completed. No new participants were covered after June 30, 2015.
Participation date	Date of becoming a covered employee

Definitions

Final average pay benefit	Monthly annuity benefit available to participants hired prior to 6/1/2004. The benefit frozen at 12/31/2013 has been calculated for all eligible participants based on pay and service earned through this date.
Personal Retirement Account (PRA) benefit	Hypothetical account balance provided to participants hired after 5/31/2004 and provided to all participants after 12/31/2013
Year of continuous service	For the purposes of the PRA benefit, a year of continuous service is determined by the elapsed period of time between August 1st and the following July 31st, divided by 365.25
Salary	Salary includes regular pay and overtime but excludes all bonuses.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	The first of the month coincident with or next following the attainment of age 65.
Early retirement	For the final average pay benefit, the first day of the month coincident with or next following the attainment of age 55 and 5 years of continuous service. For the PRA benefit, the first day of the month following completion of 3 years of continuous service.
Late retirement	The first day of any month after the participant's normal retirement date.
Vested termination	Five years of continuous service or age 65 for the final average pay benefit and three years of continuous service or age 65 for the PRA benefit.
Disability	There is no disability benefit under the Plan.
Preretirement death	Death while eligible for normal, early, late, or deferred vested retirement benefits

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Sum of:

Annual 12/31/2013 frozen final average pay benefit (if hired prior to June 1, 2004)

Plus

An annual benefit equal to the sum of (A) and (B) (if hired after May 31, 2004 and for all participants after December 31, 2013):

A. 0.15% of salary for each Plan Year in which years of continuous service as of August 1 of the Plan Year is fewer than five;

B. 0.20% of salary for each Plan Year in which years of continuous service as of August 1 greater;

but not less than the annual benefit provided by a single sum equal to (A) plus (B) below (the PRA benefit):

A. 2.0% of salary for each Plan Year in which years of continuous service as of August 1 of the Plan Year is fewer than five;

B. 2.5% of salary for each Plan Year in which years of continuous service as of August 1 of the Plan Year five or greater,

but not less than $20 per month at age 65.

The annual benefit cannot be less than the December 31, 1988 accrued benefit under the prior plan.

Early retirement

The benefit calculated using the normal retirement benefit formula; if payments begin prior to the participant's normal retirement date, then the benefit will be actuarially reduced. The PRA benefit is not reduced for early commencement.

For participants covered under the Itel Plan as of December 31, 1993, benefits are determined using: The Itel Plan's factors for the accrued benefit as of December 31, 1993, and the actuarially reduced benefit that accrued on or after January 1, 1994.

SCHEDULE SB ATTACHMENTS

Deferred retirement	The benefit calculated using the normal retirement benefit formula. The final average pay benefit is actuarially increased to reflect the deferred start date.
Vested termination	The benefit calculated using the normal retirement benefit formula.
Survivor's benefit prior to early retirement eligibility	If a married participant dies prior to the participant's early retirement date after he is vested but before benefit payments have begun, the participant's spouse is eligible for a monthly life annuity. The benefit payable to the surviving spouse will be the same benefit that would have been payable if the participant had: A. Terminated on the participant's date of death; B. Survived to the participant's early retirement date; C. Begun receiving benefits in the form of a qualified joint and survivor annuity on the participant's early retirement date; and D. Died on the day after early retirement date, but based only on the benefit accrued by the participant to the participant's date of termination. The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the PRA lump sum.
Survivor's benefit after early retirement eligibility	If a participant dies after becoming eligible for early retirement either while employed or after termination of employment but before benefit payments have begun, a participant's named beneficiary is eligible for a monthly life annuity. The amount of benefit payable would be the same as if the participant had retired and begun receiving benefits in the form of a qualified joint and 50% contingent annuity on the day before the participant's death. The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the PRA lump sum.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of benefit payment	
Married members	The normal form of payment is a Joint and 50% survivor annuity. Optional forms for the final average pay benefit are a life annuity, joint and 75% or 100% survivor annuity, joint and 50% or 75% or 100% contingent annuity, and ten-year certain and life annuity; all actuarially equivalent to a life annuity. If the value of the final average pay benefit is less than $10,000 a single sum is also available. For the PRA benefit, the normal form is a Joint and 50% contingent annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.
Other members	The normal form of payment is a life annuity. Optional forms for the final average pay benefit are a joint and 50%, 75% or 100% contingent annuity with a named beneficiary, and ten-year certain and life annuity; all actuarially equivalent to a life annuity. If the value of the final average pay benefit is less than $10,000 a single sum is also available. For the PRA benefit, the normal form is a life annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year cannot exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect, but no future increases are included in this year's valuation.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

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

Material Events

We are not aware of any material events that might have occurred after the measurement or valuation date.

Supplemental Schedules

Anixter Inc. Pension Plan

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2020

EIN 36-2361285; Plan #010

(a)	(b) Identity of Issuer or similar Party	(c) Shares / Face Value	(c) Description of Investment	(d) Cost	(e) Current Value
	Commingled Funds:				
*	BNY Mellon Trust Company of Illinois EB Temporary Investment Fund, VAR RT 12/31/49 FEE CL 20*	7,232,882	Cash equivalents	$ 7,232,882	$ 7,232,882
*	Willis Towers Watson Global Equity Fund	10,612,835	Equity Fund	103,487,836	137,097,935
*	Willis Towers Watson Long Credit Strategy Fund	1,707,765	Equity Fund	18,058,023	23,824,495
*	Willis Towers Watson Diversified Credit Strategy Fund	4,887,824	Equity Fund	49,191,052	55,718,147
*	Willis Towers Watson Real Asset Fund	4,626,387	Equity Fund	46,700,000	53,718,457
	Black Rock TSY US 10 YR Key Rate DUR NL FD A	256,600	Equity Fund	2,671,811	5,232,764
	Total equity fund			220,108,722	275,591,798
	SSGA Long U.S. Government Bond Index Fund	544,588	Fixed Income Fund	31,998,673	30,638,542
	Partnership Interest:				
	Black Rock TSY U.S. 15 YR KEY RATE DUR NL FD	266,400	Private equity fund	4,769,693	6,831,996
	Black Rock TSY U.S. 20 YR KEY RATE DUR NL FD	304,842	Private equity fund	5,089,581	7,332,895
	Black Rock TSY U.S. 25+ YR KEY RATE DUR NL FD	1,212,661	Private equity fund	21,299,949	28,771,865
	Total partnership interest			31,159,223	42,936,756
	Total Investments			$290,499,500	$356,399,978

* Represents a party in interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2020

Attained Age	Years of Credited Service																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over		Total	
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay
Under 25			1		2																3	
25 – 29			19	38,641	61	54,919															80	51,053
30 – 34			21	52,984	113	61,975	41	60,549	2												177	60,672
35 - 39			11	53,535	106	51,102	105	66,077	31	81,289											253	65,311
40 – 44			18	62,215	86	69,760	75	66,400	86	78,371	30	84,113	1								296	72,171
45 - 49			16	46,045	95	73,666	87	73,771	109	87,107	71	97,419	31	85,691							409	81,225
50 - 54			11	58,975	88	80,579	75	71,668	80	93,546	85	90,754	44	106,134	27	88,702	2				412	86,272
55 - 59			5	43,852	58	67,756	55	78,102	57	83,056	66	89,457	32	108,011	40	123,614	22	96,297	4		339	88,280
60 - 64			3	36,103	63	72,996	43	87,298	34	72,369	25	76,629	22	103,185	9		24	135,826	6		229	87,408
65 - 69					15	55,062	10		9		4		8		4		2		2		54	69,271
70 & Over					2		3		2		4		1		4						16	56,249
Total			105	50,177	689	67,372	494	71,442	410	83,641	285	89,276	139	98,176	84	106,338	50	112,451	12	101,284	2,268	77,660

Plan Name: Anixter Inc. Pension Plan
EIN / PN: 36-2361285/010
Plan Sponsor: Anixter Inc.
Valuation Date January 1, 2020

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Yield curve basis: 3-Segment Rates

Interest rates	Reflecting HATFA Corridors	Not Reflecting HATFA Corridors
First segment rate	3.64%	2.77%
Second segment rate	5.21%	3.83%
Third segment rate	5.94%	4.28%
Effective interest rate	5.45%	4.01%

Annual rates of increase:

- Compensation/salary increases: Rates vary by attained age, as illustrated below:

Attained Age	Scale
<30	6.00%
30 to 34	5.00%
35 to 39	4.50%
40 to 44	4.00%
45 to 49	3.50%
50 to 54	3.00%
55 to 59	2.50%
60+	2.50%

- Statutory limits on compensation: 3.00%
- Assumed cost of living adjustment on benefits in pay status: None

Administrative expenses $1,400,000

Plan Name: Anixter Inc. Pension Plan
EIN / PN: 36-2361285/010
Plan Sponsor: Anixter Inc.
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality

The prescribed mortality assumption under Internal Revenue Code (IRC) §430(h)(3)(A) of the using static tables with separate mortality rates for annuitants and non-annuitants.

Termination

For termination after three years of employment, illustrative rates for termination are shown below:

Percentage leaving during the year	
Attained Age	Annual Rates of Termination
20-24	20%
25-29	20%
30-34	12%
35-39	10%
40+	7%

The following table represents the percentage of employees who are assumed to terminate employment during the first three years of employment:

Percentage leaving during the year	
Completed Years of Service	Percentage of Employees Terminating
0	20%
1	20%
2	20%

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants retire by age are shown below:

Percentage retiring during the year	
Attained Age	**Annual Rates of Retirement**
55-57	7%
58-59	7%
60-61	10%
62	10%
63-64	15%
65	20%
66-69	30%
70+	100%

Benefit commencement date

Preretirement death benefit

The later of the death of the active participant or the date the participant would have attained age 55

Deferred vested and retirement benefit

For pre-6/1/04 hires, the final average pay benefit is assumed to be paid immediately upon retirement and at age 65 for terminations prior to retirement eligibility. However, If the lump sum value of the benefit is less than $10,000, 100% of participants are assumed to elect a lump sum with 20% assumed to elect an immediate lump sum and 80% of participants are assumed to defer to age 65.

For PRA benefits, 100% of participants are assumed to elect a lump sum. The timing of lump sum elections is based on elapsed time from termination and rates are illustrated below:

	Immediate Lump Sum	Defer 1 Year	Defer 2 Years	Defer to age 65
Active Participants	50%	20%	10%	15%
1st Year of Termination		50%	20%	30%
2nd Year of Termination			40%	60%
Terminated 2+ Years				100%

Form of payment

For pre-6/1/04 hires with the final average pay benefit: 45% elect a single life annuity, 25% elect a Joint & 50% Survivor annuity, and 30% elect a Joint & 100% Survivor annuity.

SCHEDULE SB ATTACHMENTS

Percent married	80% of participants are assumed to be married, with the female participant assumed to be the same age as her spouse and the male participant assumed to be 2 years older than his spouse.
Covered pay	2019 base salary increased with salary scale. Actual salary and bonus (if applicable for participants hired before June 1, 2004) prior to 2014 was used to determine the frozen final average pay benefit.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	January 1, 2020
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	Market value
Benefits not valued	We believe that we have reflected all significant plan provisions in this valuation as described in Appendix B.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Anixter, through its third party administrator, furnished participant data as of January 1, 2020. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Assumptions made are as follows:

Benefits were estimated for 17 terminated vested participants with missing benefit amounts

Terminated vested participants missing dates of termination were assumed to terminate over two years prior to the valuation date

Participants missing beneficiary information were assumed to have beneficiaries of the opposite gender and with age differences aligned with the valuation assumptions

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

The obligations included in this report exclude 319 former employees who were deemed by the Company to have no benefits payable after an extensive search in 2010.

Assumptions Rationale - Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Salary scale	This assumption is set considering underlying inflation and historical salary increases based on an experience study completed in 2017 by PwC using actual plan experience from 2012 through 2016.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust for the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

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

SCHEDULE SB ATTACHMENTS

Termination	Termination rates are based on the plan sponsor's historical experience based on an experience study completed in 2017 by PwC using actual plan experience from 2012 through 2016 and expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Retirement	Retirement rates are based on the plan sponsor's historical experience based on an experience study completed in 2017 by PwC using actual plan experience from 2012 through 2016 and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Form of payment	This assumption is based on the plan sponsor's historical experience based on an experience study completed in 2017 by PwC using actual plan experience from 2012 through 2016 and is also based on best expectations given the plan provisions.

Source of Prescribed Methods

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

Changes in Assumptions and Methods Since Last Actuarial Valuation Report

The segment interest rates used to calculate the funding target and target normal cost were updated from the applicable month of January 2019 to the applicable month of January 2020.

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

The assumed plan-related expenses were changed from $1,500,000 to $1,400,000.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Anixter Inc.
EIN/PN	36-2361285/010
Plan Name	Anixter Inc. Pension Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Rebecca Petersen
Enrollment Number	20-07092

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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

Age	Retirement Rates	Lives Remaining	Participants Retiring	Weighted Age
55	0.07	100	7.000	3.85
56	0.07	93	6.510	3.65
57	0.07	86	6.054	3.45
58	0.07	80	5.630	3.27
59	0.07	75	5.236	3.09
60	0.10	70	6.957	4.17
61	0.10	63	6.261	3.82
62	0.10	56	5.635	3.49
63	0.15	51	7.607	4.79
64	0.15	43	6.466	4.14
65	0.20	37	7.328	4.76
66	0.30	29	8.794	5.80
67	0.30	21	6.156	4.12
68	0.30	14	4.309	2.93
69	0.30	10	3.016	2.08
70	1.00	7	7.038	4.93
		Total	100.000	62.35
		Average		**62**

Plan Name: Anixter Inc. Pension Plan
EIN / PN: 36-2361285/010
Plan Sponsor: Anixter Inc.
Valuation Date January 1, 2020

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ..... ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
ANIXTER INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 08/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ANIXTER INC.

2301 PATRIOT BLVD

GLENVIEW IL 60026-8020

2b Employer Identification Number (EIN) 36-2361285

2c Plan Sponsor's telephone number 224-521-8000

2d Business code (see instructions) 423600

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

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

SIGN HERE	Signature of plan administrator	10/15/2021 Date	JEFF STARZEC Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

018401 12-03-20

Anixter Inc. Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year ended December 31, 2020

EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single transactions in excess of 5% of plan assets						
BNY Mellon Trust Company of Illinois:						
	WTW Global Equity Fund		$17,000,000	$15,970,692		$1,029,308
Category (ii) – There were no series of transactions with the same person in excess of 5% of plan assets						

Anixter Inc. Pension Plan
Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2020

EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	Transaction Count	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets							
BNY Mellon Trust Company of Illinois:							
	EB Temp Investment Fund	36	$36,403,624				
	EB Temp Investment Fund	77		$ 29,170,744	$29,170,744		$ —
	Long U.S. Govt Bond Index	4	32,000,000				
	Long U.S. Govt Bond Index	2		1,276	1,327		(51)
	U.S. Treasury 25 Year Key Rate	1	3,000,000				
	U.S. Treasury 25 Year Key Rate	9		29,538,170	13,970,905		15,567,265
	WTW Global Equity Fund	4	32,000,000				
	WTW Global Equity Fund	7		54,005,098	49,128,454		4,876,645

Category (iv) – There were no transactions with the same person in excess of 5% of plan assets

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2020 This Form is Open to Public Inspection

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: ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: ANIXTER INC.

D Employer Identification Number (EIN): 36-2361285

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	299,055,283
b Actuarial value	**2b**	299,055,283

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	454	67,708,224	67,708,224
b For terminated vested participants	1,808	48,470,113	48,470,113
c For active participants	2,268	82,789,121	85,358,790
d Total	4,530	198967458	201,537,127

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.45 %
6 Target normal cost	**6**	4,111,530

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 10/13/2021

REBECCA PETERSEN — Type or print name of actuary

20-07092 — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — Firm name

312-525-2500 — Telephone number (including area code)

233 SOUTH WACKER DR, SUITE 1800
CHICAGO IL 60606 — 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**

018541 12-03-20

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 23.76 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b (1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.63 %		
	b (2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	148.38 %
15	Adjusted funding target attainment percentage	15	148.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	129.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	☐ Yes	☒ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.64 %	5.21 %	5.94 %	

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☐ Prescribed -- combined ☒ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29**

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** 4,111,530

b Excess assets, if applicable, but not greater than line 31a **31b** 4,111,530

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
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**

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35) **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37**

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

a Total (excess, if any, of line 37 over line 36) **38a**

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**

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