

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>HUB PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TE CONNECTIVITY CORPORATION</u> <u>1050 WESTLAKES DRIVE</u> <u>BERWYN, PA 19312</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>053</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1968</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>23-0332575</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>717-985-2044</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>335900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>053</u>	1c Effective date of plan <u>07/01/1968</u>		2b Employer Identification Number (EIN) <u>23-0332575</u>		2c Plan Sponsor's telephone number <u>717-985-2044</u>		2d Business code (see instructions) <u>335900</u>	
1b Three-digit plan number (PN) ▶	<u>053</u>										
1c Effective date of plan <u>07/01/1968</u>											
2b Employer Identification Number (EIN) <u>23-0332575</u>											
2c Plan Sponsor's telephone number <u>717-985-2044</u>											
2d Business code (see instructions) <u>335900</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/12/2023	RACHEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **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 <u>HUB PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TE CONNECTIVITY CORPORATION</u>	D Employer Identification Number (EIN) <u>23-0332575</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>4877985</u>
b Actuarial value	2b <u>4877985</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>106</u> (2) Vested Funding Target <u>2754205</u> (3) Total Funding Target <u>2754205</u>
b For terminated vested participants.....	<u>112</u> <u>1332723</u> <u>1332723</u>
c For active participants	<u>1</u> <u>3803</u> <u>3803</u>
d Total.....	<u>219</u> <u>4090731</u> <u>4090731</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.56</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>140000</u>
c Total (line 6a + line 6b)	6c <u>140000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>04/04/2023</u> Date
Signature of actuary		<u>23-05943</u> Most recent enrollment number
<u>DOUGLAS B. REYMANN</u> Type or print name of actuary		<u>215-246-6000</u> Telephone number (including area code)
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		
<u>1735 MARKET STREET</u> <u>PHILADELPHIA, PA 19103</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.08</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.70</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	119.24 %
15 Adjusted funding target attainment percentage	15	119.24 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.64 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

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**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 140000**b** Excess assets, if applicable, but not greater than line 31a **31b** 140000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan HUB PENSION PLAN	B Three-digit plan number (PN) ▶	053
C Plan sponsor's name as shown on line 2a of Form 5500 TE CONNECTIVITY CORPORATION	D Employer Identification Number (EIN) 23-0332575	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 17 34 50 64 70	NONE	36889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50 64 65	NONE	14560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSON ALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TOWERS WATSON INVESTMENT SVC INC

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 50 51	NONE	6612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	4196	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan HUB PENSION PLAN	B Three-digit plan number (PN) ►	053
C Plan sponsor's name as shown on line 2a of Form 5500 TE CONNECTIVITY CORPORATION	D Employer Identification Number (EIN) 23-0332575	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	4877985	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4877985	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	24577	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	24577	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4853408	0
---	-----------	---------	---

Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-869794
(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		-399
d Total income. Add all income amounts in column (b) and enter total.....	2d		-870193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	261581	
(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)		261581
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)	56822	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	21172	
(4) Other.....	2i(4)	63262	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		141256
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		402837
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1273030
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		3580378

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: CLIFTON LARSON ALLEN LLP

(2) EIN: 41-0746749

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 Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
TE CONNECTIVITY LEGACY PENSION PLAN	23-0332575	067	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 461416.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan HUB PENSION PLAN	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 TE CONNECTIVITY CORPORATION	D Employer Identification Number (EIN) 23-0332575

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-4043065		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

HUB PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2022 AND 2021



CPAs | CONSULTANTS | WEALTH ADVISORS

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**HUB PENSION PLAN
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*Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the period ended September 30, 2022, and are not required to be disclosed for this Plan.



INDEPENDENT AUDITORS' REPORT

Employee Benefits Administrative Committee and Participants
Hub Pension Plan
Harrisburg, Pennsylvania

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of Hub Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 September 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section

- The amounts and disclosures in the 2022 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 2022 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 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the 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 the Hub Pension Plan's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Employee Benefits Administrative Committee and Participants
HUB Pension Plan

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hub 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 the Hub Pension Plan's ability to continue as a going concern for a reasonable period of time.

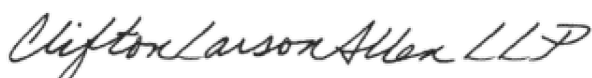
Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified 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.

Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Hub 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 July 13, 2022, 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 2021 financial statements, and (b) the form and content of the information included in the 2021 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.



CliftonLarsonAllen LLP

Baltimore, Maryland
July 10, 2023

HUB PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Investment in Tyco Electronics Master Trust	\$ 3,619,654	\$ 4,877,985
LIABILITIES		
ADMINISTRATIVE EXPENSES PAYABLE	39,276	24,577
PAYABLE TO TE CONNECTIVITY LEGACY PENSION PLAN	<u>3,580,378</u>	<u>-</u>
Total Liabilities	<u>3,619,654</u>	<u>24,577</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 4,853,408</u></u>

See accompanying Notes to Financial Statements.

HUB PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
PLAN INTEREST IN (LOSSES) GAINS IN THE TYCO ELECTRONICS MASTER TRUST	\$ (869,794)	\$ 509,932
OTHER LOSS	<u>(399)</u>	<u>(287)</u>
Total Additions	(870,193)	509,645
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	261,581	289,382
ADMINISTRATIVE EXPENSES	<u>141,256</u>	<u>133,088</u>
Total Deductions	<u>402,837</u>	<u>422,470</u>
NET INCREASE (DECREASE) BEFORE TRANSFER	(1,273,030)	87,175
TRANSFER TO TE CONNECTIVITY LEGACY PENSION PLAN	<u>(3,580,378)</u>	<u>-</u>
NET INCREASE (DECREASE)	(4,853,408)	87,175
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>4,853,408</u>	<u>4,766,233</u>
End of Year	<u><u>\$ -</u></u>	<u><u>\$ 4,853,408</u></u>

See accompanying Notes to Financial Statements.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of the Hub Pension Plan (the Plan) is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of plan description for more complete information regarding the terms of the Plan.

General

The Plan is a noncontributory, defined benefit pension plan covering substantially all eligible employees of Hub Fabricating Company (the Company). The Plan is subject to ERISA and Internal Revenue Code (the IRC) of 1986, as amended. The Company is a part of a controlled group of entities with TE Connectivity Corporation (the Plan Sponsor).

Effective September 30, 2022, the Plan legally transferred the Plan's net assets to the TE Connectivity Legacy Pension Plan.

Plan Administration

Plan oversight is governed by the TE Connectivity Corporation Employee Benefits Administrative Committee (the Administrative Committee) and TE Connectivity Corporation Benefits Investment Committee (the Investment Committee) of the Plan Sponsor. The Administrative Committee acts in the capacities of Plan administrator and Plan fiduciary. The Investment Committee acts in the capacity of Plan fiduciary with respect to Plan investments. At least three people from each committee are appointed by the Board of Directors of the Plan Sponsor. The Investment Committee appoints the investment managers to manage the assets of the Tyco Electronics Master Trust (the Master Trust).

Pension Benefits

Participants who complete five years of service are entitled to annual pension benefits beginning at normal retirement age of 65. The amount of annual retirement benefit is determined by the benefit formula and is payable monthly for life. The Plan permits early retirement at age 60. Unless otherwise elected, participants receive their pension benefits in the form of a joint and survivor annuity. A participant's pension benefit is limited to a maximum amount under the terms of the Plan.

Effective March 1, 2001, the benefit accruals and participation in the Plan were frozen.

Disability and Death Benefits

If an active employee dies, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. If an active employee becomes totally and permanently disabled and they receive disability benefits from the Plan Sponsor-sponsored insured long-term disability program, they will receive disability benefits from the Plan when the long-term disability benefits from the insurance program ends or age 65, whichever is later. If an active employee becomes totally disabled and they are not eligible to receive disability benefits from a Plan Sponsor-sponsored insured long-term disability program, they may elect to receive a disability benefit from the Plan beginning immediately, which is based on their vested accrued benefit.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Participants who had completed at least five years of continuous service, and whose employment was terminated for any reason other than death or retirement, shall upon proper application, be entitled to a vested pension benefit commencing on their normal retirement date.

Funding Policy

The Plan Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to members of the Plan and to meet minimum funding standards as required by law. Required contribution levels are based upon the payment of the current normal cost for each participant, as well as amortization of the total unfunded actuarial accrued liabilities. Actuarial gains and losses are amortized over five years for minimum funding purposes and over 10 years for maximum deductible purposes. The Plan has met the minimum funding requirements established by ERISA for the years ended September 30, 2022 and 2021.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity 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, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are recorded 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 Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. See Note 6 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. The fair value of the Plan's interest in the Master Trust is based on the beginning of the year (or period) value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income or loss less actual distributions and allocated administrative expenses.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Payment of Administrative Expenses

The Plan's expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in Plan interest in the Master Trust presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through July 10, 2023, the date the financial statements were available to be issued.

NOTE 3 ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future period benefit payments, including lump sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered through March 1, 2001. Accumulated plan benefits include all benefits that are expected to be paid to present employees or their beneficiaries, or retired or terminated employees or their beneficiaries, and beneficiaries of employees who have died. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to March 1, 2001.

The actuarial present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of September 30, 2021 were (a) retirement of varying rates from 20% at age 60 to 100% at age 65 and above, (b) life expectancy of participants using the separate sex distinct rates for non-annuitants based on the Pri-2012 "Employee" table with generational projection using Scale MP-2020 and separate sex distinct rates with a single nondisabled retiree table used for retirees and contingent annuitants with generational projection using Scale MP-2020, and (c) a discount rate of 2.70%.

The following assumptions changed from the September 30, 2020 valuation: (a) life expectancy of participants using the separate sex distinct rates for non-annuitants based on the Pri-2012 "Employee" table with generational projection using Scale MP-2018 and separate sex distinct rates with a single nondisabled retiree table used for retirees and contingent annuitants with generational projection using Scale MP-2018 and (b) discount rate of 2.61%.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 3 ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The computation of the actuarial present value of accumulated plan benefits were made as of October 1, 2021. Had the valuation been performed as of September 30, 2021, there would be no material differences.

The actuarial present value of accumulated benefits as of September 30, 2021 is as follows:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

Active Employees	\$ 7,469
Participants Currently Receiving Payments	3,463,101
Other Participants	<u>2,118,566</u>
Total Actuarial Present Value of	
Accumulated Plan Benefits	<u>\$ 5,589,136</u>

The change in the actuarial present value of accumulated benefits for the year ended September 30, 2021 is as follows:

Actuarial Present Value of Accumulated Plan

Benefits - September 30, 2020	\$ 6,084,733
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Increase (Decrease) During the Year Attributable to:

Change in Actuarial Assumptions	(151,091)
Decrease in Discount Period	155,035
Benefits Paid to Participants	(289,382)
Actuarial Gains	<u>(210,159)</u>
Net Increase	<u>(495,597)</u>

Actuarial Present Value of Accumulated Plan

Benefits - September 30, 2021	<u>\$ 5,589,136</u>
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NOTE 4 CERTIFICATION OF TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements, including investments held at September 30, 2022 and 2021, and Plan interest in the Master Trust for the years ended September 30, 2022 and 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Northern Trust Company, the trustee and qualified institution of the Plan.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 4 CERTIFICATION OF TRUSTEE (CONTINUED)

The following summarized information for the Master Trust and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee for the Plan for the years ended September 30, 2022 and 2021. Such financial information has not been audited by the Plan's independent accountants.

	<u>2022</u>	<u>2021</u>
Investment in Master Trust	\$ 3,619,654	\$ 4,877,985
Net Investment (Loss) Income:		
Plan Interest in (Losses) Gains in the Tyco Electronics Master Trust	(869,794)	509,932

NOTE 5 MASTER TRUST

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several plans sponsored by the Plan Sponsor. The assets of the Master Trust are held by its trustee, The Northern Trust Company, as of September 30, 2022 and 2021. Each participating retirement plan has an undivided interest in the assets of the Master Trust.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Plan's interest in the net assets of the Master Trust is less than 1% at September 30, 2022 and 2021. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the balance of the Plan's assets compared to the Master Trust assets.

In the past, the Investment Committee of the Plan has authorized certain investment managers to invest in derivative instruments for hedging purposes. As a global institutional investor, the Master Trust is in a position to take advantage of derivative instruments to ensure overall investment performance objectives are achieved as specified. Investment managers may utilize derivatives for risk control and substitution. Speculation is not permitted. Under no circumstances is a manager permitted to leverage the Master Trust's portfolio with derivatives.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the trustee of the Master Trust. Such financial information has not been audited by the Plan's independent accountants.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 5 MASTER TRUST (CONTINUED)

The following tables present the net assets of the Master Trust.

	September 30, 2022	
	Master Trust Balances	Plan's Interest in Master Trust
ASSETS		
Investments, at Fair Value:		
Commingled Equity Funds	\$ 161,463,751	\$ 954,477
Commingled Bonds	305,561,796	1,806,298
Other Investments	14,322,365	84,665
Commingled Real Estate Fund	130,580,303	771,912
Total Investments, at Fair Value	611,928,215	3,617,352
Cash and Cash Equivalents	248,288	1,468
Receivables for Securities Sold	167	1
Accrued Interest Receivable	142,885	845
Other Receivables, net	55	(12)
Total Assets	612,319,610	3,619,654
NET ASSETS	\$ 612,319,610	\$ 3,619,654

	September 30, 2021	
	Master Trust Balances	Plan's Interest in Master Trust
ASSETS		
Investments, at Fair Value:		
Commingled Equity Funds	\$ 271,669,809	\$ 1,614,996
Commingled Bonds	380,058,674	2,259,335
Other Investments	22,916,918	136,234
Commingled Real Estate Fund	138,393,719	822,709
Total Investments, at Fair Value	813,039,120	4,833,274
Cash and Cash Equivalents	142,931	850
Receivables for Securities Sold	7,024,829	41,761
Accrued Interest Receivable	349,638	2,078
Other Receivables	122	22
Total Assets	820,556,640	4,877,985
NET ASSETS	\$ 820,556,640	\$ 4,877,985

HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

NOTE 5 MASTER TRUST (CONTINUED)

The following table presents the changes in net assets of the Master Trust for the years ended September 30:

	<u>2022</u>	<u>2021</u>
Changes in Net Assets		
Investment (Loss) Income:		
Net (Depreciation) Appreciation in Fair Value of Investments	\$ (145,661,858)	\$ 105,424,717
Interest and Dividends	<u>187,213</u>	<u>28,600</u>
Net Investment Income (Loss)	(145,474,645)	105,453,317
Employer Contributions	1,860,864	17,781,000
Benefits Paid to Participants	(57,052,148)	(73,480,421)
Purchase of Annuity Contract*	-	(179,397,000)
Other Gain	1,054,456	699,899
Administrative Expenses	<u>(8,625,557)</u>	<u>(10,149,197)</u>
Decrease in Net Assets	(208,237,030)	(139,092,402)
Net Assets		
Beginning of Year	<u>820,556,640</u>	<u>959,649,042</u>
End of Year	<u><u>\$ 612,319,610</u></u>	<u><u>\$ 820,556,640</u></u>

* - The annuity contract purchase impacted another member of the Tyco Electronics Master Trust. This amount does not include any amounts receivable as of September 30, 2021.

NOTE 6 FAIR VALUE MEASUREMENTS

The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this guidance 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.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 6 FAIR VALUE MEASUREMENT (CONTINUED)

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 liabilities;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2022 and 2021.

Commingled Equity Funds: Are pooled investments in multiple equity-type securities. Fair value is calculated as the closing price of the underlying investments, an observable market condition, divided by the number of shares of the fund outstanding.

Commingled Bonds: Are pooled investments in multiple debt-type securities. Fair value is calculated as the closing price of the underlying investments, an observable market condition, divided by the number of shares of the fund outstanding.

Other Investments: Are primarily comprised of short-term investments commingled funds. The commingled fund's fair value is calculated as the closing price of the underlying investments, an observable market condition, divided by the number of shares of the fund outstanding. Net asset value is a readily determinable fair value and is the basis for current transactions.

Commingled Real Estate Fund: Is classified in the net asset value (NAV) column as its fair value is determined using the calculated NAV. The values for underlying investments are fair value estimates determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

NOTE 6 FAIR VALUE MEASUREMENT (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis.

2022				
	Level 1	Level 2	Level 3	Total
Commingled Equity Funds	\$ -	\$ 161,463,751	\$ -	\$ 161,463,751
Commingled Bonds	-	305,561,796	-	305,561,796
Other Investments	-	14,322,365	-	14,322,365
Total Investments in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 481,347,912</u>	<u>\$ -</u>	481,347,912
Investments Measured at Net Asset Value				130,580,303
Total Investments at Fair Value				<u>\$ 611,928,215</u>

2021				
	Level 1	Level 2	Level 3	Total
Commingled Equity Funds	\$ -	\$ 271,669,809	\$ -	\$ 271,669,809
Commingled Bonds	-	380,058,674	-	380,058,674
Other Investments	-	22,916,918	-	22,916,918
Total Investments in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 674,645,401</u>	<u>\$ -</u>	674,645,401
Investments Measured at Net Asset Value				138,393,719
Total Investments at Fair Value				<u>\$ 813,039,120</u>

Fair Value of Investments in Entities that use NAV

The following table summarizes investments measured at fair value based on NAV per share by the Plan as of September 30:

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2022	2021			
Commingled Real Estate Fund	<u>\$ 130,580,303</u>	<u>\$ 138,393,719</u>	<u>\$ -</u>	Monthly	1 Business Day Prior to Trade Date

The Commingled Real Estate Fund investment objective is to achieve long-term total returns adjusted for the effects of inflation through current income and long-term capital appreciation with low correlation to the broader public equity and debt markets. The assets will be invested in a range of real asset strategies, including but not limited to real estate, infrastructure, timberland, and farmland.

**HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 7 PLAN TERMINATION

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

1. Annuity benefits that former employees or their beneficiaries that have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. government agency) up to the applicable limitation (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

Effective September 30, 2022, the Plan merged into the TE Connectivity Legacy Pension Plan.

NOTE 8 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of investments managed by the Northern Trust Company, who is the trustee and qualified institution as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

HUB PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

NOTE 9 TAX STATUS

The Plan obtained its latest determination letter on January 24, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this letter, however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 10 RISKS AND UNCERTAINTIES

The Plan invests in various types of investment securities, which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities may occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	0	0	0	0	0	0	0	0	1
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	0	0	0	0	1

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: HUB Pension Plan
 EIN / PN: 23-0332575/053
 Plan Sponsor: TE Connectivity Corporation
 Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month October
- Yield curve basis 3-Segment Rates
- ARPA adopted for minimum funding Yes
- ARPA adopted for benefit restrictions Yes

Interest rates:	Not Reflecting Stabilization	Reflecting Stabilization
■ First segment rate (years 1 to 5)	1.01%	4.75%
■ Second segment rate (years 6 to 20)	2.65%	5.36%
■ Third segment rate (over 20 years)	3.34%	6.11%
■ Effective interest rate	2.86%	5.56%

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which begins completion of 1,000 hours of service in a plan year (frozen as of March 1, 2001).

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

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward using MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward using MP-2019).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Attained Age	Percentage
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%

Disability rates

None.

Retirement

The rates at which active participants are assumed to retire are shown below:

Attained Age	Percentage
60	20.0%
61	5.0%
62	20.0%
63	5.0%
64	5.0%
65 and above	100.0%

Benefit commencement

Age 65.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Form of payment

Participants are assumed to make future form of payment elections at the following rates:

	Life Annuity	10 Year C&L	50% J&S	75% J&S
Active retirements	50%	15%	0%	35%
Future vested deferred	50%	15%	0%	35%
Future disabilities	0%	0%	0%	0%
Future deaths	0%	0%	100%	0%
Current vested deferred	50%	15%	0%	35%

Percent married

85% of males; 75% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Administrative expenses

The administrative expense assumption for the upcoming year is equal to the expenses paid in the prior year, excluding investment management fees paid from the trust, rounded to the nearest \$1,000. For the current valuation, administrative expenses of \$140,000 were added to the target normal cost.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale - Significant Demographic Assumptions

Mortality

Assumptions used for funding purposes (same for healthy and disabled lives) are as prescribed by IRC §430(h) and selected by the sponsor.

Termination

Termination rates are based on plan sponsor expectations for future terminations where the assumed rates differ by age, with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates are based on plan sponsor expectations for future retirements, with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit
Deferred vested participants' assumed commencement age is a single age intended to capture the expected age at commencement. In general, deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

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

Methods

Valuation date

First day of plan year.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus administrative expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Effective October 1, 2021, phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). Under the phase-in approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.
Data / asset sources	TE Connectivity Corporation and the plan administrator furnished the participant data, including previously calculated accrued benefits. Data was reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the Company, assumptions or estimates were made where data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our valuation. Willis Towers Watson used asset data supplied by the trustee.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with TE Connectivity Corporation regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with TE Connectivity Corporation and based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target were updated from an applicable month of October 2020 to October 2021. ARPA interest rate corridors were applied for applicable minimum funding requirements and benefit restriction purposes.
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Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

The mortality projection scale used to calculate the funding target was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

The assumption for administrative expenses to be added to the target normal cost was updated to \$140,000.

The method for determining the actuarial value of assets was changed from fair market value to a phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Under this approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.

Plan Name:	HUB Pension Plan
EIN / PN:	23-0332575/053
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2021

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

► **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 HUB PENSION PLAN	B Three-digit plan number (PN) ►	053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TE CONNECTIVITY CORPORATION	D Employer Identification Number (EIN) 23-0332575	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	4,877,985
	b Actuarial value	2b	4,877,985
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	106	2,754,205
	b For terminated vested participants	112	1,332,723
	c For active participants	1	3,803
	d Total	219	4,090,731
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.56%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	140,000
	c Total (line 6a + line 6b)	6c	140,000

Statement by Enrolled Actuary

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

SIGN HERE	Douglas B. Reymann Signature of actuary	04/05/2023 Date
	Douglas B. Reymann Type or print name of actuary	2305943 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	215-246-6000 Telephone number (including area code)
	1735 Market Street Philadelphia PA 19103 Address of the firm	

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.08%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.70%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	119.24%
15 Adjusted funding target attainment percentage	15	119.24%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.64%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years				19a	0
b Contributions made to avoid restrictions adjusted to valuation date				19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date				19c	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		

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 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6c).....	31a	140,000										
b Excess assets, if applicable, but not greater than line 31a	31b	140,000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	TE Connectivity Corporation
EIN/PN	23-0332575/053
Plan Name	HUB Pension Plan
Valuation Date	October 1, 2021
Enrolled Actuary	Douglas B. Reymann
Enrollment Number	23-05943

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2021

HUB

Age	(1)	(2)	(3)	(4)
	Retirement qx	px	Cumulative px	(1)*(3)*Age
60	0.200	0.800	1.0000	12.0000
61	0.050	0.950	0.8000	2.4400
62	0.200	0.800	0.7600	9.4240
63	0.050	0.950	0.6080	1.9152
64	0.050	0.950	0.5776	1.8483
65	1.000	0.000	0.5487	35.6668
Total/Average				63.2943

Weighted Average Retirement Age

63

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|---|-----------------|
| ■ Applicable month | October |
| ■ Yield curve basis | 3-Segment Rates |
| ■ ARPA adopted for minimum funding | Yes |
| ■ ARPA adopted for benefit restrictions | Yes |

Interest rates:	Not Reflecting Stabilization	Reflecting Stabilization
■ First segment rate (years 1 to 5)	1.01%	4.75%
■ Second segment rate (years 6 to 20)	2.65%	5.36%
■ Third segment rate (over 20 years)	3.34%	6.11%
■ Effective interest rate	2.86%	5.56%

Annual rates of increase

- | | |
|-------------------------------------|-----|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation | N/A |

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which begins completion of 1,000 hours of service in a plan year (frozen as of March 1, 2001).
-----------------------	---

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

Plan Name:	HUB Pension Plan
EIN / PN:	23-0332575/053
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward using MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, then projected forward using MP-2019).

Termination

The rates at which participants are assumed to leave the Company by age are shown below:

Attained Age	Percentage
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%

Disability rates

None.

Retirement

The rates at which active participants are assumed to retire are shown below:

Attained Age	Percentage
60	20.0%
61	5.0%
62	20.0%
63	5.0%
64	5.0%
65 and above	100.0%

Benefit commencement

Age 65.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Form of payment

Participants are assumed to make future form of payment elections at the following rates:

	Life Annuity	10 Year C&L	50% J&S	75% J&S
Active retirements	50%	15%	0%	35%
Future vested deferred	50%	15%	0%	35%
Future disabilities	0%	0%	0%	0%
Future deaths	0%	0%	100%	0%
Current vested deferred	50%	15%	0%	35%

Percent married

85% of males; 75% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Administrative expenses

The administrative expense assumption for the upcoming year is equal to the expenses paid in the prior year, excluding investment management fees paid from the trust, rounded to the nearest \$1,000. For the current valuation, administrative expenses of \$140,000 were added to the target normal cost.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale - Significant Demographic Assumptions

Mortality

Assumptions used for funding purposes (same for healthy and disabled lives) are as prescribed by IRC §430(h) and selected by the sponsor.

Termination

Termination rates are based on plan sponsor expectations for future terminations where the assumed rates differ by age, with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates are based on plan sponsor expectations for future retirements, with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit
Deferred vested participants' assumed commencement age is a single age intended to capture the expected age at commencement. In general, deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

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

Methods

Valuation date

First day of plan year.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus administrative expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Effective October 1, 2021, phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). Under the phase-in approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.
Data / asset sources	TE Connectivity Corporation and the plan administrator furnished the participant data, including previously calculated accrued benefits. Data was reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the Company, assumptions or estimates were made where data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our valuation. Willis Towers Watson used asset data supplied by the trustee.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with TE Connectivity Corporation regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with TE Connectivity Corporation and based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target were updated from an applicable month of October 2020 to October 2021. ARPA interest rate corridors were applied for applicable minimum funding requirements and benefit restriction purposes.
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Plan Name:	HUB Pension Plan
EIN / PN:	23-0332575/053
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

The mortality projection scale used to calculate the funding target was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

The assumption for administrative expenses to be added to the target normal cost was updated to \$140,000.

The method for determining the actuarial value of assets was changed from fair market value to a phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Under this approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.

Plan Name:	HUB Pension Plan
EIN / PN:	23-0332575/053
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The method for determining the actuarial value of assets was changed from fair market value to a phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Under this approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.

Plan Name:	HUB Pension Plan
EIN / PN:	23-0332575/053
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1968, and was restated and frozen as of March 1, 2001.

Plan Year

The twelve-month period ending the last day of September.

Coverage and Participation

- Any person who was employed by the Hub Fabricating Company, excluding leased employees, employees covered by a collective bargaining agreement, non-resident aliens and, effective July 1, 1995, employees of the North Carolina facility.
- Participation frozen as of March 1, 2001.

Definitions

Credited Service

1,000 hours in a plan year (frozen as of March 1, 2001).

Vesting Service

1,000 hours in a plan year.

Final Average Compensation

Not applicable.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Annual Pension Benefit

Benefit: Annual benefit equal to unit benefit multiplied by credited service:

Last Date as Active Participant	Annual Unit Benefit
8/28/1989 - 9/2/1990	\$168
9/3/1990 - 9/1/1991	\$174
9/2/1991 - 9/6/1992	\$186
9/7/1992 - 9/5/1993	\$198
9/6/1993 - 6/30/1996	\$204
7/1/1996 - 6/30/1997	\$216
7/1/1997 - 6/30/2000	\$228
7/1/2000 - 9/10/2000	\$252
On or after 9/11/2000	\$264

Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	Age 60.
Late Retirement	After age 65.
Deferred Vested Benefit	5 years of vesting service.
Disability Benefit	Total and permanent disability with 10 years of service.
Pre-Retirement Death Benefit	Spouse or domestic partner of vested participant.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement Benefit

Annual pension benefit is determined by NRD.

Early Retirement Benefit

Accrued benefit reduced by 6% per year that commencement precedes normal retirement date.

Late Retirement Benefit

Accrued benefit increased actuarially for each year beyond normal retirement date.

Vested Benefits upon Termination of Service

Accrued benefit at termination payable at normal retirement date. Benefits can commence at early retirement date, subject to the same reduction factors as for early retirement.

Disability Benefit

Accrued benefit on date of disability payable beginning the first day of the next plan year, without any adjustment for early commencement.

Pre-Retirement Death Benefit

- Benefit after early but before normal retirement: Annuity based on accrued benefit at death. Payable as of the last day of the month following the month in which the participant's death occurred in the normal form for married participants. Same reduction factors as for early retirement.
- Benefit after early but before normal retirement: Annuity based on accrued benefit at death. Payable as of the last day of the month following the month in which the participant's death occurred in the normal form for married participants. Same reduction factors as for early retirement.
- Benefit after normal retirement: Annuity based on entitled benefit at death. Payable as of the last day of the month following the month in which the participant's death occurred in the normal form for married participants.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal Form of Benefit

- Automatic form for unmarried participants is a Single Life Annuity.
- Automatic form for married participants is a 50% Joint & Survivor Annuity that is actuarially equivalent to a Single Life Annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

- 75% or 100% Joint & Survivor Annuity.
- 5-Year or 10-Year Certain & Life Annuity.
- If the total value of benefits is under \$1,000, then the benefit will be mandatorily paid as a lump sum. The participant has the option of a lump sum form of payment if the present value of benefits is under \$5,000.

Optional Form Conversion Basis

Based on the 1971 Group Annuity mortality Table for males and 7% interest.

Pension Increases

None scheduled.

Participant Contributions

None.

Maximum Benefits

Annual benefits may not exceed the limit under IRC Section 415. This limit is indexed annually.

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior plan year.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	0	0	0	0	0	0	0	0	1
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	0	0	0	0	1

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: HUB Pension Plan
 EIN / PN: 23-0332575/053
 Plan Sponsor: TE Connectivity Corporation
 Valuation Date: October 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	TE Connectivity Corporation
EIN/PN	23-0332575/053
Plan Name	HUB Pension Plan
Valuation Date	October 1, 2021
Enrolled Actuary	Douglas B. Reymann
Enrollment Number	23-05943

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2021

HUB

Age	(1)	(2)	(3)	(4)
	Retirement qx	px	Cumulative px	(1)*(3)*Age
60	0.200	0.800	1.0000	12.0000
61	0.050	0.950	0.8000	2.4400
62	0.200	0.800	0.7600	9.4240
63	0.050	0.950	0.6080	1.9152
64	0.050	0.950	0.5776	1.8483
65	1.000	0.000	0.5487	35.6668
Total/Average				63.2943

Weighted Average Retirement Age

63

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
Plan Sponsor: TE Connectivity Corporation
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SCHEDULE SB ATTACHMENTS

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Definitions

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Vesting Service

1,000 hours in a plan year.

Final Average Compensation

Not applicable.

Plan Name: HUB Pension Plan
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SCHEDULE SB ATTACHMENTS

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Plan Name: HUB Pension Plan
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Plan Sponsor: TE Connectivity Corporation
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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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- If the total value of benefits is under \$1,000, then the benefit will be mandatorily paid as a lump sum. The participant has the option of a lump sum form of payment if the present value of benefits is under \$5,000.

Optional Form Conversion Basis

Based on the 1971 Group Annuity mortality Table for males and 7% interest.

Pension Increases

None scheduled.

Participant Contributions

None.

Maximum Benefits

Annual benefits may not exceed the limit under IRC Section 415. This limit is indexed annually.

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior plan year.

Plan Name: HUB Pension Plan
EIN / PN: 23-0332575/053
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The method for determining the actuarial value of assets was changed from fair market value to a phase-in to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Under this approach, as of October 1, 2021, the actuarial value of assets is equal to the market value of assets plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.

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