Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SYNOVUS 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/1995

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

RETIREMENT BENEFITS
1111 BAY AVE. SUITE 101
COLUMBUS, GA 31901

1111 BAY AVE.
SUITE 101
COLUMBUS, GA 31901

2b Employer Identification Number (EIN)
58-1134883

2c Plan Sponsor's telephone number
706-641-3964

2d Business code (see instructions)
551111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	RHONDA MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	7057
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	5221
a(2) Total number of active participants at the end of the plan year	**6a(2)**	5008
b Retired or separated participants receiving benefits	**6b**	114
c Other retired or separated participants entitled to future benefits	**6c**	1878
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7000
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**	**6f**	7004
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	6772
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2K 2T 3H 3I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

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

A Name of plan
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 71	RECORDKEEPER	398349	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INCOME - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM MIDCAP VALUE L - JPMORGAN DIST 13-2624428	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF MID CAP GRTH I - PRINCIPAL SHA 620 COOLIDGE DR FOLSOM, CA 95630-3183	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCHSTN LG CAP FOC I - BNY MELLON I 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.07%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	41664586

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is 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
a Total noninterest-bearing cash	1a	2057	5800
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	868153	988363
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	101598	157771
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14445016	10558907
(2) U.S. Government securities	1c(2)	4383375	3762401
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7175633	6471609
(B) All other	1c(3)(B)	489210	445967
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	12027478	11224860
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	148168	52364
(9) Value of interest in common/collective trusts	1c(9)	42970390	41664586
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	695312003	771394501
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	1200150	258353

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	210008	1556850
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	779333239	848542332
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	16941	16761
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	2258983	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	2275924	16761
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	777057315	848525571

Part II Income and Expense Statement

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

			(a) Amount	**(b)** Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	20655931	
	(B) Participants	**2a(1)(B)**	33535946	
	(C) Others (including rollovers)	**2a(1)(C)**	5466214	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		59658091
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	602	
	(B) U.S. Government securities	**2b(1)(B)**	99844	
	(C) Corporate debt instruments	**2b(1)(C)**	125728	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	5487	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		231661
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	134620	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	33016475	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		33151095
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	155278694	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	149560412	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		5718282
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	578142	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		578142

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		342783
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		61270944
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		160950998
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	89015209	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		89015209
f Corrective distributions (see instructions)	2f		5137
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	462396	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		462396
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		89482742
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		71468256
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ROBINSON , GRIMES & COMPANY, PC **(2)** EIN: 58-1374304

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		100000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

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

EIN(s): 04-6568107

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** |

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

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

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

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 _____

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2021 AND 2020

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ROBINSON, GRIMES & COMPANY, P.C.
Certified Public Accountants & Consultants

Independent Auditor's Report

The Retirement Committee
Synovus 401(k) Savings Plan
Columbus, Georgia

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

We have performed an audit of the financial statements of the Synovus 401(k) Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the Statement of Net Assets Available for Benefits as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit 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 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying 2021 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 audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 Financial Statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2021 Financial Statements.

In preparing the 2021 Financial Statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the 2021 Financial Statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 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 2021 Financial Statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the 2021 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 2021 Financial Statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the 2021 Financial Statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 Financial Statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the 2021 Financial Statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 Financial Statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 Financial Statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. Therefore, in our report dated October 5, 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 the 2020 financial statements, and (*b*) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Robinson, Grimes & Company, P.C.

Certified Public Accountants

October 7, 2022

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Investments, at fair value	**$ 847,343,834**	$ 778,215,320
Receivables		
Employer match contributions	**988,363**	868,153
Accrued interest, dividends, and other receivables	**157,771**	101,598
Notes receivable from participants	**52,364**	148,168
Total receivables	**1,198,498**	1,117,919
Total assets	**848,542,332**	779,333,239
LIABILITIES	**16,761**	2,275,924
NET ASSETS AVAILABLE FOR BENEFITS	**$ 848,525,571**	$ 777,057,315

See Notes to Financial Statements.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Contributions		
Employer	**$ 20,655,931**	$ 20,638,284
Participants	**33,535,946**	32,660,542
Participant rollovers	**5,466,214**	3,872,882
Total contributions	**59,658,091**	57,171,708
Investment income		
Dividend and interest income	**33,377,269**	16,595,933
Net realized and unrealized appreciation of investments	**67,910,151**	86,049,361
Total investment income	**101,287,420**	102,645,294
Interest income on notes receivable from participants	**5,487**	10,712
Deductions		
Benefits paid to participants	**(89,020,346)**	(65,411,070)
Administrative expenses	**(462,396)**	(424,943)
Total deductions	**(89,482,742)**	(65,836,013)
Net increase in net assets	**71,468,256**	93,991,701
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	**777,057,315**	683,065,614
Ending	**$ 848,525,571**	$ 777,057,315

See Notes to Financial Statements.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1: Description of Plan

The following brief description of the Synovus 401(k) Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan sponsored by Synovus Financial Corporation ("Synovus") and its subsidiaries (collectively, the "Plan Sponsor") for substantially all of its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was originally adopted on January 1, 1995. The Plan Sponsor has since amended and restated the Plan. Effective January 1, 2020, the Plan was amended to update provisions for required minimum distributions and Coronavirus-related distributions. The latest amendment was effective April 1, 2021 to amend certain rollover provisions.

The Retirement Committee, appointed by the Plan Sponsor, has responsibility for the administration of the Plan. These services are provided without charge. Fidelity Management Trust Company ("Fidelity"), as trustee, has responsibility for the management of the Plan's Trust Fund. Fidelity Investments is the recordkeeper and custodian of the Plan's assets. Fees for these services are incurred and paid by the Plan.

Eligibility – Employees are automatically enrolled at the time of hire if they are regularly scheduled to work at least 20 hours per week. Employees who are regularly scheduled to work less than 20 hours per week are automatically enrolled the first payroll after completing one year of service with at least 1,000 hours worked. Employees must be at least 21 years of age.

Contributions – The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled to defer 5% of their eligible compensation in the Plan unless they affirmatively elect not to participate in the Plan. The Plan Sponsor matches the participant's deferral dollar-for-dollar up to 5% of a participant's eligible compensation.

Each year, participants may elect to contribute through payroll deductions 1% to 79% of their aggregate compensation (up to the maximum limits provided under the Internal Revenue Code ("IRC")) on a pretax basis, as defined in the Plan.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Finally, participants may elect to make after-tax Roth contributions in lieu of all or a portion of their eligible pre-tax contributions.

NOTE 1: Description of Plan (Continued)

Participant Accounts – Each participant's account is credited with the participant's deferred and rollover contributions, the Plan Sponsor's matching contributions, and an allocation of Plan earnings and losses and Plan administrative expenses. The Plan Sponsor's contributions are allocated to investment funds in the same manner as participant contributions. Plan earnings and losses and administrative expenses are allocated to the participants' accounts in proportion to the respective account balances within each investment fund.

Vesting – Participants are immediately vested in their contributions and the Plan Sponsor's contributions plus actual investment income or losses thereon.

Investment Options – A participant may direct participant and Plan Sponsor's contributions in any of the investment options established by the Retirement Committee. Participants may change their investment options daily.

Notes Receivable from Participants – Participant loans may not be granted under the provisions of the Plan. Loan accounts from plans merged into the Plan are repaid under substantially similar terms as under the former plans. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Payment of Benefits – Participants may receive a distribution equal to the value of their account upon death, disability, termination of employment, retirement, or upon reaching the age of 59 ½ . Payments are made in either a full or partial lump-sum distribution or in installments not to exceed the lesser of 15 years or the life expectancy of the participant.

If the participant does not elect otherwise, accounts that are less than or equal to $1,000 will be distributed to the participant in a lump sum distribution, and balances between $1,000 and $5,000 are rolled into an individual retirement account for the benefit of the participant. Hardship distributions are allowed on a participant's deferral balance based on the terms of the Plan.

Unallocated Accounts – Unallocated accounts consist of advance deposits made by the Plan Sponsor and forfeitures, which represent excess IRC 402(g) contributions. They are used to reduce the Plan Sponsor's contributions and pay Plan expenses according to Plan specifications.

NOTE 1: Description of Plan (Continued)

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor may terminate the Plan at any time. In the event of termination, the trustee shall dispose of the Plan's assets by distribution to participants or their beneficiaries.

NOTE 2: Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Valuation of Investments – The Plan's investments are stated at fair value. For those investments stated at fair value, see Note 3 for a description of the valuation methodologies used to determine each investment's respective fair value.

Net appreciation or depreciation of the fair value of investments consists of the unrealized appreciation or depreciation of investments held during the year, as well as the realized gain or loss on sale of investments which represents the difference between net sales proceeds and cost or previous fair value of the investments sold.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Liabilities – Liabilities consist of accrued recordkeeping and trustee fees incurred related to the Plan. During 2020, the Plan made a prefunded contribution of approximately $1.9 million which is included in liabilities on the Statements of Net Assets Available for Benefits.

Benefit Payments – Benefits are recorded when paid.

Plan Expenses – Significant costs of administering the Plan are absorbed by the Plan Sponsor and are excluded from these financial statements. These costs include legal, administrative, audit and accounting fees. Recordkeeping and investment management fees of the participant-directed investments are included in net appreciation of the fair value of the investments.

NOTE 2: Summary of Significant Accounting Policies (Continued)

Tax Status – The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated June 10, 2014, in which the IRS stated that the Plan, as then designed, was in accordance with the applicable requirements of the IRC. The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America ("GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS or state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions within the standard statute of limitation periods. However, there are currently no audits for any tax periods in progress.

Reclassification – Certain items in the 2020 financial statements have been reclassified in order to be in conformity with the 2021 statement presentation.

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events – The Plan's Retirement Committee has evaluated all subsequent events that may qualify for disclosure through October 7, 2022, which is the date the financial statements were available to be issued. There were no transactions that are required to be disclosed under professional guidance.

NOTE 3: Fair Value Measurements

GAAP 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy according to GAAP are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, government bonds, and corporate bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

NOTE 3: Fair Value Measurements (Continued)

Mutual funds and exchange traded funds: Valued at net asset value of shares held by the Plan at year end.

Hedge funds: Investments in hedge funds are valued at estimated fair value, as determined by the general partner or investment manager of each fund. The general partner or investment manager utilizes the estimated net asset valuations of the underlying investment entities in the funds as a practical expedient. The underlying investment entities value securities and other financial instruments on a mark-to-market or other estimated fair value basis. The estimated fair values of substantially all of the investments of the underlying investment entities, which may include securities for which prices are not readily available, are determined by the general partner or management of the respective underlying investment entities and may not reflect amounts that could be realized upon immediate sale, nor amounts that ultimately may be realized.

Accordingly, the estimated fair values may differ significantly from the values that would have been used had a ready market existed for these investments. Net asset values are obtained from audited financial statements of the investment entities, when received. The portion of the hedge funds, which are valued as described above are classified as Level 3 within the fair value hierarchy.

The Plan may request to redeem any or all of its common shares in the hedge funds on the last business day of any calendar quarter with 75 days prior written notice. The redemption price is equal to the net asset value per common share on the redemption date, after accrual of any applicable fees. The Plan must maintain a minimum investment of $250,000 in the fund to request a partial redemption.

Money market accounts: Fair value approximates cost plus interest earned.

Common/collective trust ("CCT"): A detailed description of the valuation methodologies of the CCT can be found in the footnotes of the Fidelity Managed Income Portfolio audited financial statements for the year ended September 30, 2021.

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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3: Fair Value Measurements (Continued)

The following tables set forth the level, within the fair value hierarchy, the Plan's investments at fair value:

	December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments at fair value:				
Common stocks	**$ 12,781,710**	**$ 0**	**$ 0**	**$ 12,781,710**
Mutual funds	**703,653,091**	**0**	**0**	**703,653,091**
Exchange traded funds	**67,741,410**	**0**	**0**	**67,741,410**
Corporate bonds	**0**	**6,917,576**	**0**	**6,917,576**
Government bonds	**2,575,426**	**1,186,975**	**0**	**3,762,401**
Hedge funds	**0**	**0**	**258,353**	**258,353**
Money market accounts	**746,402**	**9,818,305**	**0**	**10,564,707**
Total investments in the fair value hierarchy	**787,498,039**	**17,922,856**	**258,353**	**805,679,248**
Investments measured at net asset value (a)	**0**	**0**	**0**	**41,664,586**
Total investments at fair value	**$ 787,498,039**	**$ 17,922,856**	**$ 258,353**	**$ 847,343,834**

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Common stocks	$ 13,227,628	$ 0	$ 0	$ 13,227,628
Mutual funds	629,919,565	0	0	629,919,565
Exchange traded funds	65,392,438	0	0	65,392,438
Corporate bonds	0	7,664,843	0	7,664,843
Government bonds	2,653,063	1,730,312	0	4,383,375
Hedge funds	0	0	210,008	210,008
Money market accounts	729,420	13,717,653	0	14,447,073
Total investments in the fair value hierarchy	711,922,114	23,112,808	210,008	735,244,930
Investments measured at net asset value (a)	0	0	0	42,970,390
Total investments at fair value	$ 711,922,114	$ 23,112,808	$ 210,008	$ 778,215,320

NOTE 3: Fair Value Measurements (Continued)

(a) In accordance with GAAP, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments in the CCT for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2021	2020
Fair value	**$ 41,664,586**	$ 42,970,390
Unfunded commitments	**n/a**	n/a
Redemption frequency (if currently eligible)	**Daily**	Daily
Redemption period notice	**n/a**	n/a

Both observable and unobservable inputs may be used to determine the fair value of positions that the hedge fund has classified within the Level 3 category. As a result, the unrealized gains and losses for assets and liabilities within the level category may include changes in fair value that were attributable to both observable and unobservable inputs. Net sales/redemptions of Level 3 investments totaled $53,076 and $44,318 for the years ended December 31, 2021 and 2020, respectively.

NOTE 4: Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2021	2020
Common stocks	**$ 11,224,860**	$ 12,027,478
Mutual funds	**142,172,464**	145,074,200
Exchange traded funds	**67,741,410**	65,392,438
Corporate bonds	**6,917,576**	7,664,843
Government bonds	**3,762,401**	4,383,375
Hedge funds	**258,353**	210,008
Money market accounts	**10,564,707**	14,447,073
Total nonparticipant directed investments	**$ 242,641,771**	$ 249,199,415

Changes in net assets:

	2021	2020
Dividend and interest income	**$ 10,528,129**	$ 5,288,358
Net realized and unrealized appreciation of investments	**27,596,282**	35,004,385
Benefits paid to participants	**(27,754,358)**	(18,852,498)
Administrative expenses	**(105,670)**	(234,224)
Net transfers to participant-directed investments	**(16,822,027)**	(14,830,595)
Total changes in net assets	**$ (6,557,644)**	$ 6,375,426

NOTE 5: Information Prepared and Certified by Trustee (Unaudited)

As explained in Note 1, the Plan's funds are maintained by the trustee. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	2021	2020
Investments at fair value	**$ 847,343,834**	$ 778,215,320
Notes receivable from participants	**$ 52,364**	$ 148,168
Investment income	**$ 101,287,420**	$ 102,645,294
Interest income on notes receivable from participants	**$ 5,487**	$ 10,712

NOTE 6: Party-In-Interest Transactions

Plan investments include shares of common stock of the Plan Sponsor. Certain Plan investments are managed by Fidelity. Fidelity is the trustee of the Plan and Fidelity Investments is the recordkeeper for the Plan. These transactions qualify as party-in-interest transactions.

Fidelity provides certain administrative services to the Plan pursuant to a Trust Agreement ("TA") between the Plan and Fidelity. Fidelity's administration fee is based on a percentage of total Plan assets, subject to certain offsets. If the offsets received by Fidelity exceed the amount owed under the TA, Fidelity remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts in 2021 or 2020. The Plan or Plan Sponsor may make a payment to Fidelity Investments for administrative expenses not covered by excess offsets. As described in Note 2, the Plan made direct payments to Fidelity of approximately $398,000 and $425,000, net of offsets, during the years ended December 31, 2021 and 2020, respectively. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	COMMON STOCKS:	NUMBER OF SHARES		
	ADOBE INC	425	$ 141,139	$ 241,013
	ADVANCED MICRO DEVICES INC	862	37,920	124,042
	ALPHABET INC CL A	243	277,105	703,981
	ALPHABET INC CL C	75	102,059	217,019
	AMAZON.COM INC	222	477,998	740,223
	AMERICAN EXPRESS CO	660	90,657	107,976
	AMERICAN TOWER CORP	485	84,825	141,863
	AMGEN INC	315	60,440	70,866
	APPLE INC	5,674	339,205	1,007,532
	AUTODESK INC	435	87,122	122,318
	BROADCOM INC	416	171,017	276,811
	BROWN FORMAN CORP NON VTG CL B	1,148	65,851	83,643
	CADENCE DESIGN SYS INC	1,350	109,085	251,573
	CENTENE CORP	1,488	94,421	122,611
	COCA COLA CO	3,403	164,857	201,492
	COMCAST CORP CL A	1,385	59,563	69,707
	CVS HEALTH CORP	2,610	197,252	269,248
	DANAHER CORP	707	106,370	232,610
	ECOLAB INC	585	94,736	137,235
	ESTEE LAUDER COS INC CL A	600	111,541	222,120
	HILTON WORLDWIDE HOLDINGS INC	421	43,018	65,672
	HOME DEPOT INC	650	134,805	269,757
	HONEYWELL INTL INC	548	85,479	114,263
	HORMEL FOODS CORP	1,863	79,850	90,933
	JOHNSON & JOHNSON	670	100,851	114,617
	KEYSIGHT TECH INC	975	100,545	201,347
	KRAFT HEINZ CO	3,330	110,136	119,547
	MASCO CORPORATION	3,050	130,343	214,171
	MERCK & CO INC NEW	1,443	105,996	110,592
	META PLATFOMRS INC CL A	1,077	240,174	362,249
	MICRON TECHNOLOGY INC	2,499	135,400	232,782
	MICROSOFT CORP	2,841	332,432	955,485
	MOTOROLA SOLUTIONS INC	425	69,177	115,473
	NETFLIX INC	190	85,684	114,464
	NEWMONT CORP	6,038	310,238	374,477
	NIKE INC CL B	885	84,882	147,503
	NVIDIA CORP	615	36,136	180,878
	OKTA INC CL A	368	52,017	82,495
	ORGANON & CO	122	4,196	3,715
	O'REILLY AUTOMOTIVE INC	210	86,854	148,308
	PAYPAL HLDGS INC	560	70,375	105,605
	ROPER TECHNOLOGIES INC	170	51,391	83,616
*	SYNOVUS FINANCIAL CORP	32,478	2,552,688	1,556,850
	TELADOC HEALTH INC	602	68,076	55,276
	TESLA INC	352	82,604	371,987
	ULTA BEAUTY INC	245	63,015	101,023
	UNION PACIFIC CORP	245	37,709	61,723
	UNITEDHEALTH GROUP INC	475	131,311	238,517
	VEEVA SYS INC CL A	430	99,668	109,856
	VERTEX PHARMACEUTICALS INC	430	87,257	94,428
	VISA INC CL A	1,005	167,454	217,794
	WAL MART STORES INC	913	113,556	132,102

See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	YUM BRANDS INC	720	70,642	99,979
	ZOETIS INC CL A	750	73,987	190,343
		Total common stocks	8,871,106	12,781,710
	MUTUAL FUNDS:	NUMBER OF SHARES		
	AMERICAN BEACON SMALL VAL CAP FUND R6	408,522	11,033,957	11,708,249
	AMERICAN FUNDS EUROPACIFIC GR R6	314,304	17,476,739	20,344,867
	CALVERT INTERNATIONAL EQU	224,710	5,502,295	5,918,850
	DODGE & COX INCOME FUND	2,660,957	37,285,620	37,413,056
	INVESCO DEVELOPING MARKET	135,833	6,227,280	6,384,153
	JPM MIDCAP VALUE L	539,042	19,439,489	22,429,525
	MAINSTAY CBRE GLOBAL INFRASTRUCTURE	234,540	3,030,567	3,145,184
	MFS VALUE FUND R6	592,974	25,803,376	32,216,288
	MFS RESEARCH INTL R5	242,387	5,163,164	5,882,739
	PIMCO COMM RR STR INST	930,125	6,211,347	5,906,295
	PRINCIPAL MID CAP GROWTH INST	485,857	6,601,829	6,019,768
	TCW GLOBAL REAL ESTATE	425,591	6,258,936	6,217,890
	TRP INST LG CAP GROWTH	1,266,448	60,894,230	93,109,272
	TRP GL M/SEC BND-I FD	51,202	601,688	591,379
	VANGUARD S-C ID;ADM	10,750	247,373	241,453
	VANGUARD INSTL TRGT 2015	269,713	5,822,603	6,651,133
	VANGUARD INSTL TRGT 2020	1,019,932	22,790,788	27,854,356
	VANGUARD INSTL TRGT 2025	1,550,178	35,939,471	45,513,234
	VANGUARD INSTL TRGT 2030	1,554,984	36,512,911	47,675,802
	VANGUARD INSTL TRGT 2035	1,192,311	28,443,476	37,903,561
	VANGUARD INSTL TRGT 2040	1,398,083	33,434,838	46,122,754
	VANGUARD INSTL TRGT 2045	666,708	16,999,956	22,714,741
	VANGUARD INSTL TRGT 2050	441,229	11,431,233	15,116,517
	VANGUARD INSTL TRGT 2055	271,842	7,136,590	9,337,787
	VANGUARD INSTL TRGT 2060	148,587	4,055,367	5,124,781
	VANGUARD INSTL TRGT 2065	29,722	772,164	939,823
	VANGUARD INSTL TRUST INCOME	244,585	5,390,229	6,046,129
	VANGUARD SC V I INS	80,984	3,412,540	3,477,459
	VICTORY ESTABLISHED VALUE	146,650	6,559,831	7,282,635
	VICTORY RS INTL R6	490,345	5,524,288	5,918,467
*	FIDELITY 500 INDEX	265,431	28,857,972	43,881,063
*	FIDELITY GOVT MMKT	169	169	169
*	FIDELITY GOVT MMKT K6	34,253	34,253	34,253
*	FIDELITY INTERNATIONAL INDEX	92,244	3,929,837	4,546,721
*	FIDELITY SM CAP INDEX	238,205	5,416,139	6,564,933
*	FIDELITY TOTAL MARKET INDEX	94,346	8,571,947	12,621,545
*	FIDELITY US BOND INDEX	391,672	4,709,226	4,692,225
	PIF MIDCAP GROWTH I	1,838,382	25,312,486	22,777,558
	PIF SM CAP GROWTH I R6	408,613	6,438,854	6,987,275
	VANGUARD GNMA ADM	298,008	3,163,793	3,141,005
	WASATCH MICRO CAP	904,592	11,129,480	8,494,115
	WA CORE PLUS BOND;I	1,971,085	23,887,986	23,495,328
	WCM INTL SMALL CAP GROWTH INST	146,598	4,253,959	4,176,581
	TOUCHSTONE LARGE CAP FOCUSED I	290,156	13,824,505	17,032,173
		Total mutual funds	575,534,783	703,653,091

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	EXCHANGE TRADED FUNDS:	NUMBER OF SHARES		
	ISHARES FLOATING RATE NOTE ETF	23,160	1,172,701	1,174,906
	ISHARES MSCI EAFE ETF	4,285	296,891	337,144
	ISHARES RUSSELL MID CAP V	6,089	462,374	745,172
	ISHARES TR RUSSELL 1000 GROWTH ETF	51,843	5,575,019	15,842,702
	ISHARES 1-3 YEAR TREASURY BD ETF	14,250	1,209,142	1,218,945
	ISHARES US TREASURY BOND ETF	120,380	2,990,239	3,211,738
	ISHARES 20+ YEAR TREASURY	37,445	5,900,133	5,548,975
	ISHARES RUSSELL MID CAP G	43,538	2,102,175	5,016,448
	ISHARES RUSSELL 1000 VALUE ETF	75,229	7,833,441	12,633,206
	SPDR GOLD SHARES	27,635	4,736,861	4,724,480
	SPDR MSCI ACWI EX-US ETF	13,460	323,090	394,513
	SPDR SHORT TERM TREASURY ETF	178,580	5,480,192	5,434,189
	VANGUARD MEGA CAP GROWTH ETF	13,120	2,992,681	3,421,171
	VANGUARD DVD APPR IND ETF FD	6,130	616,267	1,052,828
	VANGUARD FTSE EMERGING MRK ETF	24,435	939,969	1,208,555
	VANGUARD FTSE EUROPE ETF	20,075	952,089	1,369,918
	VANGUARD INTERMEDIATE TERM ETF	27,635	1,727,936	1,836,898
	VANGUARD SPECIALIZED FUND	22,150	1,760,187	2,569,622
		Total exchange traded funds	47,071,388	67,741,410
	CORPORATE BONDS:	FACE VALUE		
	AT&T INC 4.250%, 03/01/2027	100,000	101,427	110,927
	BANK NOVIA SCOTIA BC 0.8 12/30/2025	400,000	399,000	380,722
	BANK OF AMERICA INC. 3.875% 08/01/2025	200,000	204,750	216,782
	BANK OF AMERICA CORP STEP 06/15/2026	500,000	499,000	493,967
	BANK OF AMERICA CORP FRN 3ML+79 03/05/2024	250,000	250,000	251,256
	BARCLAYS BANK PLC 1.3% 01/29/2027	300,000	299,400	292,247
	BOEING 7.25% 06/15/2025	110,000	133,650	129,066
	CHEVRON CORP. 2.411% 03/03/2022	150,000	146,835	150,223
	CHUBB INA HOLDINGS INC 3.35% 05/03/2026	200,000	202,278	214,425
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	GOLDMAN SACHS GROUP INC STEP 07/30/2026	350,000	348,950	338,975
	GOLDMAN SACHS GROUP INC 4.25% 12/15/2034	50,000	53,892	52,831
	IBM CORPORATION 2.875%, 11/09/2022	100,000	101,277	101,969
	JP MORGAN CHASE & CO 2.972% 01/15/2023	175,000	178,659	175,121
	JP MORGAN CHASE FINL CO LLC 05/16/2025	300,000	299,100	298,974
	LOUISVILLE GAS & ELECTRIC CO 3.300%, 10/01/2025	150,000	159,128	158,557
	MCDONALDS CORP 3.700%, 01/30/2026	100,000	102,000	107,588
	PFIZER INC 3.000%, 12/15/2026	10,000	98,700	107,492
	ROYAL BANK OF CANADA FRN 11/15/2022	750,000	750,000	757,650
	SMALL BUSINESS ADMIN GTD DEV P	97,460	96,088	98,389
	SOCIETE GENE FRANCE STEP 08/19/2025	500,000	498,000	481,825
	SOCIETE GENE FRANCE STEP 12/30/2026	350,000	349,300	341,742
	TARGET CORP 3.375 04/15/2029	150,000	167,618	164,293
	3M CO 3.375 03/01/2029	100,000	109,428	108,455
		Total corporate bonds	6,956,353	6,917,576

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	GOVERNMENT BONDS:	FACE VALUE		
	FHLG 3.000%, 06/01/2024	19,250	20,050	20,138
	FHLG 4.000%, 08/01/2033	19,568	20,020	20,643
	FHLG 3.000%, 10/01/2039	27,268	28,120	28,392
	FHLG 3.000%, 07/01/2049	19,188	19,387	19,885
	FHLMC 2.595% 09/25/2029	100,000	105,230	106,069
	FHLMC 2.673% 09/25/2029	100,000	105,910	106,655
	FHMS 3.329%, 05/25/2025	120,000	121,590	127,612
	FNMA GTD 3.639% 08/25/2030	100,000	113,500	113,885
	FNMA 2.000%, 02/01/2023	11,121	11,322	11,401
	FNMA 2.000%, 10/01/2022	12,480	12,711	12,795
	FNMA 2.500%, 03/01/2031	135,449	136,592	140,285
	FNMA 2.500% 03/01/2024	22,306	23,241	23,323
	FNMA 2.500% 06/01/2040	82,605	86,033	84,861
	FNMA 3.000%, 06/01/2049	18,640	18,764	19,345
	FNMA 3.000%, 09/01/2039	25,903	26,597	26,970
	FNMA 3.500%, 01/01/2035	167,577	174,773	178,893
	FNMA 3.000%, 08/01/2049	20,483	20,765	21,227
	GNMA 5.500%, 07/15/2040	110,726	121,798	124,596
	USTB 4.500%, 08/15/2039	250,000	313,911	353,047
	USTB 5.375%, 02/15/2031	25,000	33,145	33,456
	USTB 2.875%, 11/15/2046	250,000	237,070	295,693
	USTN 2.000%, 11/15/2026	300,000	307,781	310,324
	USTN 1.375% 08/31/2023	300,000	307,125	303,551
	USTN 1.500%, 02/15/2030	250,000	271,211	251,289
	USTN 2.125%, 12/31/2022	150,000	150,703	152,490
	USTN 2.250%, 11/15/2025	135,000	139,552	140,611
	USTN 2.375%, 05/15/2029	300,000	318,750	319,746
	USTN 2.375%, 08/15/2024	200,000	202,469	207,664
	USTN 2.750%, 11/15/2023	200,000	207,313	207,555
		Total government bonds	3,655,433	3,762,401
	HEDGE FUNDS:	NUMBER OF SHARES		
	COLLINS CAPITAL LOW VOLATILITY	1,346	175,843	258,353
		Total hedge funds	175,843	258,353
	COMMON COLLECTIVE TRUST	NUMBER OF SHARES		
*	FIDELITY MANAGED INCOME PORTFOLIO II	41,664,586	41,664,586	41,664,586
		Total common collective trust	41,664,586	41,664,586
	CASH & MONEY MARKET ACCOUNTS	NUMBER OF SHARES		
	BBH STIF FUND	9,729,607	9,729,607	9,729,606
	FEDERATED HERMES GOVERNMENT	740,599	740,599	740,599
*	FID BANK TRUST ST INV FUND	94,502	94,502	94,502
	SYNOVUS MANAGED FUND			
		Total cash & money market accounts	10,564,707	10,564,707
*	NOTES RECEIVABLE FROM PARTICIPANTS	Interest rate: 5.25% - 5.50%; Cost $0	0	52,364
		Total assets (held at end of year)		$ 847,396,198

* Party-in-interest

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS,GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
FORM 5500 - SCHEDULE H - PART IV - LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2021

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (III): Series of Securities Transactions in excess of 5% of Plan Assets						
BBH STIF FUND	Cash and money market accounts	$ 2,489,657,319	N/A	$ 2,489,657,319	$ 2,489,657,319	N/A
BBH STIF FUND	Cash and money market accounts	N/A	$ (2,493,411,203)	$ (2,493,411,203)	$ (2,493,411,203)	$ 0
WASATCH MICRO CAP INSTITUTIONAL	Mutual Fund	$ 27,921,051	N/A	$ 27,921,051	$ 27,921,051	N/A
WASATCH MICRO CAP INSTITUTIONAL	Mutual Fund	N/A	$ (15,360,825)	$ (16,791,571)	$ (23,455,612)	$ (1,430,746)

There were no category (i), (ii), or (iv) transactions during the Plan year ended December 31, 2021.

Columns (e) and (f) are not applicable.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	COMMON STOCKS:	NUMBER OF SHARES		
	ADOBE INC	425	$ 141,139	$ 241,013
	ADVANCED MICRO DEVICES INC	862	37,920	124,042
	ALPHABET INC CL A	243	277,105	703,981
	ALPHABET INC CL C	75	102,059	217,019
	AMAZON.COM INC	222	477,998	740,223
	AMERICAN EXPRESS CO	660	90,657	107,976
	AMERICAN TOWER CORP	485	84,825	141,863
	AMGEN INC	315	60,440	70,866
	APPLE INC	5,674	339,205	1,007,532
	AUTODESK INC	435	87,122	122,318
	BROADCOM INC	416	171,017	276,811
	BROWN FORMAN CORP NON VTG CL B	1,148	65,851	83,643
	CADENCE DESIGN SYS INC	1,350	109,085	251,573
	CENTENE CORP	1,488	94,421	122,611
	COCA COLA CO	3,403	164,857	201,492
	COMCAST CORP CL A	1,385	59,563	69,707
	CVS HEALTH CORP	2,610	197,252	269,248
	DANAHER CORP	707	106,370	232,610
	ECOLAB INC	585	94,736	137,235
	ESTEE LAUDER COS INC CL A	600	111,541	222,120
	HILTON WORLDWIDE HOLDINGS INC	421	43,018	65,672
	HOME DEPOT INC	650	134,805	269,757
	HONEYWELL INTL INC	548	85,479	114,263
	HORMEL FOODS CORP	1,863	79,850	90,933
	JOHNSON & JOHNSON	670	100,851	114,617
	KEYSIGHT TECH INC	975	100,545	201,347
	KRAFT HEINZ CO	3,330	110,136	119,547
	MASCO CORPORATION	3,050	130,343	214,171
	MERCK & CO INC NEW	1,443	105,996	110,592
	META PLATFOMRS INC CL A	1,077	240,174	362,249
	MICRON TECHNOLOGY INC	2,499	135,400	232,782
	MICROSOFT CORP	2,841	332,432	955,485
	MOTOROLA SOLUTIONS INC	425	69,177	115,473
	NETFLIX INC	190	85,684	114,464
	NEWMONT CORP	6,038	310,238	374,477
	NIKE INC CL B	885	84,882	147,503
	NVIDIA CORP	615	36,136	180,878
	OKTA INC CL A	368	52,017	82,495
	ORGANON & CO	122	4,196	3,715
	O'REILLY AUTOMOTIVE INC	210	86,854	148,308
	PAYPAL HLDGS INC	560	70,375	105,605
	ROPER TECHNOLOGIES INC	170	51,391	83,616
*	SYNOVUS FINANCIAL CORP	32,478	2,552,688	1,556,850
	TELADOC HEALTH INC	602	68,076	55,276
	TESLA INC	352	82,604	371,987
	ULTA BEAUTY INC	245	63,015	101,023
	UNION PACIFIC CORP	245	37,709	61,723
	UNITEDHEALTH GROUP INC	475	131,311	238,517
	VEEVA SYS INC CL A	430	99,668	109,856
	VERTEX PHARMACEUTICALS INC	430	87,257	94,428
	VISA INC CL A	1,005	167,454	217,794
	WAL MART STORES INC	913	113,556	132,102

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
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SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	YUM BRANDS INC	720	70,642	99,979
	ZOETIS INC CL A	750	73,987	190,343
		Total common stocks	8,871,106	12,781,710
	MUTUAL FUNDS:	NUMBER OF SHARES		
	AMERICAN BEACON SMALL VAL CAP FUND R6	408,522	11,033,957	11,708,249
	AMERICAN FUNDS EUROPACIFIC GR R6	314,304	17,476,739	20,344,867
	CALVERT INTERNATIONAL EQU	224,710	5,502,295	5,918,850
	DODGE & COX INCOME FUND	2,660,957	37,285,620	37,413,056
	INVESCO DEVELOPING MARKET	135,833	6,227,280	6,384,153
	JPM MIDCAP VALUE L	539,042	19,439,489	22,429,525
	MAINSTAY CBRE GLOBAL INFRASTRUCTURE	234,540	3,030,567	3,145,184
	MFS VALUE FUND R6	592,974	25,803,376	32,216,288
	MFS RESEARCH INTL R5	242,387	5,163,164	5,882,739
	PIMCO COMM RR STR INST	930,125	6,211,347	5,906,295
	PRINCIPAL MID CAP GROWTH INST	485,857	6,601,829	6,019,768
	TCW GLOBAL REAL ESTATE	425,591	6,258,936	6,217,890
	TRP INST LG CAP GROWTH	1,266,448	60,894,230	93,109,272
	TRP GL M/SEC BND-I FD	51,202	601,688	591,379
	VANGUARD S-C ID;ADM	10,750	247,373	241,453
	VANGUARD INSTL TRGT 2015	269,713	5,822,603	6,651,133
	VANGUARD INSTL TRGT 2020	1,019,932	22,790,788	27,854,356
	VANGUARD INSTL TRGT 2025	1,550,178	35,939,471	45,513,234
	VANGUARD INSTL TRGT 2030	1,554,984	36,512,911	47,675,802
	VANGUARD INSTL TRGT 2035	1,192,311	28,443,476	37,903,561
	VANGUARD INSTL TRGT 2040	1,398,083	33,434,838	46,122,754
	VANGUARD INSTL TRGT 2045	666,708	16,999,956	22,714,741
	VANGUARD INSTL TRGT 2050	441,229	11,431,233	15,116,517
	VANGUARD INSTL TRGT 2055	271,842	7,136,590	9,337,787
	VANGUARD INSTL TRGT 2060	148,587	4,055,367	5,124,781
	VANGUARD INSTL TRGT 2065	29,722	772,164	939,823
	VANGUARD INSTL TRUST INCOME	244,585	5,390,229	6,046,129
	VANGUARD SC V I INS	80,984	3,412,540	3,477,459
	VICTORY ESTABLISHED VALUE	146,650	6,559,831	7,282,635
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COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

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	JP MORGAN CHASE FINL CO LLC 05/16/2025	300,000	299,100	298,974
	LOUISVILLE GAS & ELECTRIC CO 3.300%, 10/01/2025	150,000	159,128	158,557
	MCDONALDS CORP 3.700%, 01/30/2026	100,000	102,000	107,588
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	SMALL BUSINESS ADMIN GTD DEV P	97,460	96,088	98,389
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	SOCIETE GENE FRANCE STEP 12/30/2026	350,000	349,300	341,742
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See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical cost	(e) Current value
	GOVERNMENT BONDS:	FACE VALUE		
	FHLG 3.000%, 06/01/2024	19,250	20,050	20,138
	FHLG 4.000%, 08/01/2033	19,568	20,020	20,643
	FHLG 3.000%, 10/01/2039	27,268	28,120	28,392
	FHLG 3.000%, 07/01/2049	19,188	19,387	19,885
	FHLMC 2.595% 09/25/2029	100,000	105,230	106,069
	FHLMC 2.673% 09/25/2029	100,000	105,910	106,655
	FHMS 3.329%, 05/25/2025	120,000	121,590	127,612
	FNMA GTD 3.639% 08/25/2030	100,000	113,500	113,885
	FNMA 2.000%, 02/01/2023	11,121	11,322	11,401
	FNMA 2.000%, 10/01/2022	12,480	12,711	12,795
	FNMA 2.500%, 03/01/2031	135,449	136,592	140,285
	FNMA 2.500% 03/01/2024	22,306	23,241	23,323
	FNMA 2.500% 06/01/2040	82,605	86,033	84,861
	FNMA 3.000%, 06/01/2049	18,640	18,764	19,345
	FNMA 3.000%, 09/01/2039	25,903	26,597	26,970
	FNMA 3.500%, 01/01/2035	167,577	174,773	178,893
	FNMA 3.000%, 08/01/2049	20,483	20,765	21,227
	GNMA 5.500%, 07/15/2040	110,726	121,798	124,596
	USTB 4.500%, 08/15/2039	250,000	313,911	353,047
	USTB 5.375%, 02/15/2031	25,000	33,145	33,456
	USTB 2.875%, 11/15/2046	250,000	237,070	295,693
	USTN 2.000%, 11/15/2026	300,000	307,781	310,324
	USTN 1.375% 08/31/2023	300,000	307,125	303,551
	USTN 1.500%, 02/15/2030	250,000	271,211	251,289
	USTN 2.125%, 12/31/2022	150,000	150,703	152,490
	USTN 2.250%, 11/15/2025	135,000	139,552	140,611
	USTN 2.375%, 05/15/2029	300,000	318,750	319,746
	USTN 2.375%, 08/15/2024	200,000	202,469	207,664
	USTN 2.750%, 11/15/2023	200,000	207,313	207,555
		Total government bonds	3,655,433	3,762,401
	HEDGE FUNDS:	NUMBER OF SHARES		
	COLLINS CAPITAL LOW VOLATILITY	1,346	175,843	258,353
		Total hedge funds	175,843	258,353
	COMMON COLLECTIVE TRUST	NUMBER OF SHARES		
*	FIDELITY MANAGED INCOME PORTFOLIO II	41,664,586	41,664,586	41,664,586
		Total common collective trust	41,664,586	41,664,586
	CASH & MONEY MARKET ACCOUNTS	NUMBER OF SHARES		
	BBH STIF FUND	9,729,607	9,729,607	9,729,606
	FEDERATED HERMES GOVERNMENT	740,599	740,599	740,599
*	FID BANK TRUST ST INV FUND	94,502	94,502	94,502
	SYNOVUS MANAGED FUND			
		Total cash & money market accounts	10,564,707	10,564,707
*	NOTES RECEIVABLE FROM PARTICIPANTS	Interest rate: 5.25% - 5.50%; Cost $0	0	52,364
		Total assets (held at end of year)		$ 847,396,198

* Party-in-interest

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS,GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
FORM 5500 - SCHEDULE H - PART IV - LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2021

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (III): Series of Securities Transactions in excess of 5% of Plan Assets						
BBH STIF FUND	Cash and money market accounts	$ 2,489,657,319	N/A	$ 2,489,657,319	$ 2,489,657,319	N/A
BBH STIF FUND	Cash and money market accounts	N/A	$ (2,493,411,203)	$ (2,493,411,203)	$ (2,493,411,203)	$ 0
WASATCH MICRO CAP INSTITUTIONAL	Mutual Fund	$ 27,921,051	N/A	$ 27,921,051	$ 27,921,051	N/A
WASATCH MICRO CAP INSTITUTIONAL	Mutual Fund	N/A	$ (15,360,825)	$ (16,791,571)	$ (23,455,612)	$ (1,430,746)

There were no category (i), (ii), or (iv) transactions during the Plan year ended December 31, 2021.

Columns (e) and (f) are not applicable.

Form **5558**
(Rev. September 2018)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

▶ **Go to *www.irs.gov/form5558* for the latest information.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Synovus Financial Corp.
Number, street, and room or suite no. (If a P.O. box, see instructions)
Retirement Benefits 1111 Bay Ave. Suite 101
City or town, state, and ZIP code
Columbus, GA 31901

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
58-1134883
Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending- MM	DD	YYYY
Synovus 401(K) Savings Plan	0 1 0	12	31	2021

Part II Extension of Time To File Form 5500 series, and/or Form 8955-SSA

1 ¨ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10 / 15 / 2022 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10 / 15 / 2022 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶ 02/25/2022