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

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                              | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>HILLENBRAND, INC. PENSION PLAN</u>                                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>04/01/2008</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>04/01/2008</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                    | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>04/01/2008</u>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HILLENBRAND, INC.</u><br><br><u>ONE BATESVILLE BLVD.</u><br><u>BATESVILLE, IN 47006</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>26-1342272</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>812-934-7500</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>551112</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>26-1342272</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>812-934-7500</u> | <b>2d</b> Business code (see instructions)<br><u>551112</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>26-1342272</u>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>812-934-7500</u>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>551112</u>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2022 | THEODORE S. HADDAD                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2748 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 690  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 634  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1421 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 647  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2702 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 228  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2930 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H 3J                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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**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.

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

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                         |                                                                                                                                                  |
| Round off amounts to nearest dollar.                                                                                               |                                                                                                                                                  |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.              |                                                                                                                                                  |
| A Name of plan<br>HILLENBRAND, INC. PENSION PLAN                                                                                   | B Three-digit plan number (PN) 001                                                                                                               |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HILLENBRAND, INC.                                             | D Employer Identification Number (EIN)<br>26-1342272                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Basic Information                                                                                                                                                                                   |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2021                                                                                                                                                 |
| 2      | Assets:                                                                                                                                                                                             |
| a      | Market value 314196743                                                                                                                                                                              |
| b      | Actuarial value 282777069                                                                                                                                                                           |
| 3      | Funding target/participant count breakdown                                                                                                                                                          |
|        | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target                                                                                                                       |
| a      | For retired participants and beneficiaries receiving payment 1551 122374166 122374166                                                                                                               |
| b      | For terminated vested participants 681 27616334 27616334                                                                                                                                            |
| c      | For active participants 743 52756807 54388681                                                                                                                                                       |
| d      | Total 2975 202747307 204379181                                                                                                                                                                      |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                             |
| a      | Funding target disregarding prescribed at-risk assumptions 4a                                                                                                                                       |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b |
| 5      | Effective interest rate 5 5.57 %                                                                                                                                                                    |
| 6      | Target normal cost                                                                                                                                                                                  |
| a      | Present value of current plan year accruals 6a 963743                                                                                                                                               |
| b      | Expected plan-related expenses 6b 702000                                                                                                                                                            |
| c      | Total (line 6a + line 6b) 6c 1665743                                                                                                                                                                |

Statement by Enrolled Actuary

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

|                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JULIE L. SOLUM</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>4 OVERLOOK POINT<br/>LINCOLNSHIRE, IL 60069-4302</div> <div>Address of the firm</div> | <div>07/13/2022</div> <div>Date</div> <div>20-06838</div> <div>Most recent enrollment number</div> <div>847-295-5000</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 75495086               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 6155478                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 69339608               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>15.39</u> % .....                                                                                | 0                     | 10671366               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 80010974               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 99.21 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 138.35 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.59 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

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

64

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. .... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 1665743**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 1613086 Installment 150407**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 1816150**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 1816150 Total balance 1816150**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 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<br>HILLENBRAND, INC. PENSION PLAN                                           | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HILLENBRAND, INC.                | D Employer Identification Number (EIN)<br>26-1342272 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AON HEWITT GROUP TRUST                                                                                     |
| 27-2436452                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| JPMORGAN CHASE BANK NA                                                                                     |
| 13-4994650                                                                                                 |

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

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

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

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

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

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

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

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

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

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**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)

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | ACTUARY/CONSULTING                                                                                | 509097                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY

04-3275867

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | ADMINISTRATION                                                                                    | 275765                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JPMORGAN CHASE

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | TRUSTEE                                                                                           | 25000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

KATZ, SAPPER & MILLER

35-1090346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 22250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                  |                                                                    |            |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>HILLENBRAND, INC. PENSION PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HILLENBRAND, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-1342272</u> |            |

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

|                                                                                                 |                               |                                                                                                                      |  |  |
|-------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP EQUITY INDEX FUND</u>               |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-006</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22304153</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>                     |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-007</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>160520579</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-U.S. EQUITY FUND</u>                      |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-003</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21793699</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL AND MID-CAP EQUITY FUND</u>             |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-002</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7691706</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE GOVERNMENT BOND INDEX</u>        |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-015</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35865876</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-U.S. EQUITY INDEX FUND</u>                |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-010</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6620872</u>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 PLUS YEAR US TREAS. STRIPS INDEX</u>       |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING, INC.</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>27-2436452-012</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77776</u>     |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-013 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14637823 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG GOVERNMENT BOND INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-014 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32597653 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

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

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>HILLENBRAND, INC. PENSION PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HILLENBRAND, INC.</u>                | <b>D</b> Employer Identification Number (EIN)<br><u>26-1342272</u> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 1029991               | 1024149         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 2554904               | 1480193         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 310779754             | 302110137       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 314364649             | 304614479       |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 167906 | 153447 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |        |        |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 167906 | 153447 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 314196743 | 304461032 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 449        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 449       |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 6295481   |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6295930   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 14941733   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 14941733  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 531697     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 275765     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 282446     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1089908   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 16031641  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -9735711  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: KATZ, SAPPER & MILLER, LLP

(2) EIN: 35-1090346

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                 | No                 | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                  |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                              |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                   |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                          | X                   |                    | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                        |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                              |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                    | X                   |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                         | X                   |                    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                      | X                   |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                         | X                   |                    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                               |                     | X                  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                      |                     | X                  |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                          |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                               |                     |                    |          |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                      |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                      | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439721 _____. |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                    |                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>HILLENBRAND, INC. PENSION PLAN                            | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HILLENBRAND, INC. | <b>D</b> Employer Identification Number (EIN)<br>26-1342272 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-3275867 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 0 |

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

Schedule R (Form 5500) 2021  
v. 201209

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

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

Stock: 23.3 % Investment-Grade Debt: 75.9 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.8 %

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

# HILLENBRAND, INC. PENSION PLAN

## FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

December 31, 2021 and 2020



**Katz, Sapper & Miller, LLP**  
Certified Public Accountants

# HILLENBRAND, INC. PENSION PLAN

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*Independent Auditor's Report*

To the Plan Administrator  
Hillenbrand, Inc. Pension Plan

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

We have performed an audit of the accompanying financial statements of Hillenbrand, Inc. Pension 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 ended December 31, 2021, and the statement of accumulated plan benefits as of January 1, 2021 and the related statement of changes in accumulated plan benefits the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Hillenbrand, Inc. Pension Plan's 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 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 Department of Labor'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 4 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 2021 financial statements referred to above, 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.

- The information in the 2021 financial statements referred to above 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. 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 Hillenbrand, Inc. Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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 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 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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.

### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2021, and the schedule of reportable transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor'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 Hillenbrand, Inc. Pension Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 11, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Katz, Sapper & Miller, LLP*

Indianapolis, Indiana  
October 5, 2022

**HILLENBRAND, INC. PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2021 and 2020**

|                                          | <b>2021</b>                  | <b>2020</b>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| Investments at fair value                | \$ 303,590,330               | \$ 313,334,658               |
| Cash, noninterest-bearing                | <u>1,024,149</u>             | <u>1,029,991</u>             |
| Total Assets                             | 304,614,479                  | 314,364,649                  |
| <b>LIABILITIES</b>                       |                              |                              |
| Accrued administrative expenses          | <u>153,447</u>               | <u>167,906</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 304,461,032</u></u> | <u><u>\$ 314,196,743</u></u> |

*See accompanying notes.*

# HILLENBRAND, INC. PENSION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2021 and 2020

|                                                              | 2021                  | 2020                  |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>                 |                       |                       |
| Investment Income (Loss):                                    |                       |                       |
| Net appreciation (depreciation) in fair value of investments | \$ 6,295,481          | \$ 43,202,219         |
| Interest and dividends                                       | 449                   | 6,892                 |
| Total Investment Income (Loss)                               | <u>6,295,930</u>      | <u>43,209,111</u>     |
| Total Additions                                              | <u>6,295,930</u>      | <u>43,209,111</u>     |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>              |                       |                       |
| Benefits paid                                                | 14,941,733            | 12,172,843            |
| Administrative expenses                                      | <u>1,089,908</u>      | <u>1,085,287</u>      |
| Total Deductions                                             | <u>16,031,641</u>     | <u>13,258,130</u>     |
| <b>NET INCREASE (DECREASE)</b>                               | (9,735,711)           | 29,950,981            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     |                       |                       |
| Beginning of Year                                            | <u>314,196,743</u>    | <u>284,245,762</u>    |
| End of Year                                                  | <u>\$ 304,461,032</u> | <u>\$ 314,196,743</u> |

See accompanying notes.

**HILLENBRAND, INC. PENSION PLAN**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**  
**January 1, 2021**

**ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS**

Vested benefits:

Participants currently receiving payments

\$ 155,827,355

Other participants

128,178,110

Total Vested Benefits

284,005,465

Nonvested benefits

2,099,414

**TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS**

\$ 286,104,879

*See accompanying notes.*

**HILLENBRAND, INC. PENSION PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**Year Ended January 1, 2021**

|                                                                                  |                              |
|----------------------------------------------------------------------------------|------------------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR</b> | <u>\$ 270,249,485</u>        |
| <b>INCREASE (DECREASE) ATTRIBUTED TO</b>                                         |                              |
| Benefits accumulated and actuarial experience                                    | (481,568)                    |
| Increase for interest due to decrease in discount period                         | 8,349,049                    |
| Benefits paid                                                                    | (12,172,843)                 |
| Change in actuarial assumptions                                                  | <u>20,160,756</u>            |
| Net Increase                                                                     | <u>15,855,394</u>            |
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR</b>       | <u><u>\$ 286,104,879</u></u> |

*See accompanying notes.*

## HILLENBRAND, INC. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS December 31, 2021 and 2020

#### NOTE 1 - DESCRIPTION OF PLAN

The following description of Hillenbrand, Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General:** The Plan was organized effective April 1, 2008, as a noncontributory defined benefit retirement plan covering all eligible employees of Hillenbrand, Inc. and certain related entities (the Employer and Plan Sponsor). The Plan is closed to non-bargaining employees hired on or after June 30, 2003. Non-bargaining employees hired before July 1, 2003, were offered a one-time option to freeze their pension benefit as of December 31, 2003, and to participate in an enhanced 401(k) plan. Additionally, the Plan is closed to bargaining unit employees hired on or after March 23, 2009 in Vicksburg, and on or after August 18, 2009 in Manchester. Effective December 31, 2009, the Plan also covers remaining inactive participants of the Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan. The Plan is closed to bargaining unit employees hired on or after June 28, 2010 as Batesville Drivers in Batesville, Indiana, and on or after May 8, 2012 as Batesville Steelworkers in Batesville, Indiana. Effective August 31, 2012, the Rotex Global, LLC and the United Steel Workers of America Pension Plan and effective December 31, 2012, the Pension Plan for the Employees of Coperion Corporation were merged into the Plan for which the Plan now provides benefits to active and inactive participants who had a frozen accrued benefit relating to those plans.

Effective December 31, 2016, benefits were frozen for all non-bargaining non-Grandfathered participants in the Plan. Non-bargaining Grandfathered participants' benefits were frozen as of December 31, 2019. Effective December 31, 2017, benefits were frozen for all bargaining non-Grandfathered participants in the Plan in Vicksburg and in Manchester. Effective December 31, 2020, benefits were frozen for all bargaining Grandfathered participants in Vicksburg and Manchester. Effective December 31, 2018, benefits were frozen for all bargaining non-Grandfathered Batesville Drivers in Batesville. The benefits of Grandfathered bargaining Batesville Drivers will be frozen as of December 31, 2021. Effective December 31, 2019, benefits were frozen for all bargaining non-Grandfathered Steelworkers in Batesville. The benefits of bargaining Grandfathered Steelworkers in Batesville will be frozen as of December 31, 2022.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Finance and Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors of the Employer.

**Contributions:** Each year, the annual funding of the Plan is provided by the Employer and is based on an actuarial determination of the annual normal cost, the amortization of prior service costs, and the amortization of actuarial gains and losses. This may result in Employer contributions which exceed the minimum funding requirements of ERISA. At December 31, 2021 and 2020, the Plan had met all ERISA minimum funding requirements.

**Vesting:** Participants are 100% vested and eligible for a benefit under the Plan after completing five years of credited service. Prior to the completion of five years of credited service, a participant is zero percent vested.

## NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

**Benefits:** Benefits under the Plan are based on the participant's years of credited service and average compensation for some participants or years of credited service times a flat dollar rate for other participants. Participants with five or more years of service are entitled to annual pension benefits beginning at the later of normal retirement age (65) or Social Security retirement age. The Plan permits early retirement at age 55 with five years of service with a reduced benefit. Participants may elect to receive pension benefits in the form of a life annuity with a minimum two-year guarantee or as a joint and survivor annuity. The Plan also provides for certain death and disability benefits and other forms of benefit payments as more fully described in the Plan Agreement.

**Plan Termination:** Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. For further information, refer to the Plan Agreement available from the Plan Administrator.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Estimates:** The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the actuarial present value of accumulated plan benefits and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

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

**Payment of Benefits:** Benefits are recorded when paid.

**Expenses:** Administrative expenses for maintaining the Plan may be paid by the Employer or the Plan, at the Employer's discretion.

**Actuarial Present Value of Accumulated Plan Benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered.

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

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

A summary of the assumptions underlying the computation of the actuarial present value of accumulated plan benefits at January 1, 2021, is as follows:

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial method:         | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Interest rate:            | 2.60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Optional payment form     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| conversion interest rate: | 0.52%, 2.22%, 3.03% for lump sum payments                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mortality basis:          | Base healthy: Amounts-weighted aggregate rates from the Pri-2012 mortality study; Rates projected generationally from 2012 with Scale MP-2021<br>Base disabled: Amounts-weighted disabled retiree rates from the Pri-2012 mortality study; Rates projected generationally from 2012 with Scale MP-2021<br>Base contingent survivors: Amounts-weighted aggregate rates from the Pri-2012 mortality study; Rates projected generationally from 2012 with Scale MP-2021 |
| Normal retirement age:    | From age 55 to 65 or Social Security retirement age, with average retirement age of 64                                                                                                                                                                                                                                                                                                                                                                               |
| Disability:               | Probability varies depending upon age and sex from 0.03% to 1.64%                                                                                                                                                                                                                                                                                                                                                                                                    |
| Turnover:                 | Probability varies depending upon age and sex from 0.00% to 25.00%                                                                                                                                                                                                                                                                                                                                                                                                   |
| Expenses:                 | \$702,000 (excluding investment expenses)                                                                                                                                                                                                                                                                                                                                                                                                                            |

The actuarial assumptions included changes in the Plan's interest rate and mortality assumptions and tables.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Tax Status:** The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated January 27, 2016, that the Plan and related trust are designed in accordance with applicable sections of the United States Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt.

The Puerto Rico Department of Treasury determined and informed the Employer by a letter dated March 10, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Puerto Rico Internal Revenue Code of 2011, as amended (PR Code). The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the PR Code. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities.

The Plan is subject to routine audits by taxing authorities. The Plan was under examination by the U.S. Department of Labor's Employee Benefits Security Administration and received a closing letter for the examination dated August 30, 2022.

**Subsequent Events:** The Plan Administrator has evaluated the financial statements for subsequent events occurring through October 5, 2022, the date the financial statements were available to be issued.

### NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

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

**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; and 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 observed 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodologies used by the Plan for assets that are measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2021 and 2020.

**Money Market Fund Shares:** Valued at the daily closing price as reported by the fund. This fund is required to publish its daily net asset value (NAV) and to transact at that price. This fund held by the Plan is deemed to be actively traded.

**Collective Trust Funds:** Valued at the NAV of units of each trust company collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. These funds may invest in equity securities, fixed income securities, and derivatives, including, but not limited to futures, options, swap contracts and forward currency exchange contracts. In certain instances, the assets of a fund may be invested in another investment vehicle, such as a mutual fund, other collective investment fund, privately offered investment fund, other pooled investment vehicle, or another fund offered under the Trust.

Following is a summary, within each level of the fair value hierarchy, of the Plan's assets that are measured at fair value on a recurring basis as of December 31, 2021 and 2020:

| 2021                                                   | Level 1            | Total                |
|--------------------------------------------------------|--------------------|----------------------|
| Money market fund shares                               | <u>\$1,480,193</u> | <u>\$ 1,480,193</u>  |
| Total Assets in the Fair Value Hierarchy               | <u>\$1,480,193</u> | 1,480,193            |
| Investments measured at Net Asset Value <sup>(1)</sup> |                    | <u>302,110,137</u>   |
| Total Investments at Fair Value                        |                    | <u>\$303,590,330</u> |

### NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

| 2020                                                   | Level 1            | Total                |
|--------------------------------------------------------|--------------------|----------------------|
| Money market fund shares                               | <u>\$2,554,904</u> | <u>\$ 2,554,904</u>  |
| Total Assets in the Fair Value Hierarchy               | <u>\$2,554,904</u> | 2,554,904            |
| Investments measured at Net Asset Value <sup>(1)</sup> |                    | <u>310,779,754</u>   |
| Total Investments at Fair Value                        |                    | <u>\$313,334,658</u> |

<sup>(1)</sup> In accordance with Subtopic 820-10, certain investments that are measured at net asset value (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 total investments at fair value presented in the statements of net assets available for benefits.

### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020.

| 2021                                     | Fair Value    | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|------------------------------------------|---------------|----------------------|----------------------------------------------|--------------------------|
| Aon Collective Investment Trust:         |               |                      |                                              |                          |
| Large Cap Equity Index Fund              | \$ 22,304,153 | N/A                  | Daily                                        | 15 days                  |
| Long Credit Bond Fund                    | 160,520,579   | N/A                  | Daily                                        | 15 days                  |
| Non-U.S. Equity Fund                     | 21,793,699    | N/A                  | Daily                                        | 15 days                  |
| Small & Mid Cap Equity Fund              | 7,691,706     | N/A                  | Daily                                        | 15 days                  |
| Long Government Bond Index Fund          | 32,597,653    | N/A                  | Daily                                        | 15 days                  |
| Non-U.S. Equity Index Fund               | 6,620,872     | N/A                  | Daily                                        | 15 days                  |
| 20+ Year U.S. Treasury STRIPS Index Fund | 77,776        | N/A                  | Daily                                        | 15 days                  |
| Mid Duration Long Credit Bond Fund       | 14,637,823    | N/A                  | Daily                                        | 15 days                  |
| Intermediate Government Bond Index Fund  | 35,865,876    | N/A                  | Daily                                        | 15 days                  |
| 2020                                     |               |                      |                                              |                          |
| Aon Hewitt Collective Investment Trust:  |               |                      |                                              |                          |
| Large Cap Equity Index Fund              | \$ 26,129,542 | N/A                  | Daily                                        | 15 days                  |
| Long Credit Bond Fund                    | 183,417,011   | N/A                  | Daily                                        | 15 days                  |
| Non-U.S. Equity Fund                     | 28,487,691    | N/A                  | Daily                                        | 15 days                  |
| Small & Mid Cap Equity Fund              | 9,524,331     | N/A                  | Daily                                        | 15 days                  |
| Long Government Bond Index Fund          | 39,363,086    | N/A                  | Daily                                        | 15 days                  |
| Non-U.S. Equity Index Fund               | 8,856,046     | N/A                  | Daily                                        | 15 days                  |
| 20+ Year U.S. Treasury STRIPS Index Fund | 82,572        | N/A                  | Daily                                        | 15 days                  |
| Mid Duration Long Credit Bond Fund       | 14,919,475    | N/A                  | Daily                                        | 15 days                  |

#### **NOTE 4 - INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED INFORMATION)**

All information related to investments held at December 31, 2021 and 2020, and net appreciation or depreciation in fair value of investments, interest and dividends for the year ended December 31, 2021, disclosed in the accompanying financial statements and supplemental schedules was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by JPMorgan Chase Bank, N.A., the Plan's trustee, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

#### **NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Direct fees paid by the Plan to the Trustee for trustee services totaled \$25,000 in 2021 and \$25,000 in 2020.

Certain Plan investments are sponsored by Aon Hewitt Trust Group, an affiliate of the group operating as Aon Consulting, Inc., the Plan's actuary and pension consultant; therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA. Direct fees paid by the Plan for actuarial and consulting services totaled \$509,097 for 2021 and \$510,101 for 2020.

In addition, the Plan invested in a money market fund sponsored by the Plan's Trustee through December 31, 2020. Transactions in this investment also qualify as exempt party-in-interest transactions under ERISA.

The Employer provides certain accounting, recordkeeping and administrative services to the Plan for which it receives no compensation.

#### **NOTE 6 - RISKS AND UNCERTAINTIES**

The Plan's investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements.

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

#### **NOTE 7 - FUNDING STATUS**

The Plan was deemed to be not-at-risk by the Plan's consulting actuary for the 2021 Plan year based on a funded percentage of 109.82%. Therefore, no benefit restrictions were required.

## **SUPPLEMENTAL SCHEDULES**

# HILLENBRAND, INC. PENSION PLAN

EIN 26-1342272 PN 001

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2021

| (a)                               | (b) and (c)                                                              |                           | (d)         | (e)                          |
|-----------------------------------|--------------------------------------------------------------------------|---------------------------|-------------|------------------------------|
|                                   | Identity of Issue / Description of Investment                            | Number of<br>Shares/Units | Cost        | Current<br>Value             |
| <b>INVESTMENTS AT FAIR VALUE:</b> |                                                                          |                           |             |                              |
| <b>COLLECTIVE TRUST FUNDS</b>     |                                                                          |                           |             |                              |
| *                                 | Aon Collective Investment Trust Intermediate Government Bond Index Fund  | 3,656,053                 | 36,200,000  | \$ 35,865,876                |
| *                                 | Aon Collective Investment Trust Long Government Bond Index Fund          | 3,516,467                 | 34,967,592  | 32,597,653                   |
| *                                 | Aon Collective Investment Trust Non-U.S. Equity Index Fund               | 520,509                   | 5,205,088   | 6,620,872                    |
| *                                 | Aon Collective Investment Trust Large Cap Equity Index Fund              | 1,545,679                 | 15,456,794  | 22,304,153                   |
| *                                 | Aon Collective Investment Trust Non-U.S. Equity Fund                     | 1,133,318                 | 15,934,447  | 21,793,699                   |
| *                                 | Aon Collective Investment Trust Small & Mid Cap Equity Fund              | 319,955                   | 4,842,781   | 7,691,706                    |
| *                                 | Aon Collective Investment Trust Mid Duration Long Credit Bond Fund       | 1,359,129                 | 13,659,152  | 14,637,823                   |
| *                                 | Aon Collective Investment Trust Long Credit Bond Fund                    | 15,509,235                | 156,089,267 | 160,520,579                  |
| *                                 | Aon Collective Investment Trust 20+ Year U.S. Treasury STRIPS Index Fund | 8,566                     | 85,570      | 77,776                       |
|                                   | Total Collective Trust Funds                                             |                           |             | <u>302,110,137</u>           |
| <b>MONEY MARKET FUND SHARES</b>   |                                                                          |                           |             |                              |
|                                   | Federated Government Obligations Fund - Premier - Fund 117               | 1,480,193                 | 1,480,193   | <u>1,480,193</u>             |
| <b>TOTAL</b>                      |                                                                          |                           |             | <u><u>\$ 303,590,330</u></u> |

\* Party-in-interest, but not prohibited transactions.

**HILLENBRAND, INC. PENSION PLAN**

**EIN 26-1342272 PN 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**Year Ended December 31, 2021**

| (a)                                                                        | (b)                                                         | (c)               | (d)              | (f)                                        | (g)                      | (h)                                                    | (i)                   |
|----------------------------------------------------------------------------|-------------------------------------------------------------|-------------------|------------------|--------------------------------------------|--------------------------|--------------------------------------------------------|-----------------------|
| Identity of Party Involved                                                 | Description<br>of Asset                                     | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred<br>with<br>Transaction | Cost of<br>Asset         | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain or<br>(Loss) |
| <b>SERIES OF TRANSACTIONS IN<br/>EXCESS OF 5% OF PLAN ASSETS</b>           |                                                             |                   |                  |                                            |                          |                                                        |                       |
| Aon Collective Investment Trust<br>Intermediate Government Bond Index Fund | Collective<br>Trust Fund<br>Purchases (6)                   | \$ 36,200,000     |                  |                                            | \$ 36,200,000            | \$ 36,200,000                                          |                       |
| Aon Collective Investment Trust<br>Long Credit Bond Fund                   | Collective<br>Trust Fund<br>Purchases (1)<br>Sales (7)      | 3,850,000         | \$ 24,490,000    |                                            | 3,850,000<br>23,995,224  | 3,850,000<br>24,490,000                                | 494,776               |
| Federated Government Obligations Fund - Premier -<br>Fund 117              | Money Market Fund<br>Shares<br>Purchases (28)<br>Sales (41) | 20,736,490        | 19,256,303       |                                            | 20,736,490<br>19,256,303 | 20,736,490<br>19,256,303                               | -                     |
| JPMorgan 100% U.S. Treasury<br>MMF Morgan Shares                           | Money Market Fund<br>Shares<br>Purchases (24)<br>Sales (23) | 7,454,190         | 10,009,096       |                                            | 7,454,190<br>10,009,096  | 7,454,190<br>10,009,096                                | -                     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

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

| Attained Age | Number of Participants and Average Accrued Benefit |     |     |               |               |               |       |                |       |                |
|--------------|----------------------------------------------------|-----|-----|---------------|---------------|---------------|-------|----------------|-------|----------------|
|              | Years of Credited Service                          |     |     |               |               |               |       |                |       |                |
|              | <1                                                 | 1-4 | 5-9 | 10-14         | 15-19         | 20-24         | 25-29 | 30-34          | 35-39 | 40+            |
| <25          |                                                    |     |     |               |               |               |       |                |       |                |
| 25-29        |                                                    |     |     |               |               |               |       |                |       |                |
| 30-34        |                                                    |     | 2   |               |               |               |       |                |       |                |
| 35-39        |                                                    |     | 2   | 6             | 3             | 1             |       |                |       |                |
| 40-44        | 1                                                  | 8   | 3   | 4             | 24<br>\$6,851 | 17            |       |                |       |                |
| 45-49        |                                                    | 10  | 17  | 9             | 29<br>\$5,399 | 24<br>\$8,256 | 11    |                |       |                |
| 50-54        |                                                    | 11  | 11  | 13            | 29<br>\$6,297 | 25<br>\$6,997 | 9     | 19             | 1     |                |
| 55-59        |                                                    | 11  | 8   | 20<br>\$5,493 | 38<br>\$7,237 | 31<br>\$7,106 | 11    | 25<br>\$21,118 | 13    | 13             |
| 60-64        | 1                                                  | 4   | 12  | 6             | 25<br>\$6,792 | 29<br>\$8,172 | 15    | 21<br>\$17,325 | 12    | 86<br>\$16,766 |
| 65-69        |                                                    | 1   | 4   | 4             | 3             | 12            | 4     | 5              | 2     | 23<br>\$18,105 |
| 70+          |                                                    |     |     |               | 2             | 3             | 1     | 2              |       | 7              |

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Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

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

|                                                |                                                                                                                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA                              |
| 1st Segment Rate                               | 4.75%                                                                                                                                                                                                             |
| 2nd Segment Rate                               | 5.36%                                                                                                                                                                                                             |
| 3rd Segment Rate                               | 6.11%                                                                                                                                                                                                             |
| Salary Increases                               | 3.00% for salaried employees and 2.00% for hourly employees                                                                                                                                                       |
| Social Security Wage Base Increases            | Future wage indices are based on a national wage increase of 3.00% per year                                                                                                                                       |
| Optional Payment Form Election Percentage      |                                                                                                                                                                                                                   |
| Master                                         | 40% life annuity<br>20% joint and 50% survivor annuity<br>20% joint and 100% survivor annuity<br>10% 2-year certain and life annuity<br>5% 5-year certain and life annuity<br>5% 20-year certain and life annuity |
| Rotex                                          | 100% life annuity                                                                                                                                                                                                 |
| Coperion                                       | 20% life annuity<br>10% joint and 50% survivor annuity<br>20% joint and 100% survivor annuity<br>50% lump sum                                                                                                     |
| Optional Payment Form Conversion Interest Rate |                                                                                                                                                                                                                   |
| Annuities                                      |                                                                                                                                                                                                                   |
| Master                                         | 6.50%                                                                                                                                                                                                             |
| Coperion                                       | 8.00%                                                                                                                                                                                                             |
| Lump Sum                                       | Same as funding interest rates above                                                                                                                                                                              |
| Optional Payment Form Conversion Mortality     |                                                                                                                                                                                                                   |
| Annuities                                      |                                                                                                                                                                                                                   |
| Master                                         | 1971 group annuity mortality table weighted 90% male and 10% female                                                                                                                                               |
| Coperion                                       | UP 1984 mortality table                                                                                                                                                                                           |
| Lump Sum                                       | Current 417(e) mortality table                                                                                                                                                                                    |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Retirement Age

Master

|                                |             |
|--------------------------------|-------------|
| Active Participants            | See Table 1 |
| Terminated Vested Participants | Age 62      |

|        |        |
|--------|--------|
| Nashua | Age 62 |
|--------|--------|

Rotex

|                                |             |
|--------------------------------|-------------|
| Active Participants            | Age 62      |
| Terminated Vested Participants | See Table 2 |

Coperion

|                                |             |
|--------------------------------|-------------|
| Active Participants            | Age 62      |
| Terminated Vested Participants | See Table 1 |

Mortality Rates

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

Withdrawal Rates

See Tables 3–4

Disability Rates

See Table 5 (Rotex and Coperion—no rates)

Decrement Timing

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

Surviving Spouse Benefit

It is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2020 pensionable earnings rolled forward one year with salary increase assumption

Benefit and Compensation Limits

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

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Valuation of Plan Assets

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

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

Expected Return on Assets

2019 Plan Year

5.20%, limited by 6.11%.

2020 Plan Year

5.00%, limited by 5.94%.

2021 Plan Year

4.10%, limited by 6.11%.

Trust Expenses Included in Target Normal Cost

\$702,000. Based on prior year administrative expenses (excluding investment expenses) plus estimated current year PBGC variable premium, rounded to the nearest \$1,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 1

**Retirement Rates—Batesville, Corporate, and Coperion**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 3.00%              |
| 56                | 3.00%              |
| 57                | 3.00%              |
| 58                | 3.00%              |
| 59                | 3.00%              |
| 60                | 3.00%              |
| 61                | 5.00%              |
| 62                | 20.00%             |
| 63                | 15.00%             |
| 64                | 20.00%             |
| 65                | 35.00%             |
| 66                | 40.00%             |
| 67                | 30.00%             |
| 68                | 30.00%             |
| 69                | 30.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 2—Page 1 of 2

**Retirement Rates—Rotex**

| <b>Age</b> | <b>Years of Service</b> |              |           |           |           |           |
|------------|-------------------------|--------------|-----------|-----------|-----------|-----------|
|            | <b>0–9</b>              | <b>10–14</b> | <b>15</b> | <b>16</b> | <b>17</b> | <b>18</b> |
| 55         | 0.00%                   | 0.00%        | 0.00%     | 0.00%     | 0.00%     | 0.00%     |
| 56         | 0.00%                   | 0.00%        | 0.00%     | 0.00%     | 0.00%     | 0.00%     |
| 57         | 0.00%                   | 0.00%        | 0.00%     | 0.00%     | 0.00%     | 5.00%     |
| 58         | 0.00%                   | 0.00%        | 0.00%     | 0.00%     | 5.00%     | 5.00%     |
| 59         | 0.00%                   | 0.00%        | 0.00%     | 5.00%     | 5.00%     | 5.00%     |
| 60         | 0.00%                   | 5.00%        | 5.00%     | 5.00%     | 5.00%     | 5.00%     |
| 61         | 0.00%                   | 15.00%       | 20.00%    | 20.00%    | 20.00%    | 20.00%    |
| 62         | 0.00%                   | 20.00%       | 25.00%    | 25.00%    | 25.00%    | 25.00%    |
| 63         | 0.00%                   | 15.00%       | 20.00%    | 20.00%    | 20.00%    | 20.00%    |
| 64         | 0.00%                   | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 65         | 30.00%                  | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 66         | 30.00%                  | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 67         | 30.00%                  | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 68         | 30.00%                  | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 69         | 30.00%                  | 30.00%       | 30.00%    | 30.00%    | 30.00%    | 30.00%    |
| 70+        | 100.00%                 | 100.00%      | 100.00%   | 100.00%   | 100.00%   | 100.00%   |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 2—Page 2 of 2

**Retirement Rates—Rotex**

| <b>Age</b> | <b>Years of Service</b> |            |
|------------|-------------------------|------------|
|            | <b>19</b>               | <b>20+</b> |
| 55         | 0.00%                   | 5.00%      |
| 56         | 5.00%                   | 5.00%      |
| 57         | 5.00%                   | 5.00%      |
| 58         | 5.00%                   | 5.00%      |
| 59         | 5.00%                   | 5.00%      |
| 60         | 5.00%                   | 5.00%      |
| 61         | 20.00%                  | 20.00%     |
| 62         | 25.00%                  | 25.00%     |
| 63         | 20.00%                  | 20.00%     |
| 64         | 30.00%                  | 30.00%     |
| 65         | 30.00%                  | 30.00%     |
| 66         | 30.00%                  | 30.00%     |
| 67         | 30.00%                  | 30.00%     |
| 68         | 30.00%                  | 30.00%     |
| 69         | 30.00%                  | 30.00%     |
| 70+        | 100.00%                 | 100.00%    |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 3—Page 1 of 2

**Withdrawal Rates—Hourly and Rotex**

| Age | Years of Service |        |        |        |
|-----|------------------|--------|--------|--------|
|     | 0                | 1      | 2      | 3+     |
| 15  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 16  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 17  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 18  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 19  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 20  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 21  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 22  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 23  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 24  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 25  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 26  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 27  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 28  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 29  | 25.00%           | 20.00% | 15.00% | 12.00% |
| 30  | 25.00%           | 20.00% | 15.00% | 3.00%  |
| 31  | 25.00%           | 20.00% | 15.00% | 3.00%  |
| 32  | 25.00%           | 20.00% | 15.00% | 3.00%  |
| 33  | 25.00%           | 20.00% | 15.00% | 3.00%  |
| 34  | 25.00%           | 20.00% | 15.00% | 3.00%  |
| 35  | 25.00%           | 20.00% | 15.00% | 4.00%  |
| 36  | 25.00%           | 20.00% | 15.00% | 4.00%  |
| 37  | 25.00%           | 20.00% | 15.00% | 4.00%  |
| 38  | 25.00%           | 20.00% | 15.00% | 4.00%  |
| 39  | 25.00%           | 20.00% | 15.00% | 4.00%  |
| 40  | 25.00%           | 20.00% | 15.00% | 7.00%  |
| 41  | 25.00%           | 20.00% | 15.00% | 7.00%  |
| 42  | 25.00%           | 20.00% | 15.00% | 7.00%  |
| 43  | 25.00%           | 20.00% | 15.00% | 7.00%  |
| 44  | 25.00%           | 20.00% | 15.00% | 7.00%  |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 3—Page 2 of 2

**Withdrawal Rates—Hourly and Rotex**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 45         | 25.00%                  | 20.00%   | 15.00%   | 3.00%     |
| 46         | 25.00%                  | 20.00%   | 15.00%   | 3.00%     |
| 47         | 25.00%                  | 20.00%   | 15.00%   | 3.00%     |
| 48         | 25.00%                  | 20.00%   | 15.00%   | 3.00%     |
| 49         | 25.00%                  | 20.00%   | 15.00%   | 3.00%     |
| 50         | 25.00%                  | 20.00%   | 15.00%   | 4.00%     |
| 51         | 25.00%                  | 20.00%   | 15.00%   | 4.00%     |
| 52         | 25.00%                  | 20.00%   | 15.00%   | 4.00%     |
| 53         | 25.00%                  | 20.00%   | 15.00%   | 4.00%     |
| 54         | 25.00%                  | 20.00%   | 15.00%   | 4.00%     |
| 55+        | 30.00%                  | 25.00%   | 20.00%   | 0.00%     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 4

**Withdrawal Rates—Salaried, Frozen and Coperion**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 10.00%      | 45         | 5.00%       |
| 16         | 10.00%      | 46         | 5.00%       |
| 17         | 10.00%      | 47         | 5.00%       |
| 18         | 10.00%      | 48         | 5.00%       |
| 19         | 10.00%      | 49         | 5.00%       |
| 20         | 10.00%      | 50         | 4.00%       |
| 21         | 10.00%      | 51         | 4.00%       |
| 22         | 10.00%      | 52         | 4.00%       |
| 23         | 10.00%      | 53         | 4.00%       |
| 24         | 10.00%      | 54         | 4.00%       |
| 25         | 10.00%      | 55+        | 0.00%       |
| 26         | 10.00%      |            |             |
| 27         | 10.00%      |            |             |
| 28         | 10.00%      |            |             |
| 29         | 10.00%      |            |             |
| 30         | 10.00%      |            |             |
| 31         | 10.00%      |            |             |
| 32         | 10.00%      |            |             |
| 33         | 10.00%      |            |             |
| 34         | 10.00%      |            |             |
| 35         | 2.00%       |            |             |
| 36         | 2.00%       |            |             |
| 37         | 2.00%       |            |             |
| 38         | 2.00%       |            |             |
| 39         | 2.00%       |            |             |
| 40         | 5.00%       |            |             |
| 41         | 5.00%       |            |             |
| 42         | 5.00%       |            |             |
| 43         | 5.00%       |            |             |
| 44         | 5.00%       |            |             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
EIN: 26-1342272 PN: 001

Table 5

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.03%       | 0.03%         | 45         | 0.16%       | 0.24%         |
| 16         | 0.03%       | 0.03%         | 46         | 0.18%       | 0.27%         |
| 17         | 0.03%       | 0.03%         | 47         | 0.21%       | 0.30%         |
| 18         | 0.03%       | 0.03%         | 48         | 0.25%       | 0.33%         |
| 19         | 0.03%       | 0.03%         | 49         | 0.28%       | 0.36%         |
| 20         | 0.03%       | 0.03%         | 50         | 0.33%       | 0.40%         |
| 21         | 0.03%       | 0.03%         | 51         | 0.39%       | 0.44%         |
| 22         | 0.03%       | 0.03%         | 52         | 0.46%       | 0.49%         |
| 23         | 0.03%       | 0.03%         | 53         | 0.53%       | 0.54%         |
| 24         | 0.03%       | 0.03%         | 54         | 0.61%       | 0.59%         |
| 25         | 0.03%       | 0.03%         | 55         | 0.69%       | 0.64%         |
| 26         | 0.03%       | 0.03%         | 56         | 0.77%       | 0.69%         |
| 27         | 0.03%       | 0.03%         | 57         | 0.86%       | 0.74%         |
| 28         | 0.03%       | 0.04%         | 58         | 0.95%       | 0.80%         |
| 29         | 0.03%       | 0.04%         | 59         | 1.05%       | 0.85%         |
| 30         | 0.03%       | 0.04%         | 60         | 1.15%       | 0.90%         |
| 31         | 0.03%       | 0.05%         | 61         | 1.26%       | 0.96%         |
| 32         | 0.03%       | 0.05%         | 62         | 1.38%       | 1.01%         |
| 33         | 0.03%       | 0.06%         | 63         | 1.51%       | 1.05%         |
| 34         | 0.03%       | 0.06%         | 64         | 1.64%       | 1.09%         |
| 35         | 0.04%       | 0.07%         | 65+        | 0.00%       | 0.00%         |
| 36         | 0.04%       | 0.08%         |            |             |               |
| 37         | 0.05%       | 0.09%         |            |             |               |
| 38         | 0.06%       | 0.10%         |            |             |               |
| 39         | 0.07%       | 0.12%         |            |             |               |
| 40         | 0.08%       | 0.13%         |            |             |               |
| 41         | 0.09%       | 0.15%         |            |             |               |
| 42         | 0.10%       | 0.17%         |            |             |               |
| 43         | 0.12%       | 0.19%         |            |             |               |
| 44         | 0.14%       | 0.22%         |            |             |               |

**HILLENBRAND, INC. PENSION PLAN**

**EIN 26-1342272 PN 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**Year Ended December 31, 2021**

| (a)                                                                        | (b)                                                         | (c)               | (d)              | (f)                                        | (g)                      | (h)                                                    | (i)                   |
|----------------------------------------------------------------------------|-------------------------------------------------------------|-------------------|------------------|--------------------------------------------|--------------------------|--------------------------------------------------------|-----------------------|
| Identity of Party Involved                                                 | Description<br>of Asset                                     | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred<br>with<br>Transaction | Cost of<br>Asset         | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net Gain or<br>(Loss) |
| <b>SERIES OF TRANSACTIONS IN<br/>EXCESS OF 5% OF PLAN ASSETS</b>           |                                                             |                   |                  |                                            |                          |                                                        |                       |
| Aon Collective Investment Trust<br>Intermediate Government Bond Index Fund | Collective<br>Trust Fund<br>Purchases (6)                   | \$ 36,200,000     |                  |                                            | \$ 36,200,000            | \$ 36,200,000                                          |                       |
| Aon Collective Investment Trust<br>Long Credit Bond Fund                   | Collective<br>Trust Fund<br>Purchases (1)<br>Sales (7)      | 3,850,000         | \$ 24,490,000    |                                            | 3,850,000<br>23,995,224  | 3,850,000<br>24,490,000                                | 494,776               |
| Federated Government Obligations Fund - Premier -<br>Fund 117              | Money Market Fund<br>Shares<br>Purchases (28)<br>Sales (41) | 20,736,490        | 19,256,303       |                                            | 20,736,490<br>19,256,303 | 20,736,490<br>19,256,303                               | -                     |
| JPMorgan 100% U.S. Treasury<br>MMF Morgan Shares                           | Money Market Fund<br>Shares<br>Purchases (24)<br>Sales (23) | 7,454,190         | 10,009,096       |                                            | 7,454,190<br>10,009,096  | 7,454,190<br>10,009,096                                | -                     |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

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

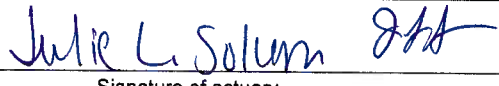
|                                                                                                                                           |  |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Hillenbrand, Inc. Pension Plan                                                                                   |  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Hillenbrand, Inc.                                             |  | <b>D</b> Employer Identification Number (EIN)<br>26-1342272                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 314,196,743               |                          |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 282,777,069               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 1,551                      | 122,374,166               | 122,374,166              |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 681                        | 27,616,334                | 27,616,334               |
| <b>c</b> For active participants.....                                                                                                                                                                          | 743                        | 52,756,807                | 54,388,681               |
| <b>d</b> Total.....                                                                                                                                                                                            | 2,975                      | 202,747,307               | 204,379,181              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b>                   | 5.57%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 963,743                   |                          |
| <b>b</b> Expected plan-related expenses.....                                                                                                                                                                   | <b>6b</b>                  | 702,000                   |                          |
| <b>c</b> Total (line 6a + line 6b).....                                                                                                                                                                        | <b>6c</b>                  | 1,665,743                 |                          |

**Statement by Enrolled Actuary**

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

|                            |                                                                                     |                                        |
|----------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN<br/>HERE</b>       |  | <u>07/13/2022</u>                      |
| Julie L. Solum             |                                                                                     | Date                                   |
| Aon Consulting, Inc.       |                                                                                     | 2006838                                |
| Firm name                  |                                                                                     | Most recent enrollment number          |
| 4 Overlook Point           |                                                                                     | 847-295-5000                           |
| Lincolnshire IL 60069-4302 |                                                                                     | Telephone number (including area code) |
| Address of the firm        |                                                                                     |                                        |

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

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

Schedule SB (Form 5500) 2021  
v. 201209

## Part II

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

## Part IV

### Contributions and Liquidity Shortfalls

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

|                 |              |   |              |   |
|-----------------|--------------|---|--------------|---|
| <b>Totals ▶</b> | <b>18(b)</b> | 0 | <b>18(c)</b> | 0 |
|-----------------|--------------|---|--------------|---|

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| Equity shown as at end of quarter of this plan year |         |         |         |
|-----------------------------------------------------|---------|---------|---------|
| (1) 1st                                             | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                   | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                   |                                      |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                                      |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          |                   | <b>31a</b>                           | 1,665,743     |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>                           | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance      Installment |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 1,613,086                            | 150,407       |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>                            |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |                   | <b>34</b>                            | 1,816,150     |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance                   | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 1,816,150                            | 1,816,150     |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>                            | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>                            | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                                      |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>                           | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>                           | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>                            | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>                            | 0             |

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

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

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

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

| Batesville, Corporate, and Coperion |         |        |         | Rotex < 20 years |        |           | Rotex 20+ years |                  |           |  |       |
|-------------------------------------|---------|--------|---------|------------------|--------|-----------|-----------------|------------------|-----------|--|-------|
| Count = 728                         |         |        |         | Count = 0        |        |           | Count = 15      |                  |           |  |       |
| (a)                                 | (b)     | (c)    | Product | (b)              | (c)    | Product   | (b)             | (c)              | Product   |  |       |
| (a) × (b)                           |         |        |         | (a) ×            |        |           | (a) ×           |                  |           |  |       |
| Age                                 | Rate    | Weight | × (c)   | Rate             | Weight | (b) × (c) | Rate            | Weight           | (b) × (c) |  |       |
| 55.5                                | 3.00%   | 1.0000 | 1.67    | 0.00%            | 1.0000 | 0.00      | 5.00%           | 1.0000           | 2.78      |  |       |
| 56.5                                | 3.00%   | 0.9700 | 1.64    | 5.00%            | 1.0000 | 2.83      | 5.00%           | 0.9500           | 2.68      |  |       |
| 57.5                                | 3.00%   | 0.9409 | 1.62    | 5.00%            | 0.9500 | 2.73      | 5.00%           | 0.9025           | 2.59      |  |       |
| 58.5                                | 3.00%   | 0.9127 | 1.60    | 5.00%            | 0.9025 | 2.64      | 5.00%           | 0.8574           | 2.51      |  |       |
| 59.5                                | 3.00%   | 0.8853 | 1.58    | 5.00%            | 0.8574 | 2.55      | 5.00%           | 0.8145           | 2.42      |  |       |
| 60.5                                | 3.00%   | 0.8587 | 1.56    | 5.00%            | 0.8145 | 2.46      | 5.00%           | 0.7738           | 2.34      |  |       |
| 61.5                                | 5.00%   | 0.8330 | 2.56    | 20.00%           | 0.7738 | 9.52      | 20.00%          | 0.7351           | 9.04      |  |       |
| 62.5                                | 20.00%  | 0.7913 | 9.89    | 25.00%           | 0.6190 | 9.67      | 25.00%          | 0.5881           | 9.19      |  |       |
| 63.5                                | 15.00%  | 0.6331 | 6.03    | 20.00%           | 0.4643 | 5.90      | 20.00%          | 0.4411           | 5.60      |  |       |
| 64.5                                | 20.00%  | 0.5381 | 6.94    | 30.00%           | 0.3714 | 7.19      | 30.00%          | 0.3528           | 6.83      |  |       |
| 65.5                                | 35.00%  | 0.4305 | 9.87    | 30.00%           | 0.2600 | 5.11      | 30.00%          | 0.2470           | 4.85      |  |       |
| 66.5                                | 40.00%  | 0.2798 | 7.44    | 30.00%           | 0.1820 | 3.63      | 30.00%          | 0.1729           | 3.45      |  |       |
| 67.5                                | 30.00%  | 0.1679 | 3.40    | 30.00%           | 0.1274 | 2.58      | 30.00%          | 0.1210           | 2.45      |  |       |
| 68.5                                | 30.00%  | 0.1175 | 2.42    | 30.00%           | 0.0892 | 1.83      | 30.00%          | 0.0847           | 1.74      |  |       |
| 69.5                                | 30.00%  | 0.0823 | 1.72    | 30.00%           | 0.0624 | 1.30      | 30.00%          | 0.0593           | 1.24      |  |       |
| 70                                  | 100.00% | 0.0576 | 4.03    | 100.00%          | 0.0437 | 3.06      | 100.00%         | 0.0415           | 2.91      |  |       |
| Weighted Average                    |         |        | 63.97   | Weighted Average |        |           | 63.00           | Weighted Average |           |  | 62.62 |

Retirement Rates - Weighted Average For All Groups

|                                          | Batesville |          |           |
|------------------------------------------|------------|----------|-----------|
|                                          | Corporate  | Rotex    | Rotex     |
|                                          | Coperion   | 19 years | 20+ years |
| Average Age                              | 63.97      | 63.00    | 62.62     |
| Count                                    | 728        | 0        | 15        |
| Weighted Average Expected Retirement Age |            |          |           |
|                                          | 63.94      |          |           |

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Schedule SB, Part V—Summary of Plan Provisions

**History of Plan**

Effective January 1, 1969, the Hillenbrand Industries Basic Pension Plan, the Hillenbrand Industries Supplemental Pension Plan A, and the Hillenbrand Industries Supplemental Pension Plan B, all originally effective as of November 1, 1956, were consolidated and restated into a single plan to cover all full-time employees, not including production and maintenance employees, and over-the-highway truck drivers and sales representatives for Batesville Casket Company, Inc., and Batesville Casket Sales Company, Inc.

Effective July 1, 1974, the Hillenbrand Industries Pension Plan was superseded by the Hillenbrand Industries Pension Plan for Exempt Employees covering all full-time exempt employees except salesmen.

Effective January 1, 1977, the plan was changed to apply the pay replacement percentages to different pay ranges.

Effective June 1, 1980, the plan was amended to improve the guaranteed percentage benefit by increasing the target benefit percentage by five percentage points for each pay bracket. Also, in order to accrue benefits for service over 35 years, the guaranteed percentage benefit is multiplied by the ratio of actual service to 35.

As of January 1, 1981, that part of the Non-Exempt Employees Plan covering the nonexempt salaried employees was merged into and replaced by this plan. The resulting plan covering all salaried employees (exempt and nonexempt) of Hillenbrand Industries, Inc., is referred to as Plan 1.

An amendment effective as of June 1, 1983, provided for two benefit improvements:

- (a) Change from employee-paid to employer-paid preretirement surviving spouse benefit; and
- (b) Change the table of target benefit percentages to improve benefits for participants with under \$2,500 average monthly earnings.

Effective January 1, 1985, the plan was amended to incorporate various changes required due to legislation, including the Retirement Equity Act of 1984. Included among these changes was an extension of company-provided preretirement surviving spouses' benefit coverage to all active vested participants. However, terminated vested employees are required to pay for this coverage through a reduction in retirement benefits.

Effective January 1, 1988, the plan was amended to provide retroactive benefit accruals for employees over age 65 and to provide plan coverage to employees hired after age 60.

Effective January 1, 1989, Supplements 2–13 were merged into Supplement 1. Also effective January 1, 1989, the vesting provision was changed to five-year cliff vesting, and a \$200,000 compensation limitation (as indexed by cost-of-living) was imposed.

Effective January 1, 1992, the benefit formula was changed from the 100% Social Security offset formula to a step-rate excess formula. In addition, early retirement reductions are now applied from an employee's Social Security normal retirement age.

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Effective January 1, 1994, the compensation limit was lowered to \$150,000 (as indexed), as required by legislation.

Effective January 1, 1995, plan coverage was extended to eligible employees of SSI. Service prior to January 1, 1995 is counted for vesting and eligibility purposes, while benefit service is granted for service performed after December 31, 1994.

Effective January 1, 1997, the compensation limit was raised to \$160,000, and the benefit limit to \$125,000, as required by legislation.

Effective January 1, 1999, the benefit limit was raised to \$130,000, as required by legislation.

Effective December 17, 1997 and February 9, 1998, plan coverage was extended to eligible employees of Air Shields and Medaes, respectively. The changes were recognized in the January 1, 2000 valuation.

Effective January 1, 2000, the compensation limit was raised to \$170,000 and the benefit limit was raised to \$135,000 as required by legislation.

Effective January 1, 2000, a minimum benefit formula was added to the plan.

Effective January 1, 2001, the benefit limit was raised to \$140,000, as required by legislation.

Effective January 1, 2002, the pay limit was raised to \$200,000 retrospectively and prospectively under the Economic Growth and Tax Relief Reconciliation Act (EGTRRA). In addition, the Section 415 dollar limit increased to \$160,000 for retirements between ages 62 and age 65 under EGTRRA. Also, for non-bargaining groups, the unreduced retirement age was changed from Social Security normal retirement age to age 65 and the early retirement factor was changed from 6% a year to 3% a year. Finally, the minimum benefit formula was extended to Batesville covered factory employees (Group 7).

Effective January 1, 2004, the pay limit was raised to \$205,000. In addition, the Section 415 dollar limit increased to \$165,000 for retirements between ages 62 and age 65. Also a one-time pension choice was offered to all pension-eligible non-bargaining employees during September 2003. Employees who chose to participate in the enhanced 401(k) plan were given group code Q and will have a frozen pension calculated as of December 31, 2003. All new non-bargaining employees hired after June 30, 2003 will participate in the 401(k) plan.

Effective January 1, 2005, the pay limit was raised to \$210,000. In addition, the Section 415 dollar limit increased to \$170,000 for retirements between ages 62 and age 65. Also, the early retirement reduction for Batesville covered truck drivers changed to 3% from age 65.

Effective January 1, 2006, the pay limit was raised to \$220,000. In addition, the Section 415 dollar limit increased to \$175,000 for retirements between ages 62 and age 65. Also, the early retirement reduction for Hill-Rom factory workers (Pension Code 7 and Company H) changed to 3% from Social Security normal retirement age.

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Effective June 26, 2006, the early retirement reduction for Manchester factory employees (Pension Code 3) changed to 3% from Social Security normal retirement age. Also, in applying the minimum distribution incidental benefit (MDIB) rule for participants electing period certain and life annuities or non-spouse joint and survivor annuities, the applicable period or percentage limits may be increased to the extent that benefits commence before a participant attains age 70.

Effective January 1, 2007, the pay limit was raised to \$225,000. In addition, the Section 415 dollar limit increased to \$180,000 for retirements between ages 62 and age 65.

An early retirement window was offered to Hill-Rom union employees covered under the United Steel, Paper and Foundry, Rubber, Manufacturing, Energy Allied Industrial and Service Workers International Union Local 525U (USW), AFL-CIO who were age 55 and had completed 10 years of service as of January 15, 2007. For participants taking the window, no early retirement reduction factors were applied to benefits beginning before normal retirement date.

Effective September 4, 2007, the plan was amended to provide for a 75% joint and survivor annuity and to extend the QJSA and tax notice periods from 90 to 180 days.

Effective January 1, 2008, the pay limit was raised to \$230,000. In addition, the Section 415 dollar limit increased to \$185,000 for retirements between ages 62 and age 65.

Effective April 1, 2008, the assets and liabilities of the Batesville participants were spun-off into a separate plan.

Effective May 5, 2008, members of non-bargaining groups and Batesville covered factory employees (Group 7) terminating with a benefit of greater than \$11 but less than \$21 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$21.

Effective January 1, 2009, the pay limit was raised to \$245,000. In addition, the Section 415 dollar limit increased to \$195,000 for retirements between ages 62 and 65.

Effective March 23, 2009, the plan is closed to employees who are newly hired, rehired, or transferred into the Vicksburg bargaining employees group.

Effective August 18, 2009, the plan is closed to employees who are newly hired into the Manchester bargaining employees group.

Effective December 31, 2009, the plan was amended to include the members of the Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan.

Effective January 1, 2010, members of the Manchester bargaining employees group terminating with a benefit of less than \$21 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$21.

Effective January 1, 2010, members of the Vicksburg bargaining employees group terminating on or after January 1, 2010 will receive a minimum benefit of the member's years of credited service multiplied by \$19.

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Effective May 3, 2010, members of non-bargaining groups and Batesville covered factory employees (Group 7) terminating with a benefit of greater than \$11 but less than \$22 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$22.

Effective June 28, 2010, the plan is closed to employees who are newly hired into the Batesville driver bargaining group.

Effective January 1, 2012, members of the Vicksburg bargaining employees group terminating on or after January 1, 2012 will receive a minimum benefit of the member's years of credited service multiplied by \$20.

Effective January 1, 2012, members of the Manchester bargaining employees group terminating with a benefit of less than \$22 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$22.

Effective January 1, 2012, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$245,000 to \$250,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$195,000 to \$200,000.

Effective May 7, 2012, the plan is closed to employees who are newly hired, rehired, or transitioned into the Batesville steelworkers bargaining group.

Effective May 7, 2012, members of the Batesville steelworkers bargaining group (Group 7) terminating with a benefit of greater than \$11 but less than \$23 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$23.

Effective August 31, 2012, the Rotex Global, LLC and the United Steelworkers of America Pension Plan merged into the Hillenbrand, Inc. Pension Plan.

Effective January 1, 2013, members of the Manchester bargaining employees group terminating with a benefit of less than \$23 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$23.

Effective January 1, 2013, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$250,000 to \$255,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$200,000 to \$205,000.

Effective December 31, 2013, The Pension Plan for Employees of Coperion Corporation merged into the Hillenbrand, Inc. Pension Plan.

Effective January 1, 2014, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$255,000 to \$260,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$205,000 to \$210,000.

Effective January 1, 2014, there was a change in the mortality basis for lump sum payments under 417(e)(3).

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Effective May 5, 2014, members of the Batesville steelworkers bargaining group (Group 7) terminating with a benefit of greater than \$11 but less than \$24 multiplied by the member's years of credited service will receive a minimum benefit of the member's years of credited service multiplied by \$24.

Effective January 1, 2015, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$260,000 to \$265,000.

Effective January 1, 2015, there was a change in the mortality basis for lump sum payments under 417(e)(3).

A temporary lump sum window was available to the terminated vested participants, deferred beneficiaries, and retirees during 2015.

Effective January 1, 2016, there was a change in the mortality basis for lump sum payments under 417(e)(3).

Effective December 31, 2016 the benefit accruals for all non-bargaining active participants are frozen as of December 31, 2016, except in the case of grandfathered non-bargaining participants (either age 55 or 25 years of benefit service as of December 31, 2016) whose benefit accruals are frozen as of December 31, 2019 and Panola participants.

Effective January 1, 2017, there was a change in the mortality basis for lump sum payments under 417(e)(3).

Effective January 1, 2017, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$265,000 to \$270,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$210,000 to \$215,000.

Effective December 31, 2017 the benefit accruals for all Vicksburg and Manchester active participants are frozen as of December 31, 2017, except in the case of grandfathered participants (either age 55 or 25 years of benefit service as of December 31, 2017) whose benefit accruals are frozen as of December 31, 2020.

Effective January 1, 2018, there was a change in the mortality basis for lump sum payments under 417(e)(3).

Effective January 1, 2018, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$270,000 to \$275,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$215,000 to \$220,000.

Effective December 31, 2018 the benefit accruals for all Batesville OTR union active participants are frozen as of December 31, 2018, except in the case of grandfathered participants (either age 55 or 25 years of benefit service as of December 31, 2018) whose benefit accruals are frozen as of December 31, 2021.

Effective January 1, 2019, there was a change in the mortality basis for lump sum payments under 417(e)(3).

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Effective January 1, 2019, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$275,000 to \$280,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$220,000 to \$225,000.

Effective December 31, 2019 the benefit accruals for all Steelworkers union active participants are frozen as of December 31, 2019, except in the case of grandfathered participants (either age 55 or 25 years of benefit service as of December 31, 2019) whose benefit accruals are frozen as of December 31, 2022.

Effective January 1, 2020, there was a change in the mortality basis for lump sum payments under 417(e)(3).

Effective January 1, 2020, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$280,000 to \$285,000. In addition, there was an increase in the annual maximum benefit limit under IRC section 415 from \$225,000 to \$230,000.

Effective January 1, 2021, there was a change in the mortality basis for lump sum payments under 417(e)(3).

Effective January 1, 2021, there was an increase in the annual pay limit under IRC section 401(a)(17) from \$285,000 to \$290,000.

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Summary of Group Characteristics

| <b>Employee Group</b> | <b>Name</b>                          | <b>Employees Covered</b>                                                                                    | <b>Effective Date of Coverage</b> |
|-----------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Group 1               | Hillenbrand Salaried Employees       | Exempt and Nonexempt Salaried Employees of Hillenbrand Industries, Inc., Batesville Casket, and Forethought | 11/01/1956                        |
| Group 2               | Hourly Noncovered Employees          | Nonunion Hourly Employees at Batesville Casket, Hillenbrand Industries, Inc., and Hillcrest                 | 11/01/1956                        |
| Group 3               | Manchester Factory Employees         | Manchester Union Hourly Employees                                                                           | 04/01/1970                        |
| Group 4               | Vicksburg Factory Employees          | Vicksburg Union Hourly Employees                                                                            | 12/01/1974                        |
| Group 5               | CSC Noncovered Employees             | Nonunion Hourly Employees at the Customer Service Center Operations of Batesville Casket Company            | 12/01/1968                        |
| Group 6               | Manchester Truck Drivers             | Nonunion Over-the-Road Truck Drivers at Manchester                                                          | 04/01/1970                        |
| Group 7               | Batesville Covered Factory Employees | Union Employees of Batesville Casket                                                                        | 11/01/1956                        |
| Group 8               | Batesville Covered Truck Drivers     | Union Truck Drivers at Batesville Casket                                                                    | 11/01/1956                        |
| Group B               | Met 1,000 Hour Rule                  | Temporary Employees Who Worked 1,000 Hours or More and Who are Ineligible for Other Benefits                | 01/01/1996                        |
| Group D               | Temporary Employees                  | Salaried Non-Exempt Technicians and Production Employees                                                    | 01/01/1988                        |
| Group G               | Panola County Factory Employees      | Nonunion Hourly Employees at Batesville Casket in Batesville, Mississippi                                   | 09/01/1988                        |
| Group Q               | Frozen Benefits                      | Employees With Frozen Benefits                                                                              | 12/31/2003                        |
| Group R               | Rehire or Transfer                   | Employees With Prior Eligible Credited Service                                                              | 12/31/2003                        |

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## Hillenbrand, Inc. Pension Plan

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The plan is closed to non-bargaining employees hired after June 30, 2003. Non-bargaining employees hired before July 1, 2003 were offered a one-time option to freeze their pension benefit as of December 31, 2003, and to participate in an enhanced 401(k) plan. Participants with a frozen pension are classified as pension code Q. Pension code R is assigned to participants that were rehired after July 1, 2003, yet are eligible to receive a frozen benefit. The plan is closed to bargaining unit employees hired after March 23, 2009 in Vicksburg and after August 18, 2009 in Manchester. Effective December 31, 2009, the plan also covers remaining inactive participants of the Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan. The plan is closed to bargaining unit employees hired after June 28, 2011 into the Batesville Driver Bargaining group and after May 7, 2012 into the Batesville Steelworkers Bargaining group. Effective August 31, 2012, the plan also covers remaining participants of the Rotex Global, LLC and the United Steelworkers of America Pension Plan. Effective December 31, 2013, the plan also covers remaining participants of The Pension Plan for Employees of Coperion Corporation. Effective December 31, 2016 the benefit accruals for all non-bargaining participant active participants are frozen as of December 31, 2016, except in the case of grandfathered non-bargaining participants (either age 55 or 25 years of benefit service as of December 31, 2016) whose benefit accruals are frozen as of December 31, 2019 and Panola participants. Effective December 31, 2017 the benefit accruals for all Vicksburg union participants are frozen as of December 31, 2017, except in the case of grandfathered Vicksburg union participants (either age 55 or 25 years of benefit service as of December 31, 2017) whose benefit accruals are frozen as of December 31, 2020. Effective December 31, 2017 the benefit accruals for all Manchester union participants are frozen as of December 31, 2017, except in the case of grandfathered Manchester union participants (either age 55 or 25 years of benefit service as of December 31, 2017) whose benefit accruals are frozen as of December 31, 2020. Effective December 31, 2018 the benefit accruals for all Batesville OTR union participants are frozen as of December 31, 2018, except in the case of grandfathered Batesville OTR union participants (either age 55 or 25 years of benefit service as of December 31, 2018) whose benefit accruals are frozen as of December 31, 2021. Effective December 31, 2019 the benefit accruals for all Steelworkers union active participants are frozen as of December 31, 2019, except in the case of grandfathered participants (either age 55 or 25 years of benefit service as of December 31, 2019) whose benefit accruals are frozen as of December 31, 2022.

|                               |                                                                                                                                                                                                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | Amended and restated as of January 1, 2015.                                                                                                                                                                                                                  |
| Eligibility for Participation | All covered employees who customarily work at least 1,000 hours per year, begin participation immediately. Other covered employees participate after completing 1,000 hours in a 12-month period.                                                            |
| Normal Retirement Eligibility | Age 65 with five years of plan participation.                                                                                                                                                                                                                |
| Monthly Benefit               | The greater of (1), (2), and (3) below: <ol style="list-style-type: none"><li>1. The sum of (a), (b), and (c) below, multiplied by years of credited service:<ol style="list-style-type: none"><li>a. 0.65% of average monthly earnings;</li></ol></li></ol> |

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- b. 0.50% of average monthly earnings in excess of 50% of the monthly Social Security taxable wage base;
- c. 0.45% of average monthly earnings in excess of 75% of the monthly Social Security taxable wage base.

2. The accrued benefit as of December 31, 1990.

3. Minimum benefit formula, as applicable by group:  
The following minimum benefit formula is effective May 5, 2008 and applies to employees with pension codes of 1, 2, 5, 6, 7, B, D, G.

## **If the Normal Pension**

### **Benefit Under the Current Formula is:**

### **The Minimum Benefit is:**

Below \$8 per year of service

\$8 per year of service

\$8 but below \$11 per year of service

\$11 per year of service

\$11 but below \$21 per year of service

\$21 per year of service

The minimum benefit increased from \$21 to \$22 on May 3, 2010.

For the Batesville Steelworkers (pension code 7), the minimum benefit increased from \$22 to \$23 on May 7, 2012 and to \$24 on May 5, 2014.

The following minimum benefit formula is effective January 1, 2003 and applies to employees with pension code 8.

## **If the Normal Pension**

### **Benefit Under the Current Formula is:**

### **The Minimum Benefit is:**

Below \$8 per year of service

\$8 per year of service

\$8 but below \$11 per year of service

\$11 per year of service

\$11 but below \$20 per year of service

\$20 per year of service

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For Vicksburg bargaining employees (pension code 4) the minimum benefit is \$18 effective January 1, 2005, \$19 effective January 1, 2010, and \$20 effective January 1, 2012.

For Manchester bargaining employees (pension code 3) the minimum benefit is \$21 effective January 1, 2010, \$22 effective January 1, 2012, and \$23 effective January 1, 2013.

## Normal Retirement

Benefit Reduction for Payment  
Before Unreduced Retirement Age

Bargaining Employees (Group 3)—Accrued benefit reduced  $\frac{1}{4}$  of 1% for each month by which payments precede Social Security normal retirement age.

Bargaining Employees (Groups 4, 7)—Accrued benefit reduced  $\frac{1}{2}$  of 1% for each month by which payments precede Social Security normal retirement age.

Non-Bargaining Employees and Group 8—None.

Transition Where Earnings  
Limitation Applies

Employees impacted by the IRC section 401(a)(17) earnings limitation shall have benefits calculated under the “extended wear-away method”.

## Early Retirement Eligibility

Age 55 and five years of vesting service.

Monthly Benefit

Bargaining Employees (Group 3)—Accrued benefit reduced  $\frac{1}{4}$  of 1% for each month by which payments precede Social Security normal retirement age.

Bargaining Employees (Groups 4, 7)—Accrued benefit reduced  $\frac{1}{2}$  of 1% for each month by which payments precede Social Security normal retirement age.

Non-Bargaining Employees and Group 8—Accrued benefit reduced  $\frac{1}{4}$  of 1% for each month by which payments precede age 65. Prior to January 1, 2002, the reduction was  $\frac{1}{2}$  of 1% for each month by which payments precede age 65.

## Disability Retirement Eligibility

LTD Plan Supplement A (Groups 1, 2, B, D)—One year of vesting service.

Not Participating in LTD (Groups 3, 4, 5, 6, 7, 8, G)—Five years of vesting service.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
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|                                                    |                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                            | LTD Plan Supplement A—Benefit payable at age 65, based on compensation at disability and service projected to age 65.<br><br>Not Participating in LTD—Unreduced accrued benefit, payable immediately under the normal form of payment.                                                   |
| Preretirement Surviving Spouse Benefit Eligibility | All vested participants.                                                                                                                                                                                                                                                                 |
| Benefit                                            | 50% of participant's accrued benefit, reduced for early retirement and the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death. Company-paid for active employees. |
| Vested Termination Benefits Eligibility            | Five years of vesting service.                                                                                                                                                                                                                                                           |
| Benefit                                            | Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement. Benefits are payable under the normal form.                                                                                                                |
| Definitions Vesting Service                        | All service since date of hire, measured in years and months.                                                                                                                                                                                                                            |
| Credited Service                                   | All service while participating in the plan. Credited service is measured in completed years and months. Benefits are based on complete years, and a partial year of six months or more is rounded up to the next highest complete year.                                                 |
| Participation Date                                 | The later of the effective date and the date of hire.                                                                                                                                                                                                                                    |
| Earnings Covered                                   | Total earnings, including overtime and Section 401(k) deferrals, but excluding all bonus payments, sales executive commissions, and other additional compensation.                                                                                                                       |
| Average Monthly Earnings                           | The average monthly earnings for the highest five consecutive calendar years of such earnings. Years where the employee performs less than six months of service shall be disregarded.                                                                                                   |

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|                                       |                                                                                                                                                                                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Covered Employee                      | An employee of a participating employer, other than fully commissioned sales representative or an employee of Sherman House who is paid on a weekly basis. Temporary employees are not covered employees.   |
| Normal Form of Benefit                | Life annuity with a 24-month payment guarantee or an actuarially equivalent 50% joint and survivor annuity if the participant has been married for at least one year at the date of his retirement.         |
| Optional Forms of Benefit             | Single life annuity, 5-year, 10-year, 15-year, and 20-year certain and life annuity; 50%, 66⅔%, 75% and 100% joint and survivor annuity.                                                                    |
| Actuarial Equivalence                 | An amount having equal value when computed with unisex option factors obtained by 90% male/10% female weighting of the annuity valued derived from the 1971 Group Annuity Mortality Table at 6.5% interest. |
| Social Security Normal Retirement Age | Determined as follows:                                                                                                                                                                                      |

| Year of Birth | SSNRA  |
|---------------|--------|
| <1938         | Age 65 |
| 1938–1954     | Age 66 |
| >1954         | Age 67 |

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Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan

|                               |                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | January 1, 1972. Last amendment effective September 4, 2007.                                                                                                                                                                                                                                                                                              |
| Eligibility for Participation | Employees who are employed at the Nashua, New Hampshire location of the company under the jurisdiction of Local 1460 Amalgamated Clothing and Textile Workers Union, who have seniority with the employer and who are in the bargaining unit represented by the union.<br><br>The plan was frozen December 31, 2005.                                      |
| Normal Retirement Eligibility | End of month after attaining age 65 with five years of vesting service.                                                                                                                                                                                                                                                                                   |
| Monthly Benefit               | Benefit service multiplied by \$13.00.                                                                                                                                                                                                                                                                                                                    |
| Early Retirement Eligibility  | End of any month after attaining age 55 with 15 years of vesting service, with five or more years of benefit service credited after January 1, 1972. Effective January 1, 2005, the end of any month after attaining age 55 with five years of vesting service for participants who have completed at least one hour of service on or after May 26, 2005. |
| Monthly Benefit               | Same as normal retirement but reduced 5/9 of 1% for each month retirement precedes the normal retirement date.                                                                                                                                                                                                                                            |
| Disability Eligibility        | Permanent incapacity after the attainment of age 55 and the completion of 15 or more years of vesting service.                                                                                                                                                                                                                                            |
| Monthly Benefit               | Same as normal retirement benefit, but payments prior to age 65 are reduced by any amount of insurance benefits providing sickness and accident benefits, workers compensation, or other payments paid by or at the expense of the employer (unreduced normal retirement benefits begin at age 65).                                                       |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Vested Deferred Retirement

Eligibility

Termination after completion of five or more years of vesting service.

Monthly

Same as normal retirement benefit, deferred to age 65. The benefit may commence as early as age 55, if eligible for early retirement, reduced 5/9 of 1% per month for early commencement.

Preretirement Death Benefit

Eligibility

Married and five years of vesting service.

Monthly Benefit

One-half of what the deceased participant (active or terminated with deferred vested benefits) would have been paid if he had terminated at the time of death and elected a 50% joint and survivor benefit (beginning when the employee would have been 55).

Definitions

Vesting Service

One full year of vesting service is credited if at least 1,000 hours are worked in a calendar year. If less than 1,000 hours are worked, one-tenth of a year is credited for each 200 hours worked.

Benefit Service

One full year of benefit service is credited if at least 2,000 hours are worked in a calendar year. If less than 2,000 hours are worked, one-tenth of a year is credited for each 200 hours worked. Credited service was frozen as of December 31, 2005.

Normal Form of Payment

Life annuity with a 36-month payment guarantee or an actuarially equivalent 50% joint and survivor annuity if the participant has been married for at least one year at the date of retirement.

Optional Forms of Payment

Single life annuity; 3-year and 10-year certain and life annuity; 100%, 75%, 66⅔%, and 50% joint and survivor annuity.

Actuarial Equivalence

An amount having equal value when computed on the basis of an interest rate of 7% compounded annually and the UP 1984 Table of Non-Insured Pension Mortality with ages set back three years.

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Rotex Global, LLC and the United Steelworkers of America Pension Plan

Effective Date September 1, 1960. Amended and restated effective September 1, 2002.

Plan Freeze December 31, 2004

Eligibility for Participation Any employee of Rotex Global LLC covered by the labor agreement between the Rotex Global LLC and the United Steelworkers of America.

Normal Retirement  
Eligibility

Age 65 with five years of continuous service.

Monthly Benefit

The greater of (1) or (2) below:

- 1% of average monthly earnings multiplied by years of credited service, reduced by \$80 if the participant receives benefits under Title II of the Social Security Act.
- Benefit multiplier times credited service (up to a maximum of 40 years of service).

| Effective Date | Benefit Multiplier |
|----------------|--------------------|
| 09/01/2000     | \$26.35            |
| 09/01/2001     | \$27.10            |
| 09/01/2002     | \$27.85            |
| 09/01/2003     | \$28.60            |

Special Payment  
Eligibility

Retirement other than as a disabled participant or as a vested terminated participant.

Monthly Benefit

In lieu of the first three months of the normal retirement benefit, a benefit payable to three months equal to 13 weeks' vacation pay less the vacation pay received during the participant's last year of service. As of December 31, 2004, the pay rate used to determine the special payment was frozen for all future payments at the rate in effect for 2004.

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

Hillenbrand, Inc. Pension Plan

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## Early Retirement

### Eligibility

30 years: 30 years of continuous service.

60/10: Age 60 and 10 years of continuous service.

75/80: 15 years of continuous service points and either (a) 80 age plus service points, or (b) age 55 and 75 age plus service points and either layoff, disability, or termination as a result of permanent shut down of a plan, or the participant considers it to be in his interest to retire.

### Monthly Benefit

30 years: Unreduced accrued benefit.

60/10: Actuarially reduced accrued benefit from age 65.

75/80: Unreduced accrued benefit.

## Disability Retirement

### Eligibility

Ten years of continuous service.

### Monthly Benefit

The greater of \$100 or the accrued benefit, payable from disability retirement to age 65, with the accrued benefit payable after age 65.

## Vested Deferred Retirement

### Eligibility

Termination after completion of five or more years of continuous service.

### Monthly

Same as normal accrued benefit, deferred to age 65.

## Preretirement Death Benefit

### Eligibility

Five years of continuous service and married.

### Monthly Benefit

Accrued benefit multiplied by the appropriate percentage in the plan, payable the month after the participant's death if the participant was active and either age 60 or age 55 with 15 years of continuous service or was age 40 with 20 years of continuous service, otherwise the later of the participant's death or age 65 (with the spouse able to receive the benefit as early as the participant's sixtieth birthday, but subject to a further reduction).

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

|                           |                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuous Service        | The period of a participant's employment, excluding service lost as a result of break in service as determined in accordance with the plan.                                                                                                                                     |
| Credited Service          | The period of a participant's employment, excluding service lost as a result of break in service as determined in accordance with the plan. Credited service was frozen as of December 31, 2004.                                                                                |
| Normal Form of Benefit    | Single life annuity.                                                                                                                                                                                                                                                            |
| Optional Forms of Benefit | 50%, 75%, and 100% joint and survivor annuity, lump sums up to \$15,000.                                                                                                                                                                                                        |
| Average Monthly Earnings  | The participant's monthly earnings averaged over the last 120 calendar months of credited service prior to his date of retirement or earlier date of severance, adjusted to reflect absence as a result of layoff or disability. As of December 31, 2004, earnings were frozen. |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Hillenbrand, Inc. Pension Plan  
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The Pension Plan for Employees of Coperion Corporation

|                               |                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | Original plan: January 1, 1966.<br>Restated plan: January 1, 2012.                                                                                                                                                                                                                                                                              |
| Eligibility for Participation | January 1 of the year coincident with or following the later of completion of six months of service and attainment of age 20½ provided he completes 1,000 hours in the prior 12 months period. Employees must have satisfied eligibility requirements prior to April 1, 2003.                                                                   |
| Status of Plan                | Credited service was frozen effective March 31, 2003.                                                                                                                                                                                                                                                                                           |
| Normal Retirement Eligibility | Age 65 or if later the fifth anniversary following becoming a participant.                                                                                                                                                                                                                                                                      |
| Benefit                       | Annual accrued benefit is equal to the sum of (a) plus (b):<br><br>(a) 1.4% of final average earnings not in excess of Social Security covered compensation times credited service up to 30 years; plus<br><br>(b) 1.75% of final average compensation in excess of Social Security covered compensation times credited service up to 30 years. |
| Early Retirement Eligibility  | Age 55 with 15 years of vesting service.                                                                                                                                                                                                                                                                                                        |
| Benefit                       | Participant's accrued benefit reduced by 5/9 of 1% for each of the first 60 months retirement precedes normal retirement date plus 5/18 of 1% for each of the next 60 months.                                                                                                                                                                   |
| Late Retirement Eligibility   | All participants may delay retirement past their normal retirement date.                                                                                                                                                                                                                                                                        |
| Benefit                       | The participant's accrued benefit increased by 8% compounded annually for each month retirement exceeds normal retirement date.                                                                                                                                                                                                                 |

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|                                                          |                                                                                                                                                                                                                  |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deferred Vested<br>Eligibility                           | Termination with at least five years of vesting service.                                                                                                                                                         |
| Benefit                                                  | Accrued benefit payable at normal retirement date.<br>Participant's with 15 years of eligibility service may retire at age 55 with the same reductions as retirement from active service.                        |
| Disability<br>Eligibility                                | First of the month following eligibility for a Social Security disability benefit with at least five years of vesting service.                                                                                   |
| Benefit                                                  | Same as early retirement benefit, however, if the benefit is commencing prior to age 55, the participant's accrued benefit is discounted from age 55 at an annual interest rate of 7.5% compounded monthly.      |
| Preretirement Death<br>Benefit Prior to Early Retirement | The surviving spouse receives the amount they would have received had the participant terminated immediately, survived to earliest retirement eligibility, retired and elected a 50% joint and survivor annuity. |
| Benefit After Early But Before<br>Normal Retirement      | The surviving spouse receives the amount they would have received had the participant retired immediately and elected a 50% joint and survivor annuity.                                                          |
| Definitions<br>Covered Employees                         | Employees who satisfied the eligibility requirements prior to April 1, 2003.                                                                                                                                     |
| Vesting and Eligibility Service                          | Years and months of service. Vesting and eligibility service continues to accrue after March 31, 2003.                                                                                                           |
| Credited Service                                         | Years and months of service. Credit service was frozen effective March 31, 2003.                                                                                                                                 |
| Pensionable Earnings                                     | Base pay excluding overtime, commissions and bonus. Pensionable earnings were frozen as of March 31, 2003.                                                                                                       |
| Final Average Earnings                                   | Average for five consecutive calendar years of pensionable earnings out of the last 10 years that produces the highest average.                                                                                  |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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|                           |                                                                                                                                                                                                                                                                                            |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Covered Compensation      | Average of the Social Security taxable wage base over the 35-year period ending with the calendar year in which participant attains Social Security retirement age. Social Security covered compensation was frozen as of March 31, 2003.                                                  |
| Plan Year                 | Calendar year.                                                                                                                                                                                                                                                                             |
| Normal Form of Payment    | Life annuity for unmarried participants and a 50% joint and survivor annuity for married participants.                                                                                                                                                                                     |
| Optional Forms of Payment | Life annuity<br>Life annuity with 5-years certain<br>Life annuity with 10-years certain<br>50% joint and survivor annuity<br>75% joint and survivor annuity<br>100% joint and survivor annuity<br>Single lump sum                                                                          |
| Actuarial Equivalence     | Actuarial equivalence for annuity forms of payment is UP84 and 8% interest. Actuarial equivalence for lump sum form of payment is the mortality prescribed in IRS Notice 2008-85 and the segment spot rates with phase-in for the month of August preceding the plan year of distribution. |

### Plan Changes Since the Prior Year

The January 1, 2021 valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2020 plan year 417(e)(3) mortality table to the 2021 plan year 417(e)(3) mortality table.
- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$285,000 for 2020 to \$290,000 for 2021.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

**Software Limitations**

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

**American Rescue Plan Act**

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. Also, by default, the extended shortfall amortization period would apply starting with the 2022 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Hillenbrand, Inc. will irrevocably commit the Hillenbrand, Inc. Pension Plan to use of those rates for the 2021 plan year.

This Schedule SB reflects the extended shortfall amortization period under ARPA. Via this filing, Hillenbrand, Inc. will irrevocably commit the Hillenbrand, Inc. Pension Plan to use the extended shortfall amortization period for the 2021 plan year.

# HILLENBRAND, INC. PENSION PLAN

EIN 26-1342272 PN 001

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2021

| (a)                               | (b) and (c)                                                              |                           | (d)         | (e)                          |
|-----------------------------------|--------------------------------------------------------------------------|---------------------------|-------------|------------------------------|
|                                   | Identity of Issue / Description of Investment                            | Number of<br>Shares/Units | Cost        | Current<br>Value             |
| <b>INVESTMENTS AT FAIR VALUE:</b> |                                                                          |                           |             |                              |
| <b>COLLECTIVE TRUST FUNDS</b>     |                                                                          |                           |             |                              |
| *                                 | Aon Collective Investment Trust Intermediate Government Bond Index Fund  | 3,656,053                 | 36,200,000  | \$ 35,865,876                |
| *                                 | Aon Collective Investment Trust Long Government Bond Index Fund          | 3,516,467                 | 34,967,592  | 32,597,653                   |
| *                                 | Aon Collective Investment Trust Non-U.S. Equity Index Fund               | 520,509                   | 5,205,088   | 6,620,872                    |
| *                                 | Aon Collective Investment Trust Large Cap Equity Index Fund              | 1,545,679                 | 15,456,794  | 22,304,153                   |
| *                                 | Aon Collective Investment Trust Non-U.S. Equity Fund                     | 1,133,318                 | 15,934,447  | 21,793,699                   |
| *                                 | Aon Collective Investment Trust Small & Mid Cap Equity Fund              | 319,955                   | 4,842,781   | 7,691,706                    |
| *                                 | Aon Collective Investment Trust Mid Duration Long Credit Bond Fund       | 1,359,129                 | 13,659,152  | 14,637,823                   |
| *                                 | Aon Collective Investment Trust Long Credit Bond Fund                    | 15,509,235                | 156,089,267 | 160,520,579                  |
| *                                 | Aon Collective Investment Trust 20+ Year U.S. Treasury STRIPS Index Fund | 8,566                     | 85,570      | 77,776                       |
|                                   | Total Collective Trust Funds                                             |                           |             | <u>302,110,137</u>           |
| <b>MONEY MARKET FUND SHARES</b>   |                                                                          |                           |             |                              |
|                                   | Federated Government Obligations Fund - Premier - Fund 117               | 1,480,193                 | 1,480,193   | <u>1,480,193</u>             |
| <b>TOTAL</b>                      |                                                                          |                           |             | <u><u>\$ 303,590,330</u></u> |

\* Party-in-interest, but not prohibited transactions.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 1,613,086                    | January 1, 2021     | 15                 | \$ 150,407                  |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
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Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the unlimited expected rate of return on plan assets from 5.00% to 4.10%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.