

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 150px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                       |

|                |                                                                                                                                                                                                                                                                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                        |
| <b>1a</b>      | Name of plan<br><u>ADM RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                           |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                            |
|                | <b>1c</b> Effective date of plan<br><u>12/28/1943</u>                                                                                                                                                                                                                                                                                                |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ARCHER DANIELS MIDLAND COMPANY</u><br><br><u>P.O. BOX 1470</u><br><u>DECATUR, IL 62525</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>41-0129150</u>                                                                                                                                                                                                                                                                                            |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>312-634-8140</u>                                                                                                                                                                                                                                                                                               |
| <b>2d</b>      | Business code (see instructions)<br><u>311900</u>                                                                                                                                                                                                                                                                                                    |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2022 | JENNIFER WEBER                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 10267                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 7226<br><b>6a(2)</b> 7527<br><b>6b</b> 112<br><b>6c</b> 1468<br><b>6d</b> 9107<br><b>6e</b> 16<br><b>6f</b> 9123<br><b>6g</b><br><b>6h</b> 287                                                                                                                                                                                                                                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ADM RETIREMENT PLAN</u>                                                                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ARCHER DANIELS MIDLAND COMPANY</u>                         | <b>D</b> Employer Identification Number (EIN)<br><u>41-0129150</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                   |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                            |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                            |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>1157383980</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>1041645582</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                            |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>712</u> (2) Vested Funding Target <u>195679304</u> (3) Total Funding Target <u>195679304</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>2366</u> <u>151334221</u> <u>151334221</u>                                                                              |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>7226</u> <u>385156743</u> <u>404381518</u>                                                                              |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>10304</u> <u>732170268</u> <u>751395043</u>                                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                            |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                  |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                                  |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.75</u> %                                                                                                     |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                            |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>31976773</u>                                                                                                  |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>0</u>                                                                                                         |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>31976773</u>                                                                                                  |

**Statement by Enrolled Actuary**

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

|                                                                                                    |  |                                                               |
|----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                   |  | <u>10/04/2022</u><br>Date                                     |
| Signature of actuary                                                                               |  | <u>20-05569</u><br>Most recent enrollment number              |
| <u>JASON M. BRAVO</u><br>Type or print name of actuary                                             |  | <u>216-430-4732</u><br>Telephone number (including area code) |
| <u>AON CONSULTING, INC.</u><br>Firm name                                                           |  |                                                               |
| <u>MSC# 17854</u><br><u>PO BOX 7505</u><br><u>FORT WASHINGTON, PA 19034</u><br>Address of the firm |  |                                                               |

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

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

**Schedule SB (Form 5500) 2021**  
**v. 201209**

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 240702279              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 240702279              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>18.47</u> % .....                                                                                | 0                     | 44457711               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.91</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 285159990              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.67 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 138.62 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 105.24 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/01/2022               | 34750000                          | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 34750000                          | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |          |
|-------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 31659911 |

**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:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

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

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. .... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 31976773**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 5090549**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 26886224**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 26886224**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 31659911**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 4773687**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>ADM RETIREMENT PLAN</b>                                                      | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ARCHER DANIELS MIDLAND COMPANY</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>41-0129150</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 1157383980            | 777547328       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1157383980            | 777547328       |

**Liabilities**

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

**Net Assets**

|                                                           |           |            |           |
|-----------------------------------------------------------|-----------|------------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1157383980 | 777547328 |
|-----------------------------------------------------------|-----------|------------|-----------|

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                |        | (a) Amount | (b) Total  |
|------------------------------------------------------------------------------------------------|--------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |            |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |            |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 65651642   |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |            |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |            |
| c Other income.....                                                                            | 2c     |            |            |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 65651642   |
| <b>Expenses</b>                                                                                |        |            |            |
| e Benefit payment and payments to provide benefits:                                            |        |            |            |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 11270423   |            |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |            |
| (3) Other.....                                                                                 | 2e(3)  | 435978866  |            |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 447249289  |
| 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)  |            |            |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |            |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |            |
| (4) Other.....                                                                                 | 2i(4)  |            |            |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 0          |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 447249289  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |            |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -381597647 |
| l Transfers of assets:                                                                         |        |            |            |
| (1) To this plan.....                                                                          | 2l(1)  |            | 1760995    |
| (2) From this plan.....                                                                        | 2l(2)  |            |            |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                 | No                 | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                  |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                              |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                   |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                          | X                   |                    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                           |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                        |                     | X                  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                              |                     | X                  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                    |                     | X                  |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                      |                     | X                  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                               |                     | X                  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                |                     | X                  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                      |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                          |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                               |                     |                    |         |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                      |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                      | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |         |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439470 _____. |                     |                    |         |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ADM RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ARCHER DANIELS MIDLAND COMPANY                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>41-0129150                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 36-1561860                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 1982                                                                                          |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2021 v. 201209                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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: 58.5 % Investment-Grade Debt: 39.5 % High-Yield Debt: 1.0 % Real Estate: 0.0 % Other: 1.0 %

**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 \_\_\_\_\_

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees  
Years Ended December 31, 2021 and 2020  
With Report of Independent Auditors

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Financial Statements  
(Modified Cash Basis)

Years Ended December 31, 2021 and 2020

**Contents**

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## Report of Independent Auditors

The Benefit Plans Committee  
ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements**

We have performed audits of the financial statements of ADM Retirement Plan and ADM Pension Plan for Hourly-Wage Employees (the Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audits). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statements of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



## ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## ***Modified Cash Basis of Accounting***

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

## ***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management also is responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's



election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

### ***Auditor's Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

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

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

## Other Matters

### ***Auditor's Report on the 2020 Financial Statements***

We were engaged to audit the financial statements (modified cash basis) of the Plans as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated September 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Ernst + Young LLP*

September 20, 2022

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

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

|                                   |    | December 31 , 2021 |                |
|-----------------------------------|----|--------------------|----------------|
|                                   |    | Retirement         |                |
|                                   |    | Plan               | Hourly Plan    |
| <b>Assets</b>                     |    |                    |                |
| Interest in Master Trust          | \$ | 777,547,328        | \$ 336,375,550 |
| Net assets available for benefits | \$ | 777,547,328        | \$ 336,375,550 |

|                                   |    | December 31 , 2020 |                |
|-----------------------------------|----|--------------------|----------------|
|                                   |    | Retirement         |                |
|                                   |    | Plan               | Hourly Plan    |
| <b>Assets</b>                     |    |                    |                |
| Interest in Master Trust          | \$ | 1,157,383,980      | \$ 588,047,793 |
| Net assets available for benefits | \$ | 1,157,383,980      | \$ 588,047,793 |

*See accompanying notes.*

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

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

|                                                         | <b>Year Ended December 31, 2021</b> |                       |
|---------------------------------------------------------|-------------------------------------|-----------------------|
|                                                         | <b>Retirement</b>                   |                       |
|                                                         | <b>Plan</b>                         | <b>Hourly Plan</b>    |
| Additions:                                              |                                     |                       |
| Net investment gain from Master Trust                   | \$ 70,774,851                       | \$ 29,569,552         |
|                                                         | 70,774,851                          | 29,569,552            |
| Deductions:                                             |                                     |                       |
| Pension benefit payments                                | 11,270,423                          | 11,803,625            |
| Trust fees and commissions                              | 5,123,209                           | 1,249,248             |
| Annuity contracts                                       | 435,978,866                         | 266,427,927           |
|                                                         | 452,372,498                         | 279,480,800           |
| Net decrease before transfers from (to) qualified plans | (381,597,647)                       | (249,911,248)         |
| Transfer from other qualified plans                     | 1,760,995                           | -                     |
| Transfer to other qualified plans                       | -                                   | (1,760,995)           |
| Net Decrease                                            | (379,836,652)                       | (251,672,243)         |
| Net assets available for benefits at beginning of year  | 1,157,383,980                       | 588,047,793           |
| Net assets available for benefits at end of year        | <u>\$ 777,547,328</u>               | <u>\$ 336,375,550</u> |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

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

|                                                         | <b>Year Ended December 31, 2020</b> |                       |
|---------------------------------------------------------|-------------------------------------|-----------------------|
|                                                         | <b>Retirement</b>                   |                       |
|                                                         | <b>Plan</b>                         | <b>Hourly Plan</b>    |
| Additions:                                              |                                     |                       |
| Employer contributions                                  | \$ 44,714,000                       | \$ 13,057,000         |
| Net investment gain from Master Trust                   | 179,228,215                         | 92,202,830            |
|                                                         | <u>223,942,215</u>                  | <u>105,259,830</u>    |
| Deductions:                                             |                                     |                       |
| Pension benefit payments                                | 30,578,279                          | 20,281,922            |
| Trust fees and commissions                              | 2,789,888                           | 1,456,031             |
|                                                         | <u>33,368,167</u>                   | <u>21,737,953</u>     |
| Net increase before transfers from (to) qualified plans | 190,574,048                         | 83,521,877            |
| Transfer from other qualified plans                     | 1,453,520                           | -                     |
| Transfer to other qualified plans                       | -                                   | (1,453,520)           |
| Net Increase                                            | <u>192,027,568</u>                  | <u>82,068,357</u>     |
| Net assets available for benefits at beginning of year  | 965,356,412                         | 505,979,436           |
| Net assets available for benefits at end of year        | <u>\$ 1,157,383,980</u>             | <u>\$ 588,047,793</u> |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**1. Description of the Plans**

The accompanying financial statements comprise the ADM Retirement Plan (the Retirement Plan) and the ADM Pension Plan for Hourly-Wage Employees (the Hourly Plan) (collectively, the Plans) of Archer-Daniels-Midland Company (ADM or the Company) that participate in the Archer Daniels Midland Master Retirement Trust (the Master Trust).

The Company's funding policy with respect to the Plans is to contribute at least the necessary amount each year to meet the minimum amount required by the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company contributed \$34.8 million in September 2022 which met the ERISA minimum funding requirements for 2021. The Plans also met the ERISA minimum funding requirements in 2020.

The Company is free to terminate the Plans at any time, subject to the provisions of ERISA and the collective bargaining agreements. In the event of the termination of the Plans, the net assets of the Plans shall be allocated to provide benefits in the order of priority prescribed by ERISA. However, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA.

More complete information about the Plans, including vesting and benefit provisions, is contained in the plan documents available from the Company.

On June 25, 2019 the Retirement Plan was amended and offered to pay certain eligible individuals' pension benefit in lump sum. Individuals eligible for the voluntary lump sum payment option were generally Traditional Formula Participants, as defined by the Plan document, who accepted the early retirement window program offered by ADM during the election period, and who retired during the period established under the program. Participants who had a Termination of Employment other than for death on or after February 1, 2019 and prior to the availability of the program, and who would have satisfied all conditions to participate in the program had they continued in employment through June 30, 2019, were also eligible to participate in the program. The 2019 voluntary lump sum payment election period was July 1, 2019 to June 1, 2020. The voluntary lump sum benefits paid from plan assets totaled \$9.6 million in 2020.

The Plans were also amended effective April 1, 2021, to direct the Trustee to purchase a group annuity contract for a certain group of participants. In April 2021, ADM entered into an agreement with American General Life Insurance Company and the United States Life Insurance Company in the City of New York to purchase a group annuity contract for approximately 684 retirees and beneficiaries who satisfied certain conditions and were receiving a monthly benefit from the ADM Pension Plan for Hourly-Wage Employees. Also in April 2021, ADM entered into an agreement with Principal Life Insurance Company to purchase a group annuity contract for approximately 2,895 retirees and beneficiaries who satisfied certain conditions and were receiving a monthly benefit from the ADM Retirement Plan. There was no change to the pension benefits for any Plan participants as a result of these transactions. The purchases of the group annuity contracts were

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**1. Description of the Plans (continued)**

funded directly by Plan assets of approximately \$436 million and \$266 million for the ADM Retirement Plan and ADM Pension Plan for Hourly-Wage Employees, respectively, which have been included in the deductions on the statements of changes in net assets available for benefits.

*ADM Retirement Plan*

The Retirement Plan is a defined benefit plan covering substantially all regular salaried employees of ADM and its participating affiliates.

From time to time, the assets and liabilities of acquired pension plans covering the salaried employees of acquired ADM subsidiaries or locations are merged into the Retirement Plan, as is the policy of ADM.

*ADM Pension Plan for Hourly-Wage Employees*

The Hourly Plan is a defined benefit plan covering those employees of ADM and its participating affiliates working at participating locations (as described in the plan document) and paid on an hourly rate basis. The Hourly Plan provisions for those locations that are not represented by a collective bargaining agreement, as well as those represented by a collective bargaining agreement, have been modified by the addition of appendices to the Hourly Plan specifying those provisions for the locations that differ from the corresponding provisions of the basic plan provisions.

From time to time, the assets and liabilities of acquired pension plans covering the hourly employees of acquired ADM subsidiaries or locations are merged into the Hourly Plan, as is the policy of ADM.

**2. Significant Accounting Policies**

**Basis of Accounting**

The accounting records of the Plans are maintained on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis, investments are recorded at fair value, and transactions are recorded when cash is received or paid rather than in the time period in which income is earned or expenses are incurred.

**Benefits Paid**

Benefits are recorded when paid.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**2. Significant Accounting Policies (continued)**

**Investments**

The Plans' investments held in the Master Trust are stated at fair value. Fair value is defined as 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. Further information regarding the valuation techniques used to measure the fair value of investment assets held in the Master Trust is included in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Master Trust's gains and losses on investments bought and sold, as well as held, during the year.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, attributable under the Plans' provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered through the valuation date.

*ADM Retirement Plan*

Effective January 1, 2009, salaried employees who were vested (five or more years of service before January 1, 2009) continued with the existing traditional pension formula and will continue until December 31, 2021, after which such participants will transition to the cash balance formula, while maintaining their frozen traditional formula accrued benefit. Salaried employees with less than five years of service before January 1, 2009, participate in a point-based cash balance pension formula with a three-year vesting schedule.

Benefits for retired or terminated employees or their beneficiaries, under the traditional pension formula, are based on the employee's highest average monthly salary for 60 consecutive months out of the last 180 consecutive months of credited service. Benefits for retired or terminated employees or their beneficiaries under the cash balance pension formula are based on the employee's cash balance account.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**2. Significant Accounting Policies (continued)**

*ADM Pension Plan for Hourly-Wage Employees*

Effective January 1, 2009, most non-bargaining hourly employees, as well as those represented by a collective bargaining agreement, who were hired prior to January 1, 2009, that have a pension plan at their location continued with the existing traditional pension formula.

Non-bargaining hourly employees who are hired or rehired on or after January 1, 2009, participate in a point-based cash balance pension formula. Employees represented by a collective bargaining agreement who were hired or rehired on or after January 1, 2009, participate in the pension formula applicable to their respective location.

Benefits for retired or terminated employees or their beneficiaries, under the traditional formula, are based on the applicable benefit level and the employees' credited service as determined by hours worked. Benefits for retired or terminated employees or their beneficiaries under the cash balance pension formula are based on the employee's cash balance account.

**Use of Estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Plan Expenses**

All costs and expenses incurred in connection with the operation of the Plans with regard to the purchase and sale of investments, as well as certain professional fees, are paid out of the Master Trust. Other administrative expenses and actuarial and audit fees are paid by ADM, the plan sponsor.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**3. Master Trust Investment Information**

Certain investment information disclosed in the accompanying financial statements for the Plans and Master Trust, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends and investment expenses for the years ended December 31, 2021 and 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the custodian.

The Plans' investments are held in the Master Trust established for the investment of assets of the Plans. Each participating retirement plan has an undivided interest in the Master Trust. The Retirement Plan's and Hourly Plan's interest in the net assets of the Master Trust was approximately 70% and 30% at December 31, 2021 and 66% and 34% at December 31, 2020.

Investment income (loss) and expenses are allocated among the Plans based upon each plan's pro rata share in the net assets of the Master Trust.

The following table presents the Master Trust balances and the Plans' interest in the Master Trust balances as of December 31, 2021 and 2020:

|                                                             | <b>December 31, 2021</b> |                                                                  |                                                              |
|-------------------------------------------------------------|--------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
|                                                             | <b>Master Trust</b>      | <b>Retirement Plan<br/>Interest in Master<br/>Trust Balances</b> | <b>Hourly Plan<br/>Interest in Master<br/>Trust Balances</b> |
| Investments at fair value:                                  |                          |                                                                  |                                                              |
| Common stock                                                | \$ 134,603,075           | \$ 93,956,470                                                    | \$ 40,646,605                                                |
| Mutual funds                                                | 135,415,978              | 94,523,898                                                       | 40,892,080                                                   |
| Common collective trust funds                               | 297,217,974              | 207,465,926                                                      | 89,752,048                                                   |
| U.S. Treasury instruments                                   | 273,479,272              | 190,895,691                                                      | 82,583,581                                                   |
| U.S. government agency, state and<br>local government bonds | 3,136,781                | 2,189,555                                                        | 947,226                                                      |
| Corporate debt instruments                                  | 303,581,168              | 211,907,602                                                      | 91,673,566                                                   |
| Other                                                       | 6,392,348                | 4,462,026                                                        | 1,930,322                                                    |
|                                                             | <u>\$ 1,153,826,596</u>  | <u>\$ 805,401,168</u>                                            | <u>\$ 348,425,428</u>                                        |
| Pending transactions (net purchases and<br>sales)           | (42,974,461)             | (29,997,299)                                                     | (12,977,162)                                                 |
| Income receivable                                           | 3,070,743                | 2,143,459                                                        | 927,284                                                      |
|                                                             | <u>\$ 1,113,922,878</u>  | <u>\$ 777,547,328</u>                                            | <u>\$ 336,375,550</u>                                        |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**3. Master Trust Investment Information (continued)**

|                                                             | <b>December 31, 2020</b> |                                                                  |                                                              |
|-------------------------------------------------------------|--------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
|                                                             | <b>Master Trust</b>      | <b>Retirement Plan<br/>Interest in Master<br/>Trust Balances</b> | <b>Hourly Plan<br/>Interest in Master<br/>Trust Balances</b> |
| Investments at fair value:                                  |                          |                                                                  |                                                              |
| Common stock                                                | \$ 251,158,527           | \$ 166,541,511                                                   | \$ 84,617,016                                                |
| Mutual funds                                                | 214,523,359              | 142,248,981                                                      | 72,274,378                                                   |
| Common collective trust funds                               | 593,250,065              | 393,380,084                                                      | 199,869,981                                                  |
| U.S. Treasury instruments                                   | 383,803,679              | 254,497,610                                                      | 129,306,069                                                  |
| U.S. government agency, state and<br>local government bonds | 13,791,822               | 9,145,263                                                        | 4,646,559                                                    |
| Corporate debt instruments                                  | 327,052,313              | 216,866,165                                                      | 110,186,148                                                  |
| Other                                                       | 7,098,697                | 4,707,098                                                        | 2,391,599                                                    |
|                                                             | <u>\$ 1,790,678,462</u>  | <u>\$ 1,187,386,712</u>                                          | <u>\$ 603,291,750</u>                                        |
| Pending transactions (net purchases and<br>sales)           | (48,540,924)             | (32,187,157)                                                     | (16,353,767)                                                 |
| Income receivable                                           | 3,294,235                | 2,184,425                                                        | 1,109,810                                                    |
|                                                             | <u>\$ 1,745,431,773</u>  | <u>\$ 1,157,383,980</u>                                          | <u>\$ 588,047,793</u>                                        |

Summarized financial information with respect to the Master Trust's net investment income is as follows for the years ended December 31, 2021 and 2020:

|                                                                          | <b>Years Ended December 31</b> |                       |
|--------------------------------------------------------------------------|--------------------------------|-----------------------|
|                                                                          | <b>2021</b>                    | <b>2020</b>           |
| Net realized and unrealized appreciation<br>in fair value of investments | \$ 81,828,442                  | \$ 249,736,084        |
| Interest and dividend income                                             | 18,515,961                     | 21,694,961            |
|                                                                          | <u>\$ 100,344,403</u>          | <u>\$ 271,431,045</u> |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**4. Fair Value Measurements**

The Master Trust assets are valued at fair value as required by ASC Topic 820. ASC 820 establishes a 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels are described below:

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

Level 2: Inputs are observable, including Level 1 prices that have been adjusted, quoted prices for similar assets or liabilities, quoted prices in markets that are less active than traded exchanges, and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Inputs are unobservable and are supported by little or no market activity and are a significant component of the fair value of the assets or liabilities.

Following is a description of the valuation techniques and inputs used for investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy:

*Common stock:*

Equity securities are valued based on quoted exchange prices and are classified within Level 1 of the valuation hierarchy.

*Mutual funds:*

Mutual funds are valued at the closing price reported on the active market on which they are traded and are classified within Level 1 of the valuation hierarchy.

*Common collective trust (CCT) funds:*

The common collective trust funds are valued at net assets value as provided by the issuers and are classified within Level 1 of the valuation hierarchy.

*U.S. Treasury instruments:*

U.S. Treasury instruments are valued at the closing price reported on the active market on which they are traded and classified within Level 1 of the valuation hierarchy.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**4. Fair Value Measurements (continued)**

*U.S. government agency, state and local government bonds:*

U.S. government agency obligations and state and municipal debt securities are valued using third-party pricing services and are classified within Level 2 of the valuation hierarchy.

*Corporate debt instruments:*

Corporate debt instruments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available for comparable securities of issuers with similar credit ratings. These debt instruments are classified within Level 2 of the valuation hierarchy.

*Other investments:*

Other investments include derivatives, corporate bonds and commercial securities, which are all valued using pricing models maximizing the use of observable inputs for similar investments. This includes basing value on yields currently available for comparable securities of issuers with similar credit ratings. These investments are classified within Level 2 of the valuation hierarchy.

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

*Level 3 gains and losses:*

There are no assets in the Plans classified as Level 3 in the fair value hierarchy at December 31, 2021 and 2020.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**4. Fair Value Measurements (continued)**

The following tables set forth, by level within the fair value hierarchy, the investments included in the Master Trust at fair value as of December 31, 2021 and 2020.

|                                                             | December 31, 2021                                                          |                                                           |                                                    |                         |
|-------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-------------------------|
|                                                             | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total                   |
| Common stock                                                | \$ 134,603,075                                                             | \$ -                                                      | \$ -                                               | \$ 134,603,075          |
| Mutual funds                                                | 135,415,978                                                                | -                                                         | -                                                  | 135,415,978             |
| Common collective trust funds                               | 297,217,974                                                                | -                                                         | -                                                  | 297,217,974             |
| U.S. Treasury instruments                                   | 273,479,272                                                                | -                                                         | -                                                  | 273,479,272             |
| U.S. government agency, state<br>and local government bonds | -                                                                          | 3,136,781                                                 | -                                                  | 3,136,781               |
| Corporate debt instruments                                  | -                                                                          | 303,581,168                                               | -                                                  | 303,581,168             |
| Other                                                       | -                                                                          | 6,392,348                                                 | -                                                  | 6,392,348               |
| Total assets at fair value                                  | <u>\$ 840,716,299</u>                                                      | <u>\$ 313,110,297</u>                                     | <u>\$ -</u>                                        | <u>\$ 1,153,826,596</u> |

|                                                             | December 31, 2020                                                          |                                                           |                                                    |                         |
|-------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|-------------------------|
|                                                             | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | Total                   |
| Common stock                                                | \$ 251,158,527                                                             | \$ -                                                      | \$ -                                               | \$ 251,158,527          |
| Mutual funds                                                | 214,523,359                                                                | -                                                         | -                                                  | 214,523,359             |
| Common collective trust funds                               | 593,250,065                                                                | -                                                         | -                                                  | 593,250,065             |
| U.S. Treasury instruments                                   | 383,803,679                                                                | -                                                         | -                                                  | 383,803,679             |
| U.S. government agency, state<br>and local government bonds | -                                                                          | 13,791,822                                                | -                                                  | 13,791,822              |
| Corporate debt instruments                                  | -                                                                          | 327,052,313                                               | -                                                  | 327,052,313             |
| Other                                                       | -                                                                          | 7,098,697                                                 | -                                                  | 7,098,697               |
| Total assets at fair value                                  | <u>\$ 1,442,735,630</u>                                                    | <u>\$ 347,942,832</u>                                     | <u>\$ -</u>                                        | <u>\$ 1,790,678,462</u> |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**5. Accumulated Plan Benefits**

The Plans' consulting actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected payment date.

The present values of accumulated plan benefits were as follows as of December 31, 2020:

|                                                            | <b><u>December 31, 2020</u></b> |                              |
|------------------------------------------------------------|---------------------------------|------------------------------|
|                                                            | <b>Retirement Plan</b>          | <b>Hourly Plan</b>           |
| Actuarial present value of accumulated plan benefits:      |                                 |                              |
| Participants and other beneficiaries                       |                                 |                              |
| currently receiving payments                               | \$ 268,591,398                  | \$ 238,160,176               |
| Other participants                                         | 973,016,511                     | 334,651,554                  |
|                                                            | <u>1,241,607,909</u>            | <u>572,811,730</u>           |
| Actuarial present value of non-vested benefits             | <u>27,393,765</u>               | <u>6,948,438</u>             |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 1,269,001,674</u></u>  | <u><u>\$ 579,760,168</u></u> |

The following table shows the changes in accumulated plan benefits for the year ended December 31, 2020:

|                                                                         | <b><u>December 31, 2020</u></b> |                              |
|-------------------------------------------------------------------------|---------------------------------|------------------------------|
|                                                                         | <b>Retirement Plan</b>          | <b>Hourly Plan</b>           |
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 1,062,754,399                | \$ 516,859,467               |
| Increase(decrease) during the year attributable to:                     |                                 |                              |
| Interest accumulated                                                    | 36,037,252                      | 16,623,051                   |
| Assumption changes                                                      | 136,540,434                     | 53,343,034                   |
| Benefits paid                                                           | (30,578,279)                    | (20,281,922)                 |
| Benefits accumulated and plan experience                                | <u>64,247,868</u>               | <u>13,216,538</u>            |
| Net increase                                                            | 206,247,275                     | 62,900,701                   |
| Actuarial present value of accumulated plan benefits, end of year       | <u><u>\$ 1,269,001,674</u></u>  | <u><u>\$ 579,760,168</u></u> |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**5. Accumulated Plan Benefits (continued)**

The following actuarial assumptions are based on the presumption that the Plans will continue. In the event of a plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Significant assumptions underlying actuarial computations are:

*Discount rate and cash balance interest rate:*

|                            | <b><u>December 31, 2020</u></b> |                    |
|----------------------------|---------------------------------|--------------------|
|                            | <b>Retirement Plan</b>          | <b>Hourly Plan</b> |
| Discount rate              | 2.84%                           | 2.61%              |
| Cash balance interest rate | 1.95%                           | 1.95%              |

|                            | <b><u>December 31, 2019</u></b> |                    |
|----------------------------|---------------------------------|--------------------|
|                            | <b>Retirement Plan</b>          | <b>Hourly Plan</b> |
| Discount rate              | 3.44%                           | 3.28%              |
| Cash balance interest rate | 2.19%                           | 2.19%              |

*Retirement age:*

| <b>December 31, 2020 and 2019</b> |                    |                      |                    |
|-----------------------------------|--------------------|----------------------|--------------------|
| <b>Retirement Plan</b>            |                    | <b>Hourly Plan</b>   |                    |
| <b><u>Age(s)</u></b>              | <b><u>Rate</u></b> | <b><u>Age(s)</u></b> | <b><u>Rate</u></b> |
| 55-58                             | 3%                 | 55-59                | 4%                 |
| 59                                | 6%                 | 60                   | 6%                 |
| 60                                | 8%                 | 61                   | 12%                |
| 61                                | 12%                | 62                   | 22%                |
| 62-64                             | 18%                | 63                   | 15%                |
| 65-69                             | 25%                | 64                   | 20%                |
| 70 and over                       | 100%               | 65-66                | 35%                |
|                                   |                    | 67-69                | 25%                |
|                                   |                    | 70 and over          | 100%               |

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**5. Accumulated Plan Benefits (continued)**

*Mortality – December 31, 2020:*

|                 |                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disabled lives: | Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for the Hourly Plan                                                                                     |
| Healthy lives:  | Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021, with white collar adjustments for the Retirement Plan, and blue collar adjustments for the Hourly Plan |

*Mortality – December 31, 2019:*

|                 |                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disabled lives: | Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020                                                                                                         |
| Healthy lives:  | Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020, with white collar adjustments for the Retirement Plan, and blue collar adjustments for the Hourly Plan |

**6. Derivatives**

In the normal course of operations, the Master Trust investment managers use derivative financial instruments (swaps, forwards and futures) to mitigate the risk of changes in interest rates and foreign currencies impacting the fair values of certain investments held by the Master Trust. These derivatives may involve, in varying degrees, elements of credit and market risks in excess of more traditional investment holdings, such as equity and debt instruments.

The contract or notional amounts disclosed in this note and the amounts of realized and unrealized gains and losses on derivative instruments during the period presented below provide a measure of the involvement in such instruments but are not indicative of potential loss. The Master Trust fiduciaries do not anticipate any material adverse effect on the financial position of the Master Trust resulting from its use of these instruments.

Using derivative financial instruments means assuming counterparty credit risk. Counterparty credit risk relates to the loss the Master Trust would incur if a counterparty were to default on a derivative contract. The amount of counterparty credit exposure is limited to the unrealized gains, if any, on such derivative contracts.

ADM Retirement Plan  
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements  
(Modified Cash Basis)

**6. Derivatives (continued)**

The fair value of forwards and futures and the realized and unrealized gain or loss on forwards and futures were not material to the Master Trust at December 31, 2021 and 2020, and for the years then ended. The Plan has recorded interest rate swaps in an asset position of \$1,315,350 and \$348,155, and in a liability position of \$1,026,320 and \$265,981 as of December 31, 2021 and 2020, respectively. The fair value of these instruments is included in the investment in Master Trust balance on the statement of net assets available for benefits, and is reflected in the “other” balance in the fair value table in Note 4.

The notional amount represents the contract amount, not the amount at risk. The approximate notional amount of swaps within the Master Trust at December 31, 2021 and 2020, is as follows:

|       | <b>December 31</b> |                |
|-------|--------------------|----------------|
|       | <b>2021</b>        | <b>2020</b>    |
| Swaps | \$ 531,888,508     | \$ 679,707,281 |

The following table presents net loss with respect to swaps. The losses are located on the statements of changes in net assets available for benefits as net investment gain from Master Trust.

|       | <b>Years Ended December 31</b> |              |
|-------|--------------------------------|--------------|
|       | <b>2021</b>                    | <b>2020</b>  |
| Swaps | \$ 525,759                     | \$ (813,295) |

**7. Income Tax Status**

The Plans have received determination letters from the Internal Revenue Service (IRS) dated June 29, 2021, stating the Plans are qualified under section 401(a) of the Internal Revenue Code (the Code) and, therefore, the Master Trust is exempt from taxation. Subsequent to this determination by the IRS, the Retirement Plan was amended. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. ADM believes the Plans are being operated in compliance with the applicable requirements of the Code and, therefore, believes the Retirement Plan, as amended, and the Hourly Plan are qualified and the related Master Trust is tax-exempt.

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

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(Modified Cash Basis)

**8. Risks and Uncertainties**

The Master Trust 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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

**10. Subsequent Events**

Management evaluated subsequent events for the Plans through September 20, 2022, the date that these financial statements were available to be issued.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained Age | Years of Credited Service |           |           |           |           |           |           |           |           |     |
|--------------|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----|
|              | <1                        | 1-4       | 5-9       | 10-14     | 15-19     | 20-24     | 25-29     | 30-34     | 35-39     | 40+ |
| <25          | 98                        | 171       | 1         |           |           |           |           |           |           |     |
|              | \$57,237                  | \$67,305  |           |           |           |           |           |           |           |     |
|              | \$480                     | \$1,966   |           |           |           |           |           |           |           |     |
| 25-29        | 127                       | 441       | 204       | 7         |           |           |           |           |           |     |
|              | \$66,916                  | \$70,200  | \$80,179  |           |           |           |           |           |           |     |
|              | \$590                     | \$3,620   | \$7,562   |           |           |           |           |           |           |     |
| 30-34        | 96                        | 279       | 381       | 164       | 11        |           |           |           |           |     |
|              | \$82,667                  | \$76,543  | \$86,407  | \$104,661 |           |           |           |           |           |     |
|              | \$720                     | \$3,612   | \$9,684   | \$14,794  |           |           |           |           |           |     |
| 35-39        | 95                        | 236       | 235       | 274       | 143       | 11        |           |           |           |     |
|              | \$90,938                  | \$92,164  | \$95,339  | \$103,329 | \$112,414 |           |           |           |           |     |
|              | \$673                     | \$4,618   | \$11,579  | \$17,262  | \$14,095  |           |           |           |           |     |
| 40-44        | 81                        | 181       | 190       | 137       | 219       | 157       | 9         |           |           |     |
|              | \$111,006                 | \$95,731  | \$103,089 | \$95,678  | \$109,968 | \$128,046 |           |           |           |     |
|              | \$1,178                   | \$5,209   | \$13,384  | \$16,236  | \$5,019   | \$416     |           |           |           |     |
| 45-49        | 58                        | 154       | 129       | 112       | 147       | 195       | 80        | 6         |           |     |
|              | \$123,863                 | \$115,710 | \$107,229 | \$102,119 | \$108,021 | \$120,482 | \$132,531 |           |           |     |
|              | \$1,320                   | \$6,930   | \$14,022  | \$23,179  | \$10,673  | \$307     | \$262     |           |           |     |
| 50-54        | 62                        | 179       | 138       | 98        | 141       | 166       | 120       | 64        | 2         |     |
|              | \$129,563                 | \$115,263 | \$117,267 | \$95,902  | \$105,205 | \$103,155 | \$122,847 | \$119,625 |           |     |
|              | \$1,363                   | \$7,428   | \$17,243  | \$22,838  | \$13,634  | \$1,343   | \$540     | \$460     |           |     |
| 55-59        | 39                        | 111       | 134       | 88        | 137       | 96        | 76        | 90        | 36        | 7   |
|              | \$112,744                 | \$112,049 | \$115,061 | \$97,133  | \$98,872  | \$105,547 | \$98,950  | \$128,579 | \$121,364 |     |
|              | \$1,260                   | \$7,244   | \$19,700  | \$29,887  | \$11,546  | \$235     | \$732     | \$70      | \$50      |     |
| 60-64        | 24                        | 70        | 76        | 48        | 78        | 54        | 40        | 30        | 32        | 8   |
|              | \$115,572                 | \$117,024 | \$107,831 | \$98,108  | \$103,697 | \$104,782 | \$110,118 | \$126,253 | \$155,989 |     |
|              | \$1,418                   | \$9,607   | \$19,720  | \$35,563  | \$22,111  | \$0       | \$1,350   | \$0       | \$0       |     |
| 65-69        | 5                         | 19        | 30        | 16        | 23        | 18        | 8         | 3         | 2         | 6   |
|              |                           |           | \$98,018  |           | \$102,876 |           |           |           |           |     |
|              |                           |           | \$19,503  |           | \$43,304  |           |           |           |           |     |
| 70+          | 1                         | 5         | 8         | 5         | 1         | 1         | 1         |           |           | 1   |

N-7,226

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month<br>lookback (as of September 2020), each adjusted as<br>needed to fall within the 25-year average interest<br>rate stabilization corridor under ARPA                                                                                                                                                                                                                                                                                                                                        |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2nd Segment Rate                            | 5.36%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3rd Segment Rate                            | 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month<br>lookback (as of September 2020), without regard to<br>interest rate stabilization                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1st Segment Rate                            | 2.22%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2nd Segment Rate                            | 3.38%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3rd Segment Rate                            | 3.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Salary Increases                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Minimum Funding Target Normal Cost          | See Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Maximum Tax Expected Benefit Increase       | See Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Cash Balance Interest Crediting Rate        | 1.95%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Social Security Wage Base Increase          | Future wage indices are based on a national wage<br>increase of 3.00% per year                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Optional Payment Form Election Percentage   | Traditional Plan participants:<br>Single Participants: 100% Life Annuity<br>Married Participants: 20% Life Annuity, 30% Joint<br>and 50% Survivor Annuity, 50% Joint and 100%<br>Survivor Annuity<br><br>Cash Balance participants:<br>Retirement: 80% Lump Sum, 20% Life Annuity<br>Termination: 70% Immediate Lump Sum, 30%<br>Lump Sum Deferred to Age 63<br><br>Golden Peanut Participants without Cash Balance:<br>75% Lump Sum, 10% Life Annuity, 5% Joint and<br>50% Survivor Annuity, 10% Joint and 100%<br>Survivor Annuity |
| Retirement Age                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Active Participants                         | See Tables 2–3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Terminated Vested Participants              | Age 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Rates                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Healthy and Disabled                          | 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Withdrawal Rates                              | See Tables 4–5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Disability Rates                              | See Table 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decrement Timing                              | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Valuation Compensation                        | 2020 Pensionable earnings rolled forward one year with the salary increase assumption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$290,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2019 Plan Year                                | 7.25%, limited to 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2020 Plan Year                                | 7.25%, limited to 5.94%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2021 Plan Year                                | 6.50%, limited to 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Trust Expenses Included in Target Normal Cost | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
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Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
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Table 1

**Salary Merit Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 18.00%      | 45         | 4.50%       |
| 16         | 18.00%      | 46         | 4.50%       |
| 17         | 18.00%      | 47         | 4.50%       |
| 18         | 18.00%      | 48         | 4.50%       |
| 19         | 18.00%      | 49         | 4.50%       |
| 20         | 18.00%      | 50         | 4.00%       |
| 21         | 18.00%      | 51         | 4.00%       |
| 22         | 18.00%      | 52         | 4.00%       |
| 23         | 18.00%      | 53         | 4.00%       |
| 24         | 18.00%      | 54         | 4.00%       |
| 25         | 8.00%       | 55         | 3.00%       |
| 26         | 8.00%       | 56         | 3.00%       |
| 27         | 8.00%       | 57         | 3.00%       |
| 28         | 8.00%       | 58         | 3.00%       |
| 29         | 8.00%       | 59         | 3.00%       |
| 30         | 7.00%       | 60         | 3.00%       |
| 31         | 7.00%       | 61         | 3.00%       |
| 32         | 7.00%       | 62         | 3.00%       |
| 33         | 7.00%       | 63         | 3.00%       |
| 34         | 7.00%       | 64         | 3.00%       |
| 35         | 6.50%       | 65+        | 3.00%       |
| 36         | 6.50%       |            |             |
| 37         | 6.50%       |            |             |
| 38         | 6.50%       |            |             |
| 39         | 6.50%       |            |             |
| 40         | 5.00%       |            |             |
| 41         | 5.00%       |            |             |
| 42         | 5.00%       |            |             |
| 43         | 5.00%       |            |             |
| 44         | 5.00%       |            |             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Table 2

**Retirement Rates—Cash Balance Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 10.00%             |
| 58                | 10.00%             |
| 59                | 10.00%             |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 10.00%             |
| 63                | 10.00%             |
| 64                | 10.00%             |
| 65                | 20.00%             |
| 66                | 20.00%             |
| 67                | 20.00%             |
| 68                | 25.00%             |
| 69                | 25.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Table 3

**Retirement Rates—Non Cash Balance Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 3.00%              |
| 56                | 3.00%              |
| 57                | 3.00%              |
| 58                | 3.00%              |
| 59                | 6.00%              |
| 60                | 8.00%              |
| 61                | 12.00%             |
| 62                | 18.00%             |
| 63                | 18.00%             |
| 64                | 18.00%             |
| 65                | 25.00%             |
| 66                | 25.00%             |
| 67                | 25.00%             |
| 68                | 25.00%             |
| 69                | 25.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Table 4—Page 1 of 2

**Withdrawal Rates—Cash Balance Participants**

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0                | 1      | 2      | 3+     |
| 15  | 40.50%           | 33.50% | 28.00% | 21.50% |
| 16  | 38.00%           | 32.00% | 26.50% | 21.00% |
| 17  | 35.00%           | 30.00% | 25.00% | 20.00% |
| 18  | 32.50%           | 28.00% | 23.50% | 19.00% |
| 19  | 29.50%           | 26.50% | 22.00% | 18.50% |
| 20  | 26.50%           | 24.50% | 21.00% | 17.50% |
| 21  | 24.00%           | 23.00% | 19.50% | 17.00% |
| 22  | 21.00%           | 21.00% | 18.00% | 16.00% |
| 23  | 20.00%           | 20.00% | 17.50% | 15.00% |
| 24  | 19.50%           | 19.50% | 17.00% | 14.00% |
| 25  | 18.50%           | 18.50% | 17.00% | 13.00% |
| 26  | 18.00%           | 18.00% | 16.50% | 12.00% |
| 27  | 17.00%           | 17.00% | 16.00% | 11.00% |
| 28  | 17.00%           | 17.00% | 16.00% | 11.00% |
| 29  | 17.00%           | 17.00% | 15.50% | 10.50% |
| 30  | 17.00%           | 17.00% | 15.50% | 10.50% |
| 31  | 17.00%           | 17.00% | 15.00% | 10.00% |
| 32  | 17.00%           | 17.00% | 15.00% | 10.00% |
| 33  | 17.00%           | 17.00% | 15.00% | 10.00% |
| 34  | 17.00%           | 17.00% | 14.50% | 9.50%  |
| 35  | 17.00%           | 17.00% | 14.50% | 9.50%  |
| 36  | 17.00%           | 17.00% | 14.00% | 9.00%  |
| 37  | 17.00%           | 17.00% | 14.00% | 9.00%  |
| 38  | 16.50%           | 16.50% | 14.00% | 9.00%  |
| 39  | 16.00%           | 16.00% | 14.00% | 9.00%  |
| 40  | 16.00%           | 15.00% | 14.00% | 9.00%  |
| 41  | 15.50%           | 14.50% | 14.00% | 9.00%  |
| 42  | 15.00%           | 14.00% | 14.00% | 9.00%  |
| 43  | 15.00%           | 13.50% | 13.50% | 9.00%  |
| 44  | 15.00%           | 13.00% | 13.00% | 9.00%  |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Table 4—Page 2 of 2

**Withdrawal Rates—Cash Balance Participants**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 45         | 15.00%                  | 13.00%   | 13.00%   | 9.00%     |
| 46         | 15.00%                  | 12.50%   | 12.50%   | 9.00%     |
| 47         | 15.00%                  | 12.00%   | 12.00%   | 9.00%     |
| 48         | 15.00%                  | 11.50%   | 11.50%   | 9.00%     |
| 49         | 15.00%                  | 11.00%   | 11.00%   | 9.00%     |
| 50         | 15.00%                  | 11.00%   | 11.00%   | 9.00%     |
| 51         | 15.00%                  | 10.50%   | 10.50%   | 9.00%     |
| 52         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 53         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 54         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 55         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 56         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 57         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 58         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 59         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 60         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 61         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 62         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 63         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 64         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 65+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Table 5

**Withdrawal Rates—Non Cash Balance Participants**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 8.50%       | 45         | 3.50%       |
| 16         | 8.50%       | 46         | 3.00%       |
| 17         | 8.50%       | 47         | 3.00%       |
| 18         | 8.50%       | 48         | 3.00%       |
| 19         | 8.50%       | 49         | 3.00%       |
| 20         | 8.50%       | 50         | 3.00%       |
| 21         | 8.50%       | 51         | 3.00%       |
| 22         | 8.50%       | 52         | 3.00%       |
| 23         | 8.50%       | 53         | 3.00%       |
| 24         | 8.50%       | 54         | 3.00%       |
| 25         | 8.00%       | 55         | 3.00%       |
| 26         | 8.00%       | 56         | 3.00%       |
| 27         | 8.00%       | 57         | 3.00%       |
| 28         | 7.50%       | 58         | 3.00%       |
| 29         | 7.00%       | 59         | 3.00%       |
| 30         | 7.00%       | 60         | 3.00%       |
| 31         | 6.50%       | 61         | 3.00%       |
| 32         | 6.00%       | 62         | 3.00%       |
| 33         | 5.50%       | 63         | 3.00%       |
| 34         | 5.00%       | 64         | 3.00%       |
| 35         | 5.00%       | 65+        | 0.00%       |
| 36         | 4.50%       |            |             |
| 37         | 4.00%       |            |             |
| 38         | 4.00%       |            |             |
| 39         | 4.00%       |            |             |
| 40         | 3.50%       |            |             |
| 41         | 3.50%       |            |             |
| 42         | 3.50%       |            |             |
| 43         | 3.50%       |            |             |
| 44         | 3.50%       |            |             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Table 6

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.020%      | 0.020%        | 45         | 0.107%      | 0.161%        |
| 16         | 0.020%      | 0.020%        | 46         | 0.121%      | 0.181%        |
| 17         | 0.020%      | 0.020%        | 47         | 0.141%      | 0.201%        |
| 18         | 0.020%      | 0.020%        | 48         | 0.168%      | 0.221%        |
| 19         | 0.020%      | 0.020%        | 49         | 0.188%      | 0.241%        |
| 20         | 0.020%      | 0.020%        | 50         | 0.221%      | 0.268%        |
| 21         | 0.020%      | 0.020%        | 51         | 0.261%      | 0.295%        |
| 22         | 0.020%      | 0.020%        | 52         | 0.308%      | 0.328%        |
| 23         | 0.020%      | 0.020%        | 53         | 0.355%      | 0.362%        |
| 24         | 0.020%      | 0.020%        | 54         | 0.409%      | 0.395%        |
| 25         | 0.020%      | 0.020%        | 55         | 0.462%      | 0.429%        |
| 26         | 0.020%      | 0.020%        | 56         | 0.516%      | 0.462%        |
| 27         | 0.020%      | 0.020%        | 57         | 0.576%      | 0.496%        |
| 28         | 0.020%      | 0.027%        | 58         | 0.637%      | 0.536%        |
| 29         | 0.020%      | 0.027%        | 59         | 0.704%      | 0.570%        |
| 30         | 0.020%      | 0.027%        | 60         | 0.771%      | 0.603%        |
| 31         | 0.020%      | 0.034%        | 61         | 0.844%      | 0.643%        |
| 32         | 0.020%      | 0.034%        | 62         | 0.925%      | 0.677%        |
| 33         | 0.020%      | 0.040%        | 63         | 1.012%      | 0.704%        |
| 34         | 0.020%      | 0.040%        | 64         | 1.099%      | 0.730%        |
| 35         | 0.027%      | 0.047%        | 65+        | 0.000%      | 0.000%        |
| 36         | 0.027%      | 0.054%        |            |             |               |
| 37         | 0.034%      | 0.060%        |            |             |               |
| 38         | 0.040%      | 0.067%        |            |             |               |
| 39         | 0.047%      | 0.080%        |            |             |               |
| 40         | 0.054%      | 0.087%        |            |             |               |
| 41         | 0.060%      | 0.101%        |            |             |               |
| 42         | 0.067%      | 0.114%        |            |             |               |
| 43         | 0.080%      | 0.127%        |            |             |               |
| 44         | 0.094%      | 0.147%        |            |             |               |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                            |                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                          |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                                                   | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                |                                                                                                                                                                                                                                                                                                                                            |
| <b>D</b> Check box if filing under:                                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                              |                                          |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                       |                                          |     |
| <b>1a</b> Name of plan<br>ADM RETIREMENT PLAN                                                                                                                                                                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ | 001 |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ARCHER DANIELS MIDLAND COMPANY<br><br>P.O. BOX 1470<br><br>DECATUR IL 62525 |                                          |     |
| <b>1c</b> Effective date of plan<br>12/28/1943                                                                                                                                                                                                                                                                                               |                                          |     |
| <b>2b</b> Employer Identification Number (EIN)<br>41-0129150                                                                                                                                                                                                                                                                                 |                                          |     |
| <b>2c</b> Plan Sponsor's telephone number<br>312-634-8140                                                                                                                                                                                                                                                                                    |                                          |     |
| <b>2d</b> Business code (see instructions)<br>311900                                                                                                                                                                                                                                                                                         |                                          |     |

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

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

|                  |                                    |          |                                                              |
|------------------|------------------------------------|----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | 10/10/22 | JENNIFER WEBER                                               |
|                  | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |          |                                                              |
|                  | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |          |                                                              |
|                  | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10,267 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7,226  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7,527  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 112    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,468  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9,107  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9,123  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 287    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A    1C    3H                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |        |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |        |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► Round off amounts to nearest dollar.

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

|                                                                                                                                                                                                                                                                                                                     |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>ADM RETIREMENT PLAN                                                                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>ARCHER DANIELS MIDLAND COMPANY                                                                                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br><br>41-0129150 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                       |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                        |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 1,157,383,980             |                          |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 1,041,645,582             |                          |
| <b>3</b> 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.....                                                                                                                                     | 712                        | 195,679,304               | 195,679,304              |
| b For terminated vested participants.....                                                                                                                                                               | 2,366                      | 151,334,221               | 151,334,221              |
| c For active participants .....                                                                                                                                                                         | 7,226                      | 385,156,743               | 404,381,518              |
| d Total.....                                                                                                                                                                                            | 10,304                     | 732,170,268               | 751,395,043              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                       |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                  | <b>5</b>                   | 5.75%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                       |                            |                           |                          |
| a Present value of current plan year accruals .....                                                                                                                                                     | <b>6a</b>                  | 31,976,773                |                          |
| b Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b>                  | 0                         |                          |
| c Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b>                  | 31,976,773                |                          |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <u>Jason M. Bravo</u><br/>           Signature of actuary         </div> <div style="flex: 1; text-align: center;"> </div> </div> | <div style="text-align: center;"> <u>10/04/2022</u><br/>           Date         </div> <div style="text-align: center;"> <u>2005569</u><br/>           Most recent enrollment number         </div> <div style="text-align: center;"> <u>216-430-4732</u><br/>           Telephone number (including area code)         </div> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u>JASON M. BRAVO</u><br/>           Type or print name of actuary<br/><br/> <u>Aon Consulting, Inc.</u><br/>           Firm name<br/><br/> <u>MSC# 17854</u><br/> <u>PO Box 7505</u><br/> <u>Fort Washington PA 19034</u><br/>           Address of the firm         </div> <div style="width: 35%; text-align: center;"> <u>2005569</u><br/>           Most recent enrollment number<br/><br/> <u>216-430-4732</u><br/>           Telephone number (including area code)         </div> </div> |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |

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

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

Schedule SB (Form 5500) 2021  
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**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 31,976,773         |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 5,090,549          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 26,886,224         |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 26,886,224         |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 31,659,911         |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 4,773,687          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Schedule SB, line 19—Discounted Employer Contributions  
Year applied for contributions: 2021

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2021 at<br/>5.75%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| September 1, 2022  | \$ 34,750,000 | 608                                                      | \$ 31,659,911                                 |
| Total Contribution | \$ 34,750,000 |                                                          | \$ 31,659,911                                 |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| Cash Balance Participants |         |        | (d)             |
|---------------------------|---------|--------|-----------------|
| (a)                       | (b)     | (c)    | Product         |
| Age                       | Rate    | Weight | (a) × (b) × (c) |
| 55.5                      | 5.00%   | 1.0000 | 2.78            |
| 56.5                      | 5.00%   | 0.9500 | 2.68            |
| 57.5                      | 10.00%  | 0.9025 | 5.19            |
| 58.5                      | 10.00%  | 0.8123 | 4.75            |
| 59.5                      | 10.00%  | 0.7310 | 4.35            |
| 60.5                      | 10.00%  | 0.6579 | 3.98            |
| 61.5                      | 10.00%  | 0.5921 | 3.64            |
| 62.5                      | 10.00%  | 0.5329 | 3.33            |
| 63.5                      | 10.00%  | 0.4796 | 3.05            |
| 64.5                      | 10.00%  | 0.4317 | 2.78            |
| 65.5                      | 20.00%  | 0.3885 | 5.09            |
| 66.5                      | 20.00%  | 0.3108 | 4.13            |
| 67.5                      | 20.00%  | 0.2486 | 3.36            |
| 68.5                      | 25.00%  | 0.1989 | 3.41            |
| 69.5                      | 25.00%  | 0.1492 | 2.59            |
| 70                        | 100.00% | 0.1119 | 7.83            |
| Weighted Average          |         |        | 62.94           |

| Non-Cash Balance Participants |         |        | (d)             |
|-------------------------------|---------|--------|-----------------|
| (a)                           | (b)     | (c)    | Product         |
| Age                           | Rate    | Weight | (a) × (b) × (c) |
| 55.5                          | 3.00%   | 1.0000 | 1.67            |
| 56.5                          | 3.00%   | 0.9700 | 1.64            |
| 57.5                          | 3.00%   | 0.9409 | 1.62            |
| 58.5                          | 3.00%   | 0.9127 | 1.60            |
| 59.5                          | 6.00%   | 0.8853 | 3.16            |
| 60.5                          | 8.00%   | 0.8322 | 4.03            |
| 61.5                          | 12.00%  | 0.7656 | 5.65            |
| 62.5                          | 18.00%  | 0.6737 | 7.58            |
| 63.5                          | 18.00%  | 0.5525 | 6.31            |
| 64.5                          | 18.00%  | 0.4530 | 5.26            |
| 65.5                          | 25.00%  | 0.3715 | 6.08            |
| 66.5                          | 25.00%  | 0.2786 | 4.63            |
| 67.5                          | 25.00%  | 0.2090 | 3.53            |
| 68.5                          | 25.00%  | 0.1567 | 2.68            |
| 69.5                          | 25.00%  | 0.1175 | 2.04            |
| 70                            | 100.00% | 0.0882 | 6.17            |
| Weighted Average              |         |        | 63.65           |

|                                 | Average Age | % of Active Participants |
|---------------------------------|-------------|--------------------------|
| Cash Balance Participants       | 62.94       | 72.13%                   |
| Non-Cash Balance Participants   | 63.65       | 27.87%                   |
| Weighted Average Retirement Age | 63.14       |                          |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
EIN: 41-0129150 PN: 001

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

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA                                                                                                                                                                                                                                                                                                                                                             |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2nd Segment Rate                            | 5.36%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3rd Segment Rate                            | 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1st Segment Rate                            | 2.22%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2nd Segment Rate                            | 3.38%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3rd Segment Rate                            | 3.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Salary Increases                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Minimum Funding Target Normal Cost          | See Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Maximum Tax Expected Benefit Increase       | See Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Cash Balance Interest Crediting Rate        | 1.95%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Social Security Wage Base Increase          | Future wage indices are based on a national wage increase of 3.00% per year                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Optional Payment Form Election Percentage   | <p>Traditional Plan participants:</p> <p>Single Participants: 100% Life Annuity</p> <p>Married Participants: 20% Life Annuity, 30% Joint and 50% Survivor Annuity, 50% Joint and 100% Survivor Annuity</p> <p>Cash Balance participants:</p> <p>Retirement: 80% Lump Sum, 20% Life Annuity</p> <p>Termination: 70% Immediate Lump Sum, 30% Lump Sum Deferred to Age 63</p> <p>Golden Peanut Participants without Cash Balance:</p> <p>75% Lump Sum, 10% Life Annuity, 5% Joint and 50% Survivor Annuity, 10% Joint and 100% Survivor Annuity</p> |
| Retirement Age                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Active Participants                         | See Tables 2–3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Terminated Vested Participants              | Age 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# Schedule SB Attachment (Form 5500)—2021 Plan Year

## ADM Retirement Plan

EIN: 41-0129150 PN: 001

### Mortality Rates

#### Healthy and Disabled

2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67

### Withdrawal Rates

See Tables 4–5

### Disability Rates

See Table 6

### Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

### Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.

### Valuation Compensation

2020 Pensionable earnings rolled forward one year with the salary increase assumption

### Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$290,000.

### Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

### Expected Return on Assets

#### 2019 Plan Year

7.25%, limited to 6.11%

#### 2020 Plan Year

7.25%, limited to 5.94%

#### 2021 Plan Year

6.50%, limited to 6.11%

### Trust Expenses Included in Target Normal Cost

None

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Table 1

**Salary Merit Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 18.00%      | 45         | 4.50%       |
| 16         | 18.00%      | 46         | 4.50%       |
| 17         | 18.00%      | 47         | 4.50%       |
| 18         | 18.00%      | 48         | 4.50%       |
| 19         | 18.00%      | 49         | 4.50%       |
| 20         | 18.00%      | 50         | 4.00%       |
| 21         | 18.00%      | 51         | 4.00%       |
| 22         | 18.00%      | 52         | 4.00%       |
| 23         | 18.00%      | 53         | 4.00%       |
| 24         | 18.00%      | 54         | 4.00%       |
| 25         | 8.00%       | 55         | 3.00%       |
| 26         | 8.00%       | 56         | 3.00%       |
| 27         | 8.00%       | 57         | 3.00%       |
| 28         | 8.00%       | 58         | 3.00%       |
| 29         | 8.00%       | 59         | 3.00%       |
| 30         | 7.00%       | 60         | 3.00%       |
| 31         | 7.00%       | 61         | 3.00%       |
| 32         | 7.00%       | 62         | 3.00%       |
| 33         | 7.00%       | 63         | 3.00%       |
| 34         | 7.00%       | 64         | 3.00%       |
| 35         | 6.50%       | 65+        | 3.00%       |
| 36         | 6.50%       |            |             |
| 37         | 6.50%       |            |             |
| 38         | 6.50%       |            |             |
| 39         | 6.50%       |            |             |
| 40         | 5.00%       |            |             |
| 41         | 5.00%       |            |             |
| 42         | 5.00%       |            |             |
| 43         | 5.00%       |            |             |
| 44         | 5.00%       |            |             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
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Table 2

**Retirement Rates—Cash Balance Participants**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 5.00%       |
| 56         | 5.00%       |
| 57         | 10.00%      |
| 58         | 10.00%      |
| 59         | 10.00%      |
| 60         | 10.00%      |
| 61         | 10.00%      |
| 62         | 10.00%      |
| 63         | 10.00%      |
| 64         | 10.00%      |
| 65         | 20.00%      |
| 66         | 20.00%      |
| 67         | 20.00%      |
| 68         | 25.00%      |
| 69         | 25.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
ADM Retirement Plan  
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Table 3

**Retirement Rates—Non Cash Balance Participants**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 3.00%              |
| 56                | 3.00%              |
| 57                | 3.00%              |
| 58                | 3.00%              |
| 59                | 6.00%              |
| 60                | 8.00%              |
| 61                | 12.00%             |
| 62                | 18.00%             |
| 63                | 18.00%             |
| 64                | 18.00%             |
| 65                | 25.00%             |
| 66                | 25.00%             |
| 67                | 25.00%             |
| 68                | 25.00%             |
| 69                | 25.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Table 4—Page 1 of 2

**Withdrawal Rates—Cash Balance Participants**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 15         | 40.50%                  | 33.50%   | 28.00%   | 21.50%    |
| 16         | 38.00%                  | 32.00%   | 26.50%   | 21.00%    |
| 17         | 35.00%                  | 30.00%   | 25.00%   | 20.00%    |
| 18         | 32.50%                  | 28.00%   | 23.50%   | 19.00%    |
| 19         | 29.50%                  | 26.50%   | 22.00%   | 18.50%    |
| 20         | 26.50%                  | 24.50%   | 21.00%   | 17.50%    |
| 21         | 24.00%                  | 23.00%   | 19.50%   | 17.00%    |
| 22         | 21.00%                  | 21.00%   | 18.00%   | 16.00%    |
| 23         | 20.00%                  | 20.00%   | 17.50%   | 15.00%    |
| 24         | 19.50%                  | 19.50%   | 17.00%   | 14.00%    |
| 25         | 18.50%                  | 18.50%   | 17.00%   | 13.00%    |
| 26         | 18.00%                  | 18.00%   | 16.50%   | 12.00%    |
| 27         | 17.00%                  | 17.00%   | 16.00%   | 11.00%    |
| 28         | 17.00%                  | 17.00%   | 16.00%   | 11.00%    |
| 29         | 17.00%                  | 17.00%   | 15.50%   | 10.50%    |
| 30         | 17.00%                  | 17.00%   | 15.50%   | 10.50%    |
| 31         | 17.00%                  | 17.00%   | 15.00%   | 10.00%    |
| 32         | 17.00%                  | 17.00%   | 15.00%   | 10.00%    |
| 33         | 17.00%                  | 17.00%   | 15.00%   | 10.00%    |
| 34         | 17.00%                  | 17.00%   | 14.50%   | 9.50%     |
| 35         | 17.00%                  | 17.00%   | 14.50%   | 9.50%     |
| 36         | 17.00%                  | 17.00%   | 14.00%   | 9.00%     |
| 37         | 17.00%                  | 17.00%   | 14.00%   | 9.00%     |
| 38         | 16.50%                  | 16.50%   | 14.00%   | 9.00%     |
| 39         | 16.00%                  | 16.00%   | 14.00%   | 9.00%     |
| 40         | 16.00%                  | 15.00%   | 14.00%   | 9.00%     |
| 41         | 15.50%                  | 14.50%   | 14.00%   | 9.00%     |
| 42         | 15.00%                  | 14.00%   | 14.00%   | 9.00%     |
| 43         | 15.00%                  | 13.50%   | 13.50%   | 9.00%     |
| 44         | 15.00%                  | 13.00%   | 13.00%   | 9.00%     |

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**Withdrawal Rates—Cash Balance Participants**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 45         | 15.00%                  | 13.00%   | 13.00%   | 9.00%     |
| 46         | 15.00%                  | 12.50%   | 12.50%   | 9.00%     |
| 47         | 15.00%                  | 12.00%   | 12.00%   | 9.00%     |
| 48         | 15.00%                  | 11.50%   | 11.50%   | 9.00%     |
| 49         | 15.00%                  | 11.00%   | 11.00%   | 9.00%     |
| 50         | 15.00%                  | 11.00%   | 11.00%   | 9.00%     |
| 51         | 15.00%                  | 10.50%   | 10.50%   | 9.00%     |
| 52         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 53         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 54         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 55         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 56         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 57         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 58         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 59         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 60         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 61         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 62         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 63         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 64         | 15.00%                  | 10.00%   | 10.00%   | 9.00%     |
| 65+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%     |

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Table 5

**Withdrawal Rates—Non Cash Balance Participants**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 8.50%       | 45         | 3.50%       |
| 16         | 8.50%       | 46         | 3.00%       |
| 17         | 8.50%       | 47         | 3.00%       |
| 18         | 8.50%       | 48         | 3.00%       |
| 19         | 8.50%       | 49         | 3.00%       |
| 20         | 8.50%       | 50         | 3.00%       |
| 21         | 8.50%       | 51         | 3.00%       |
| 22         | 8.50%       | 52         | 3.00%       |
| 23         | 8.50%       | 53         | 3.00%       |
| 24         | 8.50%       | 54         | 3.00%       |
| 25         | 8.00%       | 55         | 3.00%       |
| 26         | 8.00%       | 56         | 3.00%       |
| 27         | 8.00%       | 57         | 3.00%       |
| 28         | 7.50%       | 58         | 3.00%       |
| 29         | 7.00%       | 59         | 3.00%       |
| 30         | 7.00%       | 60         | 3.00%       |
| 31         | 6.50%       | 61         | 3.00%       |
| 32         | 6.00%       | 62         | 3.00%       |
| 33         | 5.50%       | 63         | 3.00%       |
| 34         | 5.00%       | 64         | 3.00%       |
| 35         | 5.00%       | 65+        | 0.00%       |
| 36         | 4.50%       |            |             |
| 37         | 4.00%       |            |             |
| 38         | 4.00%       |            |             |
| 39         | 4.00%       |            |             |
| 40         | 3.50%       |            |             |
| 41         | 3.50%       |            |             |
| 42         | 3.50%       |            |             |
| 43         | 3.50%       |            |             |
| 44         | 3.50%       |            |             |

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Table 6

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.020%      | 0.020%        | 45         | 0.107%      | 0.161%        |
| 16         | 0.020%      | 0.020%        | 46         | 0.121%      | 0.181%        |
| 17         | 0.020%      | 0.020%        | 47         | 0.141%      | 0.201%        |
| 18         | 0.020%      | 0.020%        | 48         | 0.168%      | 0.221%        |
| 19         | 0.020%      | 0.020%        | 49         | 0.188%      | 0.241%        |
| 20         | 0.020%      | 0.020%        | 50         | 0.221%      | 0.268%        |
| 21         | 0.020%      | 0.020%        | 51         | 0.261%      | 0.295%        |
| 22         | 0.020%      | 0.020%        | 52         | 0.308%      | 0.328%        |
| 23         | 0.020%      | 0.020%        | 53         | 0.355%      | 0.362%        |
| 24         | 0.020%      | 0.020%        | 54         | 0.409%      | 0.395%        |
| 25         | 0.020%      | 0.020%        | 55         | 0.462%      | 0.429%        |
| 26         | 0.020%      | 0.020%        | 56         | 0.516%      | 0.462%        |
| 27         | 0.020%      | 0.020%        | 57         | 0.576%      | 0.496%        |
| 28         | 0.020%      | 0.027%        | 58         | 0.637%      | 0.536%        |
| 29         | 0.020%      | 0.027%        | 59         | 0.704%      | 0.570%        |
| 30         | 0.020%      | 0.027%        | 60         | 0.771%      | 0.603%        |
| 31         | 0.020%      | 0.034%        | 61         | 0.844%      | 0.643%        |
| 32         | 0.020%      | 0.034%        | 62         | 0.925%      | 0.677%        |
| 33         | 0.020%      | 0.040%        | 63         | 1.012%      | 0.704%        |
| 34         | 0.020%      | 0.040%        | 64         | 1.099%      | 0.730%        |
| 35         | 0.027%      | 0.047%        | 65+        | 0.000%      | 0.000%        |
| 36         | 0.027%      | 0.054%        |            |             |               |
| 37         | 0.034%      | 0.060%        |            |             |               |
| 38         | 0.040%      | 0.067%        |            |             |               |
| 39         | 0.047%      | 0.080%        |            |             |               |
| 40         | 0.054%      | 0.087%        |            |             |               |
| 41         | 0.060%      | 0.101%        |            |             |               |
| 42         | 0.067%      | 0.114%        |            |             |               |
| 43         | 0.080%      | 0.127%        |            |             |               |
| 44         | 0.094%      | 0.147%        |            |             |               |

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Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Archer Daniels Midland Retirement Plan was established effective December 27, 1943, as a group annuity contract with the Equitable Life Assurance Society. Effective September 1, 1952, a separate plan was established for hourly employees.

In December 1954, a change was made in financing the plan from a deposit administrative group annuity contract to a trustee basis. No further contributions were made to the Equitable deposit administration fund. The existing deposit administration contract funds were used to purchase benefits upon retirement and such funds were sufficient to purchase the benefits of all participants who retired prior to July 31, 1963. The Trustee currently is the National City Bank of Minneapolis.

Effective January 1, 1968, the benefit formula was changed from a career average pay formula to a final average pay formula. The final average pay formula adopted was 1% of all pay plus ½% of pay in excess of an average Social Security wage base for all years of service up to 35 years.

Effective January 1, 1973, the method of integrating the benefit formula with Social Security was changed from a step rate basis (a higher benefit rate on pay over a wage base) to an offset basis (same benefit rate on all pay with the plan benefit reduced by some portion of Social Security benefits). The formula adopted was 56% of final average compensation minus 50% of primary Social Security, times the ratio of credited service to 35 years. In addition, a minimum benefit formula of 9.00 times credited service up to 35 years was added, the disability benefit was removed (now covered by an insured long-term disability plan), the retirement death benefit provisions were liberalized, and the eligibility provisions for vesting were liberalized.

Effective January 1, 1976, the plan was amended to comply with the Employee Retirement Income Security Act of 1974 (ERISA). These changes included providing the rule of 45 for vesting.

During 1978, the plan was amended retroactive to January 1, 1976, to increase the minimum benefit to \$9.00 times credited service.

Effective January 1, 1983, the plan was amended to be in accordance with the maximum benefit rules of TEFRA.

The plan was amended effective August 1, 1984, to extend preretirement death coverage to terminated vested employees on an employee paid basis as required by the Retirement Equity Act.

Effective January 1, 1987, the plan was amended to be in accordance with the maximum benefit rules of TRA-86.

Effective January 1, 1989, in accordance with the Tax Reform Act of 1986, a five-year cliff vesting schedule was adopted and the maximum compensation taken into account in determining benefits was limited to \$200,000 subject to future indexing.

During 1990, Collingwood Grain was merged into this plan. The benefit for former Collingwood Grain employees is based on the accrued benefit payable at age 65 as of December 31, 1989 with Collingwood Grain plus service from January 1, 1990 under the ADM Salaried Plan.

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Effective December 15, 1990, Pfizer was merged into this plan. The benefit for former Pfizer employees is based on Pfizer plan provisions.

During 1992, Agri-Trans was merged into this plan. The benefit for former Agri-Trans employees is calculated in accordance with the ADM Salaried Plan.

Effective January 1, 1993, Dixie Portland salaried employees were merged into the plan. The benefit for former Dixie Portland employees is based on the larger of the accrued benefit payable at age 65 as of December 31, 1992, under Dixie Portland plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Dixie Portland and ADM service.

Effective January 1, 1993, the benefit for former Pfizer employees was changed to be the larger of the accrued benefit payable at age 65 as of December 31, 1992, under the Pfizer plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Pfizer and ADM service.

Effective January 1, 1996, the Premiere salaried employees were merged into the plan. The benefit for former Premiere employees is based on the larger of the accrued benefit payable at age 65 as of October 31, 1994, under the Premiere plan formula plus service from November 1, 1994, under the ADM salaried formula, or the ADM plan formula based on total service.

Effective September 30, 1996, Southern Cellulose salaried employees were merged into the plan. The benefit for former Southern Cellulose employees is based on the accrued benefit payable at age 65 of September 30, 1996 with Southern Cellulose plus the benefit for service from October 1, 1996 under the ADM Salaried Plan.

Effective May 31, 1997, Benson-Quinn employees were merged into the plan. The benefit for former Benson-Quinn employees is based on the accrued benefit payable at age 65 as of May 31, 1998 with Benson-Quinn plus service from June 1, 1998 under the ADM Salaried Plan.

Effective January 1, 1998, the ADM salaried plan benefit formula was changed to an excess step-rate formula of 36% of final average pay up to covered compensation plus 16.5% of final average pay in excess of covered compensation, reduced proportionately for service less the 30 years, plus 0.5% of final average pay times service over 30 years.

Effective December 31, 1999, the Moorman salaried employees and retired employees were merged into the plan. The Moorman salaried employees were granted the ADM salaried plan benefit for all years of service with Moorman and ADM.

Effective January 1, 2000, ADM unpurchased annuities previously purchased from an insurance carrier for former Moorman employees and will now pay trust benefits from the ADM plan. ADM also adopted a 415(d) COLA which increases the maximum benefit payable from a qualified plan and eliminated the two-plan limits from the qualified plan.

Effective December 31, 2001, the Consolidated Nutrition salaried employees were merged into the plan.

Effective January 1, 2009, employees who did not have five years of continuous service as of December 31, 2008, and all new hires on or after January 1, 2009, are eligible for the cash balance formula. All other employees continue to have benefits calculated under the traditional formula.

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Effective December 31, 2011, the Golden Peanut Pension Plan salaried group was merged into this plan.

Nonvested participants from CRS who were divested on May 1, 2017 were granted 100% vesting for their Salaried plan benefits.

On July 31, 2017, ADM announced that beginning January 1, 2022 all participants in the Salaried pension plan and the SERP will begin accruing benefits under the cash balance formula. Benefits for participants who were accruing under the final average pay formula will be frozen as of December 31, 2021, including pay and service through that date.

The Company amended the plan and on October 29, 2018 entered into a binding agreement to purchase a group annuity contract from The Prudential Insurance Company of America ("Prudential"), irrevocably transferring the future benefit obligations and annuity administration for 3,841 retirees from the Plan to Prudential. The annuity contract purchase was completed on November 2, 2018. Participants who were in payment as of January 1, 2018 were included in this transaction. Prudential began making payments to these participants on January 1, 2019.

An early retirement window was offered to a group of ADM Salaried employees that were at least age 55 with five years of vesting service as of June 30, 2019. If a participant met those requirements, they were offered the following enhancement for pension benefits:

- For traditional final average pay participants, an additional three years of service was given in the calculation of the retirement benefit and an additional three years of age was given in determining the early retirement subsidy. Additionally, participants are eligible to receive their enhanced benefit as a lump sum option if commencement occurs before June 30, 2020.
- For participants eligible for the early retirement window and included in pay band 28+, their ADM Retirement Plan enhancements will be paid out of the SERP instead of the ADM Retirement Plan.
- For cash balance participants, the account balance as of the retirement date, plus an additional pay credit equal to 40% pay credit was given.

ADM amended the Plan and on March 26, 2021 entered into a binding agreement to purchase a group annuity contract from Principal ("Principal"), irrevocably transferring the future benefit obligations and annuity administration for 684 retirees and 1,229 term vesteds from the Plan to Principal. The annuity contract purchase was completed on April 1, 2021. Principal will be responsible for making payments due to these participants on and after July 1, 2021.

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ADM Retirement Plan  
EIN: 41-0129150 PN: 001

Summary of Plan Provisions

Effective Date

December 27, 1943. Amended and restated effective January 1, 1998 with certain amendments effective since restatement (most recent amendment 2017).

Eligibility for Participation

All regular salaried employees after completion of one year of aggregate continuous service.

Effective January 1, 2009, the cash balance formula will apply to the following participants:

1. Any eligible employee hired on or after January 1, 2009;
2. Any eligible employee who did not have five years of continuous service as of December 31, 2008.

Effective January 1, 2022, the cash balance formula will apply to all participants.

Eligibility for Benefits (Traditional Formula)

Normal

Age 65.

Early

Age 55 and 10 years of continuous service. For former Pfizer employees, age 50 with 10 years credited service and 65 points.

Disability

Eligible for long-term disability plan. For former Pfizer employees, five years of continuous service and eligible for long-term disability plan.

Deferred Vested

Five years of continuous service.

Preretirement Surviving Spouse

Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.

Eligibility for Benefits (Cash Balance Formula)

Normal

Age 65.

Disability

Eligible for long-term disability plan.

Deferred Vested

Three years of continuous service.

Preretirement Surviving Spouse

Upon death of employee who was eligible for a deferred vested benefit.

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Amount of Benefits (Traditional Formula)  
Normal

A monthly amount equal to:

1. 36% of final average compensation, plus 16.5% of final average compensation in excess of covered compensation reduced proportionately for service less than 30 years; plus
2. 0.5% of final average compensation times service over 30 years.

Service and final average compensation will be frozen as of December 31, 2021.

Early

The normal benefit, reduced for payments prior to age 65 as in the table on page 64.

Disability

The normal benefit payable at 65. Employee assumed to have continued employment to age 65 at same pay when disabled. Social Security is determined as though termination of employment occurred at the end of long-term disability and the participant has attained his normal retirement age.

Deferred Vested

The normal benefit payable at 65 accrued to date of termination. If payments commence prior to age 65, reduction is  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each additional year. Benefits cannot begin before age 55. For former Pfizer employees, reduction is 4% per year with benefits commencing no earlier than age 50.

Preretirement Surviving Spouse Annuity  
Death While Active and Before  
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the surviving spouse until death. For former Pfizer employees, 50% of the amount the deceased participant would have been entitled to receive if the employee had survived to age 50 and then retired the day before death with a 50% joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 50.

Death While Active and After  
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the spouse until death.

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### Death While Inactive and Before Benefit Commencement

50% of the amount the deceased participant would have been entitled to receive if the employee had retired if over 55 or survived to age 55 and then retired the day before death and chose the qualified joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 55. For former Pfizer employees, same as for active deaths.

### Amount of Benefits (Cash Balance Formula) Initial Cash Balance Account Balance

An eligible employee who did not have five years of continuous service as of December 31, 2008 will have an initial account balance established as of January 1, 2009. It will equal the actuarial equivalent lump-sum value of his/her traditional formula accrued benefit as of December 31, 2008.

### Pay Credits

The cash balance account will be credited with an amount equal to the applicable percentage based the employees points as of the last day of the plan year (see table below) multiplied by compensation.

| Points                       | Percentage |
|------------------------------|------------|
| Less than 40                 | 2.00%      |
| At least 40 but less than 50 | 2.25%      |
| At least 50 but less than 60 | 2.50%      |
| At least 60 but less than 70 | 3.00%      |
| At least 70 but less than 80 | 3.50%      |
| 80 or more                   | 4.00%      |

### Interest Credits

The employee's account shall be credited with interest, based on the beginning of year balance, which is added to the account balance at the end of the year. The credited interest rate is equal to the greater of the average annual interest rate on 30-year Treasury rate for third month prior to the beginning of the plan year or 1.95%.

### Death Benefit for Vested Employees

Lump sum or actuarially equivalent life annuity paid to spouse or certified domestic partner. Lump sum for all other beneficiaries.

### Forms of Payment

#### Normal Form

#### Without Spouse

Life annuity.

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### With Spouse

Actuarially reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.

### Optional Form

Life annuity; 100%, 75%, and 50% joint and survivor. For former Pfizer employees, 100% and 50% joint and survivor, and Social Security level income options. For cash balance formula employees, a single lump-sum payment in addition to the other optional forms listed.

### Historical Benefit Level

Not applicable.

The following chart shows the history of limits on compensation and benefits since 1987:

| Year | Maximum Benefit | Maximum Compensation |
|------|-----------------|----------------------|
| 1987 | \$ 90,000       | N/A                  |
| 1988 | \$ 94,023       | N/A                  |
| 1989 | \$ 98,064       | \$200,000            |
| 1990 | \$102,582       | \$209,200            |
| 1991 | \$108,963       | \$222,220            |
| 1992 | \$112,221       | \$228,860            |
| 1993 | \$115,641       | \$235,840            |
| 1994 | \$118,800       | \$150,000            |
| 1995 | \$120,000       | \$150,000            |
| 1996 | \$120,000       | \$150,000            |
| 1998 | \$125,000       | \$160,000            |
| 1999 | \$130,000       | \$160,000            |
| 2000 | \$130,000       | \$170,000            |
| 2001 | \$140,000       | \$170,000            |
| 2002 | \$160,000       | \$200,000            |
| 2003 | \$160,000       | \$200,000            |
| 2004 | \$165,000       | \$205,000            |
| 2005 | \$170,000       | \$210,000            |
| 2006 | \$175,000       | \$220,000            |
| 2007 | \$180,000       | \$225,000            |
| 2008 | \$185,000       | \$230,000            |
| 2009 | \$195,000       | \$245,000            |
| 2010 | \$195,000       | \$245,000            |
| 2011 | \$195,000       | \$245,000            |
| 2012 | \$200,000       | \$250,000            |
| 2013 | \$205,000       | \$255,000            |
| 2014 | \$210,000       | \$260,000            |
| 2015 | \$210,000       | \$265,000            |
| 2016 | \$210,000       | \$265,000            |
| 2017 | \$215,000       | \$270,000            |
| 2018 | \$220,000       | \$275,000            |
| 2019 | \$225,000       | \$280,000            |
| 2020 | \$230,000       | \$285,000            |

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Credited Service

Full years and days of continuous service with a participating employer from date of acquisition. Credited service under the Traditional Formula will be frozen as of December 31, 2021.

Early Retirement Reduction Table  
(Traditional Formula)

| Age | Factor  |
|-----|---------|
| 65  | 100.00% |
| 64  | 97.00%  |
| 63  | 93.00%  |
| 62  | 88.00%  |
| 61  | 83.00%  |
| 60  | 78.00%  |
| 59  | 73.00%  |
| 58  | 68.00%  |
| 57  | 62.00%  |
| 56  | 56.00%  |
| 55  | 50.00%  |

Definitions

Continuous Service

Uninterrupted service as an employee of one or more of the participating employers, affiliates and predecessor companies.

Covered Compensation

The average of the Social Security wage bases in place during the 35-year period ending with the year of attaining Social Security normal retirement age.

Final Average Compensation

Average monthly compensation for the 60 consecutive months during the last 180 consecutive months of service as a qualified employee that produce the highest average. Final average compensation will be frozen on December 31, 2021

Primary Social Security Benefit

The primary old-age insurance benefit to which an employee is or would be entitled under the provisions of the Social Security Act then in effect, commencing at normal retirement date, assuming continued employment and pay at date of retirement or termination.

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Former Golden Peanut Pension Plan—Salaried Employees Only

Provisions Through December 31, 2011

The following plan provisions apply for benefits accrued by Golden Peanut Salaried participants through December 31, 2011. After December 31, 2011, benefits are accrued under the salaried cash balance formula if the vesting service as of December 31, 2010 was less than five years; and under the salaried traditional formula if the vesting service as of December 31, 2010 was greater than or equal to five.

Effective Date

Established July 1, 1947 as the Cotton Producers Association Plan. Effective May 1, 2013, the Golden Peanut Pension Plan was spun-off. Most recent restatement effective January 1, 2008.

Eligibility for Participation

Each employee becomes a participant on the first day of the next month following attainment of age 21 and the completion of one year of service.

Eligibility for Benefits

Normal

Age 65.

Early

Age 55.

Disability

Any age after completion of five years of continuous service.

Deferred Vested

Age 55 or any age after completion of five years of continuous service.

Preretirement Surviving Spouse

Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.

Amount of Benefits

Normal

Employees with at least 30 years of credited service receive a benefit of 50% of final average compensation less 50% of primary Social Security benefit. Benefits are reduced on a pro rata basis for fewer than 30 years of credited service. The minimum monthly pension is \$15.00 for each year of credited service. If an employee's age plus 90-point service totals 90 or more, the 50% of primary Social Security benefit offset above is reduced if the employee is below age 63.

Early

The normal benefit reduced by 5/12 of 1% for each month by which early retirement precedes age 65. If an employee's age plus 90-point service totals 90 or more, the benefit is unreduced.

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|                                        |                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability                             | The normal benefit at date of disability, with credited service continuing to accrue while disabled. The benefit payments commence when eligible for Social Security and continue as long as the employee is totally and permanently disabled.                                                                                   |
| Deferred Vested                        | The normal benefit accrued to date of termination, payable at the later of date of termination or age 55. If terminated at age 55 or older, the benefit is reduced 5/12 of 1% per month if payments commence after age 55 but before age 65. If terminated prior to age 55, the benefit is actuarially reduced.                  |
| Preretirement Surviving Spouse Annuity | One-half of the benefit the deceased participant would have received if he had retired the day before his death and elected the qualified joint and survivor option payable immediately to surviving spouse for life.                                                                                                            |
| Forms of Payment                       |                                                                                                                                                                                                                                                                                                                                  |
| Normal Form                            |                                                                                                                                                                                                                                                                                                                                  |
| Without Spouse                         | Life annuity.                                                                                                                                                                                                                                                                                                                    |
| With Spouse                            | Already reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.                                                                                                                                                              |
| Optional Form                          | If employee cancels normal form with spouse, the accrued benefit is not reduced and no benefit is payable to the spouse following the employee's death. 75% joint and survivor annuity, life annuity with 120 monthly payments guaranteed, one time lump sum payment and Social Security level income option are also available. |
| Credited Service                       | Each year of service with proportionate allowance for fractional years after meeting the eligibility requirements.                                                                                                                                                                                                               |
| Compensation                           | Gross income including W-2 compensation, employee contributions to 401(k) plan, and salary reductions pursuant to a cafeteria plan, but excluding severance compensation, distributions from a nonqualified deferred compensation plan, and earnings in excess of the section 401(a)(17) recognizable pay limit.                 |
| Final Average Compensation             | The average of the highest consecutive five years of compensation paid during the final 10 consecutive years of employment.                                                                                                                                                                                                      |

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Primary Social Security Benefit

Estimated amount of employee's primary Social Security benefit based on the law in effect on the date the accrued benefit is determined.

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Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$285,000 for 2020 to \$290,000 for 2021.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

- The cash balance interest crediting rate was updated from 2.19% (October 2019 30-year Treasury rate) to 1.95% (October 2020 30-year Treasury rate of 1.57%, but no less than 1.95%).
- The expected return on assets was decreased from 7.25% to 6.50%.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained Age | Years of Credited Service  |                             |                              |                              |                              |                             |                            |                          |                         |     |
|--------------|----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|----------------------------|--------------------------|-------------------------|-----|
|              | <1                         | 1-4                         | 5-9                          | 10-14                        | 15-19                        | 20-24                       | 25-29                      | 30-34                    | 35-39                   | 40+ |
| <25          | 98<br>\$57,237<br>\$480    | 171<br>\$67,305<br>\$1,966  | 1                            |                              |                              |                             |                            |                          |                         |     |
| 25-29        | 127<br>\$66,916<br>\$590   | 441<br>\$70,200<br>\$3,620  | 204<br>\$80,179<br>\$7,562   | 7                            |                              |                             |                            |                          |                         |     |
| 30-34        | 96<br>\$82,667<br>\$720    | 279<br>\$76,543<br>\$3,612  | 381<br>\$86,407<br>\$9,684   | 164<br>\$104,661<br>\$14,794 | 11                           |                             |                            |                          |                         |     |
| 35-39        | 95<br>\$90,938<br>\$673    | 236<br>\$92,164<br>\$4,618  | 235<br>\$95,339<br>\$11,579  | 274<br>\$103,329<br>\$17,262 | 143<br>\$112,414<br>\$14,095 | 11                          |                            |                          |                         |     |
| 40-44        | 81<br>\$111,006<br>\$1,178 | 181<br>\$95,731<br>\$5,209  | 190<br>\$103,089<br>\$13,384 | 137<br>\$95,678<br>\$16,236  | 219<br>\$109,968<br>\$5,019  | 157<br>\$128,046<br>\$416   | 9                          |                          |                         |     |
| 45-49        | 58<br>\$123,863<br>\$1,320 | 154<br>\$115,710<br>\$6,930 | 129<br>\$107,229<br>\$14,022 | 112<br>\$102,119<br>\$23,179 | 147<br>\$108,021<br>\$10,673 | 195<br>\$120,482<br>\$307   | 80<br>\$132,531<br>\$262   | 6                        |                         |     |
| 50-54        | 62<br>\$129,563<br>\$1,363 | 179<br>\$115,263<br>\$7,428 | 138<br>\$117,267<br>\$17,243 | 98<br>\$95,902<br>\$22,838   | 141<br>\$105,205<br>\$13,634 | 166<br>\$103,155<br>\$1,343 | 120<br>\$122,847<br>\$540  | 64<br>\$119,625<br>\$460 | 2                       |     |
| 55-59        | 39<br>\$112,744<br>\$1,260 | 111<br>\$112,049<br>\$7,244 | 134<br>\$115,061<br>\$19,700 | 88<br>\$97,133<br>\$29,887   | 137<br>\$98,872<br>\$11,546  | 96<br>\$105,547<br>\$235    | 76<br>\$98,950<br>\$732    | 90<br>\$128,579<br>\$70  | 36<br>\$121,364<br>\$50 | 7   |
| 60-64        | 24<br>\$115,572<br>\$1,418 | 70<br>\$117,024<br>\$9,607  | 76<br>\$107,831<br>\$19,720  | 48<br>\$98,108<br>\$35,563   | 78<br>\$103,697<br>\$22,111  | 54<br>\$104,782<br>\$0      | 40<br>\$110,118<br>\$1,350 | 30<br>\$126,253<br>\$0   | 32<br>\$155,989<br>\$0  | 8   |
| 65-69        | 5                          | 19                          | 30<br>\$98,018<br>\$19,503   | 16                           | 23<br>\$102,876<br>\$43,304  | 18                          | 8                          | 3                        | 2                       | 6   |
| 70+          | 1                          | 5                           | 8                            | 5                            | 1                            | 1                           | 1                          |                          |                         | 1   |

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2021 at<br/>5.75%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| September 1, 2022  | \$ 34,750,000 | 608                                                      | \$ 31,659,911                                 |
| Total Contribution | \$ 34,750,000 |                                                          | \$ 31,659,911                                 |

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| Cash Balance Participants |         |        | (d)             |
|---------------------------|---------|--------|-----------------|
| (a)                       | (b)     | (c)    | Product         |
| Age                       | Rate    | Weight | (a) × (b) × (c) |
| 55.5                      | 5.00%   | 1.0000 | 2.78            |
| 56.5                      | 5.00%   | 0.9500 | 2.68            |
| 57.5                      | 10.00%  | 0.9025 | 5.19            |
| 58.5                      | 10.00%  | 0.8123 | 4.75            |
| 59.5                      | 10.00%  | 0.7310 | 4.35            |
| 60.5                      | 10.00%  | 0.6579 | 3.98            |
| 61.5                      | 10.00%  | 0.5921 | 3.64            |
| 62.5                      | 10.00%  | 0.5329 | 3.33            |
| 63.5                      | 10.00%  | 0.4796 | 3.05            |
| 64.5                      | 10.00%  | 0.4317 | 2.78            |
| 65.5                      | 20.00%  | 0.3885 | 5.09            |
| 66.5                      | 20.00%  | 0.3108 | 4.13            |
| 67.5                      | 20.00%  | 0.2486 | 3.36            |
| 68.5                      | 25.00%  | 0.1989 | 3.41            |
| 69.5                      | 25.00%  | 0.1492 | 2.59            |
| 70                        | 100.00% | 0.1119 | 7.83            |
| Weighted Average          |         |        | 62.94           |

| Non-Cash Balance Participants |         |        | (d)             |
|-------------------------------|---------|--------|-----------------|
| (a)                           | (b)     | (c)    | Product         |
| Age                           | Rate    | Weight | (a) × (b) × (c) |
| 55.5                          | 3.00%   | 1.0000 | 1.67            |
| 56.5                          | 3.00%   | 0.9700 | 1.64            |
| 57.5                          | 3.00%   | 0.9409 | 1.62            |
| 58.5                          | 3.00%   | 0.9127 | 1.60            |
| 59.5                          | 6.00%   | 0.8853 | 3.16            |
| 60.5                          | 8.00%   | 0.8322 | 4.03            |
| 61.5                          | 12.00%  | 0.7656 | 5.65            |
| 62.5                          | 18.00%  | 0.6737 | 7.58            |
| 63.5                          | 18.00%  | 0.5525 | 6.31            |
| 64.5                          | 18.00%  | 0.4530 | 5.26            |
| 65.5                          | 25.00%  | 0.3715 | 6.08            |
| 66.5                          | 25.00%  | 0.2786 | 4.63            |
| 67.5                          | 25.00%  | 0.2090 | 3.53            |
| 68.5                          | 25.00%  | 0.1567 | 2.68            |
| 69.5                          | 25.00%  | 0.1175 | 2.04            |
| 70                            | 100.00% | 0.0882 | 6.17            |
| Weighted Average              |         |        | 63.65           |

|                                 | Average Age | % of Active Participants |
|---------------------------------|-------------|--------------------------|
| Cash Balance Participants       | 62.94       | 72.13%                   |
| Non-Cash Balance Participants   | 63.65       | 27.87%                   |
| Weighted Average Retirement Age | 63.14       |                          |

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Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Archer Daniels Midland Retirement Plan was established effective December 27, 1943, as a group annuity contract with the Equitable Life Assurance Society. Effective September 1, 1952, a separate plan was established for hourly employees.

In December 1954, a change was made in financing the plan from a deposit administrative group annuity contract to a trustee basis. No further contributions were made to the Equitable deposit administration fund. The existing deposit administration contract funds were used to purchase benefits upon retirement and such funds were sufficient to purchase the benefits of all participants who retired prior to July 31, 1963. The Trustee currently is the National City Bank of Minneapolis.

Effective January 1, 1968, the benefit formula was changed from a career average pay formula to a final average pay formula. The final average pay formula adopted was 1% of all pay plus ½% of pay in excess of an average Social Security wage base for all years of service up to 35 years.

Effective January 1, 1973, the method of integrating the benefit formula with Social Security was changed from a step rate basis (a higher benefit rate on pay over a wage base) to an offset basis (same benefit rate on all pay with the plan benefit reduced by some portion of Social Security benefits). The formula adopted was 56% of final average compensation minus 50% of primary Social Security, times the ratio of credited service to 35 years. In addition, a minimum benefit formula of 9.00 times credited service up to 35 years was added, the disability benefit was removed (now covered by an insured long-term disability plan), the retirement death benefit provisions were liberalized, and the eligibility provisions for vesting were liberalized.

Effective January 1, 1976, the plan was amended to comply with the Employee Retirement Income Security Act of 1974 (ERISA). These changes included providing the rule of 45 for vesting.

During 1978, the plan was amended retroactive to January 1, 1976, to increase the minimum benefit to \$9.00 times credited service.

Effective January 1, 1983, the plan was amended to be in accordance with the maximum benefit rules of TEFRA.

The plan was amended effective August 1, 1984, to extend preretirement death coverage to terminated vested employees on an employee paid basis as required by the Retirement Equity Act.

Effective January 1, 1987, the plan was amended to be in accordance with the maximum benefit rules of TRA-86.

Effective January 1, 1989, in accordance with the Tax Reform Act of 1986, a five-year cliff vesting schedule was adopted and the maximum compensation taken into account in determining benefits was limited to \$200,000 subject to future indexing.

During 1990, Collingwood Grain was merged into this plan. The benefit for former Collingwood Grain employees is based on the accrued benefit payable at age 65 as of December 31, 1989 with Collingwood Grain plus service from January 1, 1990 under the ADM Salaried Plan.

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Effective December 15, 1990, Pfizer was merged into this plan. The benefit for former Pfizer employees is based on Pfizer plan provisions.

During 1992, Agri-Trans was merged into this plan. The benefit for former Agri-Trans employees is calculated in accordance with the ADM Salaried Plan.

Effective January 1, 1993, Dixie Portland salaried employees were merged into the plan. The benefit for former Dixie Portland employees is based on the larger of the accrued benefit payable at age 65 as of December 31, 1992, under Dixie Portland plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Dixie Portland and ADM service.

Effective January 1, 1993, the benefit for former Pfizer employees was changed to be the larger of the accrued benefit payable at age 65 as of December 31, 1992, under the Pfizer plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Pfizer and ADM service.

Effective January 1, 1996, the Premiere salaried employees were merged into the plan. The benefit for former Premiere employees is based on the larger of the accrued benefit payable at age 65 as of October 31, 1994, under the Premiere plan formula plus service from November 1, 1994, under the ADM salaried formula, or the ADM plan formula based on total service.

Effective September 30, 1996, Southern Cellulose salaried employees were merged into the plan. The benefit for former Southern Cellulose employees is based on the accrued benefit payable at age 65 of September 30, 1996 with Southern Cellulose plus the benefit for service from October 1, 1996 under the ADM Salaried Plan.

Effective May 31, 1997, Benson-Quinn employees were merged into the plan. The benefit for former Benson-Quinn employees is based on the accrued benefit payable at age 65 as of May 31, 1998 with Benson-Quinn plus service from June 1, 1998 under the ADM Salaried Plan.

Effective January 1, 1998, the ADM salaried plan benefit formula was changed to an excess step-rate formula of 36% of final average pay up to covered compensation plus 16.5% of final average pay in excess of covered compensation, reduced proportionately for service less the 30 years, plus 0.5% of final average pay times service over 30 years.

Effective December 31, 1999, the Moorman salaried employees and retired employees were merged into the plan. The Moorman salaried employees were granted the ADM salaried plan benefit for all years of service with Moorman and ADM.

Effective January 1, 2000, ADM unpurchased annuities previously purchased from an insurance carrier for former Moorman employees and will now pay trust benefits from the ADM plan. ADM also adopted a 415(d) COLA which increases the maximum benefit payable from a qualified plan and eliminated the two-plan limits from the qualified plan.

Effective December 31, 2001, the Consolidated Nutrition salaried employees were merged into the plan.

Effective January 1, 2009, employees who did not have five years of continuous service as of December 31, 2008, and all new hires on or after January 1, 2009, are eligible for the cash balance formula. All other employees continue to have benefits calculated under the traditional formula.

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Effective December 31, 2011, the Golden Peanut Pension Plan salaried group was merged into this plan.

Nonvested participants from CRS who were divested on May 1, 2017 were granted 100% vesting for their Salaried plan benefits.

On July 31, 2017, ADM announced that beginning January 1, 2022 all participants in the Salaried pension plan and the SERP will begin accruing benefits under the cash balance formula. Benefits for participants who were accruing under the final average pay formula will be frozen as of December 31, 2021, including pay and service through that date.

The Company amended the plan and on October 29, 2018 entered into a binding agreement to purchase a group annuity contract from The Prudential Insurance Company of America ("Prudential"), irrevocably transferring the future benefit obligations and annuity administration for 3,841 retirees from the Plan to Prudential. The annuity contract purchase was completed on November 2, 2018. Participants who were in payment as of January 1, 2018 were included in this transaction. Prudential began making payments to these participants on January 1, 2019.

An early retirement window was offered to a group of ADM Salaried employees that were at least age 55 with five years of vesting service as of June 30, 2019. If a participant met those requirements, they were offered the following enhancement for pension benefits:

- For traditional final average pay participants, an additional three years of service was given in the calculation of the retirement benefit and an additional three years of age was given in determining the early retirement subsidy. Additionally, participants are eligible to receive their enhanced benefit as a lump sum option if commencement occurs before June 30, 2020.
- For participants eligible for the early retirement window and included in pay band 28+, their ADM Retirement Plan enhancements will be paid out of the SERP instead of the ADM Retirement Plan.
- For cash balance participants, the account balance as of the retirement date, plus an additional pay credit equal to 40% pay credit was given.

ADM amended the Plan and on March 26, 2021 entered into a binding agreement to purchase a group annuity contract from Principal ("Principal"), irrevocably transferring the future benefit obligations and annuity administration for 684 retirees and 1,229 term vesteds from the Plan to Principal. The annuity contract purchase was completed on April 1, 2021. Principal will be responsible for making payments due to these participants on and after July 1, 2021.

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Summary of Plan Provisions

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                                  | December 27, 1943. Amended and restated effective January 1, 1998 with certain amendments effective since restatement (most recent amendment 2017).                                                                                                                                                                                                                                                                                                                                                                         |
| Eligibility for Participation                   | <p>All regular salaried employees after completion of one year of aggregate continuous service.</p> <p>Effective January 1, 2009, the cash balance formula will apply to the following participants:</p> <ol style="list-style-type: none"><li>1. Any eligible employee hired on or after January 1, 2009;</li><li>2. Any eligible employee who did not have five years of continuous service as of December 31, 2008.</li></ol> <p>Effective January 1, 2022, the cash balance formula will apply to all participants.</p> |
| Eligibility for Benefits (Traditional Formula)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Normal                                          | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Early                                           | Age 55 and 10 years of continuous service. For former Pfizer employees, age 50 with 10 years credited service and 65 points.                                                                                                                                                                                                                                                                                                                                                                                                |
| Disability                                      | Eligible for long-term disability plan. For former Pfizer employees, five years of continuous service and eligible for long-term disability plan.                                                                                                                                                                                                                                                                                                                                                                           |
| Deferred Vested                                 | Five years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Preretirement Surviving Spouse                  | Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Eligibility for Benefits (Cash Balance Formula) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Normal                                          | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Disability                                      | Eligible for long-term disability plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Deferred Vested                                 | Three years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Preretirement Surviving Spouse                  | Upon death of employee who was eligible for a deferred vested benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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Amount of Benefits (Traditional Formula)  
Normal

A monthly amount equal to:

1. 36% of final average compensation, plus 16.5% of final average compensation in excess of covered compensation reduced proportionately for service less than 30 years; plus
2. 0.5% of final average compensation times service over 30 years.

Service and final average compensation will be frozen as of December 31, 2021.

Early

The normal benefit, reduced for payments prior to age 65 as in the table on page 64.

Disability

The normal benefit payable at 65. Employee assumed to have continued employment to age 65 at same pay when disabled. Social Security is determined as though termination of employment occurred at the end of long-term disability and the participant has attained his normal retirement age.

Deferred Vested

The normal benefit payable at 65 accrued to date of termination. If payments commence prior to age 65, reduction is  $6\frac{2}{3}\%$  for each of the first five years and  $3\frac{1}{3}\%$  for each additional year. Benefits cannot begin before age 55. For former Pfizer employees, reduction is 4% per year with benefits commencing no earlier than age 50.

Preretirement Surviving Spouse Annuity  
Death While Active and Before  
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the surviving spouse until death. For former Pfizer employees, 50% of the amount the deceased participant would have been entitled to receive if the employee had survived to age 50 and then retired the day before death with a 50% joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 50.

Death While Active and After  
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the spouse until death.

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Death While Inactive and Before  
Benefit Commencement

50% of the amount the deceased participant would have been entitled to receive if the employee had retired if over 55 or survived to age 55 and then retired the day before death and chose the qualified joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 55. For former Pfizer employees, same as for active deaths.

Amount of Benefits (Cash Balance Formula)  
Initial Cash Balance Account Balance

An eligible employee who did not have five years of continuous service as of December 31, 2008 will have an initial account balance established as of January 1, 2009. It will equal the actuarial equivalent lump-sum value of his/her traditional formula accrued benefit as of December 31, 2008.

Pay Credits

The cash balance account will be credited with an amount equal to the applicable percentage based the employees points as of the last day of the plan year (see table below) multiplied by compensation.

| Points                       | Percentage |
|------------------------------|------------|
| Less than 40                 | 2.00%      |
| At least 40 but less than 50 | 2.25%      |
| At least 50 but less than 60 | 2.50%      |
| At least 60 but less than 70 | 3.00%      |
| At least 70 but less than 80 | 3.50%      |
| 80 or more                   | 4.00%      |

Interest Credits

The employee's account shall be credited with interest, based on the beginning of year balance, which is added to the account balance at the end of the year. The credited interest rate is equal to the greater of the average annual interest rate on 30-year Treasury rate for third month prior to the beginning of the plan year or 1.95%.

Death Benefit for Vested Employees

Lump sum or actuarially equivalent life annuity paid to spouse or certified domestic partner. Lump sum for all other beneficiaries.

Forms of Payment

Normal Form

Without Spouse

Life annuity.

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## ADM Retirement Plan

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### With Spouse

Actuarially reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.

### Optional Form

Life annuity; 100%, 75%, and 50% joint and survivor. For former Pfizer employees, 100% and 50% joint and survivor, and Social Security level income options. For cash balance formula employees, a single lump-sum payment in addition to the other optional forms listed.

### Historical Benefit Level

Not applicable.

The following chart shows the history of limits on compensation and benefits since 1987:

| Year | Maximum Benefit | Maximum Compensation |
|------|-----------------|----------------------|
| 1987 | \$ 90,000       | N/A                  |
| 1988 | \$ 94,023       | N/A                  |
| 1989 | \$ 98,064       | \$200,000            |
| 1990 | \$102,582       | \$209,200            |
| 1991 | \$108,963       | \$222,220            |
| 1992 | \$112,221       | \$228,860            |
| 1993 | \$115,641       | \$235,840            |
| 1994 | \$118,800       | \$150,000            |
| 1995 | \$120,000       | \$150,000            |
| 1996 | \$120,000       | \$150,000            |
| 1998 | \$125,000       | \$160,000            |
| 1999 | \$130,000       | \$160,000            |
| 2000 | \$130,000       | \$170,000            |
| 2001 | \$140,000       | \$170,000            |
| 2002 | \$160,000       | \$200,000            |
| 2003 | \$160,000       | \$200,000            |
| 2004 | \$165,000       | \$205,000            |
| 2005 | \$170,000       | \$210,000            |
| 2006 | \$175,000       | \$220,000            |
| 2007 | \$180,000       | \$225,000            |
| 2008 | \$185,000       | \$230,000            |
| 2009 | \$195,000       | \$245,000            |
| 2010 | \$195,000       | \$245,000            |
| 2011 | \$195,000       | \$245,000            |
| 2012 | \$200,000       | \$250,000            |
| 2013 | \$205,000       | \$255,000            |
| 2014 | \$210,000       | \$260,000            |
| 2015 | \$210,000       | \$265,000            |
| 2016 | \$210,000       | \$265,000            |
| 2017 | \$215,000       | \$270,000            |
| 2018 | \$220,000       | \$275,000            |
| 2019 | \$225,000       | \$280,000            |
| 2020 | \$230,000       | \$285,000            |

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Credited Service

Full years and days of continuous service with a participating employer from date of acquisition. Credited service under the Traditional Formula will be frozen as of December 31, 2021.

Early Retirement Reduction Table  
(Traditional Formula)

| Age | Factor  |
|-----|---------|
| 65  | 100.00% |
| 64  | 97.00%  |
| 63  | 93.00%  |
| 62  | 88.00%  |
| 61  | 83.00%  |
| 60  | 78.00%  |
| 59  | 73.00%  |
| 58  | 68.00%  |
| 57  | 62.00%  |
| 56  | 56.00%  |
| 55  | 50.00%  |

Definitions

Continuous Service

Uninterrupted service as an employee of one or more of the participating employers, affiliates and predecessor companies.

Covered Compensation

The average of the Social Security wage bases in place during the 35-year period ending with the year of attaining Social Security normal retirement age.

Final Average Compensation

Average monthly compensation for the 60 consecutive months during the last 180 consecutive months of service as a qualified employee that produce the highest average. Final average compensation will be frozen on December 31, 2021

Primary Social Security Benefit

The primary old-age insurance benefit to which an employee is or would be entitled under the provisions of the Social Security Act then in effect, commencing at normal retirement date, assuming continued employment and pay at date of retirement or termination.

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Former Golden Peanut Pension Plan—Salaried Employees Only

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provisions Through December 31, 2011 | The following plan provisions apply for benefits accrued by Golden Peanut Salaried participants through December 31, 2011. After December 31, 2011, benefits are accrued under the salaried cash balance formula if the vesting service as of December 31, 2010 was less than five years; and under the salaried traditional formula if the vesting service as of December 31, 2010 was greater than or equal to five.                                                                     |
| Effective Date                       | Established July 1, 1947 as the Cotton Producers Association Plan. Effective May 1, 2013, the Golden Peanut Pension Plan was spun-off. Most recent restatement effective January 1, 2008.                                                                                                                                                                                                                                                                                                  |
| Eligibility for Participation        | Each employee becomes a participant on the first day of the next month following attainment of age 21 and the completion of one year of service.                                                                                                                                                                                                                                                                                                                                           |
| Eligibility for Benefits             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal                               | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Early                                | Age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Disability                           | Any age after completion of five years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Deferred Vested                      | Age 55 or any age after completion of five years of continuous service.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Preretirement Surviving Spouse       | Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.                                                                                                                                                                                                                                                                                                                                                                               |
| Amount of Benefits                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal                               | Employees with at least 30 years of credited service receive a benefit of 50% of final average compensation less 50% of primary Social Security benefit. Benefits are reduced on a pro rata basis for fewer than 30 years of credited service. The minimum monthly pension is \$15.00 for each year of credited service. If an employee's age plus 90-point service totals 90 or more, the 50% of primary Social Security benefit offset above is reduced if the employee is below age 63. |
| Early                                | The normal benefit reduced by 5/12 of 1% for each month by which early retirement precedes age 65. If an employee's age plus 90-point service totals 90 or more, the benefit is unreduced.                                                                                                                                                                                                                                                                                                 |

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|                                        |                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability                             | The normal benefit at date of disability, with credited service continuing to accrue while disabled. The benefit payments commence when eligible for Social Security and continue as long as the employee is totally and permanently disabled.                                                                                   |
| Deferred Vested                        | The normal benefit accrued to date of termination, payable at the later of date of termination or age 55. If terminated at age 55 or older, the benefit is reduced 5/12 of 1% per month if payments commence after age 55 but before age 65. If terminated prior to age 55, the benefit is actuarially reduced.                  |
| Preretirement Surviving Spouse Annuity | One-half of the benefit the deceased participant would have received if he had retired the day before his death and elected the qualified joint and survivor option payable immediately to surviving spouse for life.                                                                                                            |
| Forms of Payment                       |                                                                                                                                                                                                                                                                                                                                  |
| Normal Form                            |                                                                                                                                                                                                                                                                                                                                  |
| Without Spouse                         | Life annuity.                                                                                                                                                                                                                                                                                                                    |
| With Spouse                            | Already reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.                                                                                                                                                              |
| Optional Form                          | If employee cancels normal form with spouse, the accrued benefit is not reduced and no benefit is payable to the spouse following the employee's death. 75% joint and survivor annuity, life annuity with 120 monthly payments guaranteed, one time lump sum payment and Social Security level income option are also available. |
| Credited Service                       | Each year of service with proportionate allowance for fractional years after meeting the eligibility requirements.                                                                                                                                                                                                               |
| Compensation                           | Gross income including W-2 compensation, employee contributions to 401(k) plan, and salary reductions pursuant to a cafeteria plan, but excluding severance compensation, distributions from a nonqualified deferred compensation plan, and earnings in excess of the section 401(a)(17) recognizable pay limit.                 |
| Final Average Compensation             | The average of the highest consecutive five years of compensation paid during the final 10 consecutive years of employment.                                                                                                                                                                                                      |

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Primary Social Security Benefit

Estimated amount of employee's primary Social Security benefit based on the law in effect on the date the accrued benefit is determined.

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Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$285,000 for 2020 to \$290,000 for 2021.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

- The cash balance interest crediting rate was updated from 2.19% (October 2019 30-year Treasury rate) to 1.95% (October 2020 30-year Treasury rate of 1.57%, but no less than 1.95%).
- The expected return on assets was decreased from 7.25% to 6.50%.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.