

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
		2022
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>036</u></td> </tr> <tr> <td>1c Effective date of plan <u>01/01/1987</u></td> <td></td> </tr> <tr> <td>2b Employer Identification Number (EIN) <u>84-0966648</u></td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>301-323-9099</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>036</u>	1c Effective date of plan <u>01/01/1987</u>		2b Employer Identification Number (EIN) <u>84-0966648</u>		2c Plan Sponsor's telephone number <u>301-323-9099</u>		2d Business code (see instructions) <u>333200</u>	
1b Three-digit plan number (PN) ▶	<u>036</u>										
1c Effective date of plan <u>01/01/1987</u>											
2b Employer Identification Number (EIN) <u>84-0966648</u>											
2c Plan Sponsor's telephone number <u>301-323-9099</u>											
2d Business code (see instructions) <u>333200</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>THE ESAB GROUP, INC.</u> <u>909 ROSE AVENUE</u> <u>8TH FLOOR</u> <u>NORTH BETHESDA, MD 20852</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2023</u>	<u>MARK KURISH</u>
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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 COLFAX CORPORATION c Plan Name COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN		4b EIN 54-1887631 4d PN 036																				
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">3638</td> </tr> </table>	5	3638																		
5	3638																					
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">187</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">164</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">2331</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">357</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">2852</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">617</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">3469</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a(1)	187	6a(2)	164	6b	2331	6c	357	6d	2852	6e	617	6f	3469	6g		6h	0
6a(1)	187																					
6a(2)	164																					
6b	2331																					
6c	357																					
6d	2852																					
6e	617																					
6f	3469																					
6g																						
6h	0																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ►	036
C Plan sponsor's name as shown on line 2a of Form 5500 THE ESAB GROUP, INC.	D Employer Identification Number (EIN) 84-0966648	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	004607	2	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 1117950**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1087910**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 51158
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** -105
▶(6) Total additions **7c(6)** 51053**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1138963**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 9871
(2) Administration charge made by carrier **7e(2)** 11142
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 21013**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1117950

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>036</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE ESAB GROUP, INC.</u>	D Employer Identification Number (EIN) <u>84-0966648</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>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>201259386</u>
b Actuarial value	2b <u>188687807</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>3017</u> <u>136698537</u> <u>136698537</u>
b For terminated vested participants.....	<u>480</u> <u>14574769</u> <u>14574769</u>
c For active participants.....	<u>187</u> <u>7053717</u> <u>7152377</u>
d Total	<u>3684</u> <u>158327023</u> <u>158425683</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>5.27 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>1100000</u>
c Total (line 6a + line 6b)	6c <u>1100000</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>10/03/2023</u>
Signature of actuary		Date
<u>JAMES D. BURKE</u>		<u>23-06899</u>
Type or print name of actuary		Most recent enrollment number
<u>CBIZ</u>		<u>215-587-0700</u>
Firm name		Telephone number (including area code)
<u>1845 WALNUT STREET, 10TH FLOOR</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 ☐

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>12.36</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>5.44</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		
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	119.10 %
15 Adjusted funding target attainment percentage	15	119.10 %
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	106.98 %
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	1100000	
b Excess assets, if applicable, but not greater than line 31a	31b	1100000	
32 Amortization installments:	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	Total balance
35 Balances elected for use to offset funding requirement.....			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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	036
C Plan sponsor's name as shown on line 2a of Form 5500 THE ESAB GROUP, INC.	D Employer Identification Number (EIN) 84-0966648	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CBIZ

31-1582098

(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 15 17 38 50 64 70	NONE	270497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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 24 28 36 50 52 62	NONE	242782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BDO USA, P.C.

13-5381590

(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 16 50 70	NONE	15000	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
13 53	NONE	11142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	BRIAN D. EVITTS	b EIN:	31-1582098
c Position:	ENROLLED ACTUARY		
d Address:	1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103	e Telephone:	215-825-4027

Explanation: AN INTERNAL CHANGE OF PLAN ASSIGNMENTS AT CBIZ.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ►	036
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE ESAB GROUP, INC.	D Employer Identification Number (EIN) 84-0966648	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)		
(Complete as many entries as needed to report all interests in DFEs)			
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND LE			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31017637	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EMERGING MKTS INDEX F			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6785238	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG TERM CREDIT BOND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29283958	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY LCC EAFE FUND			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12142522	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY SCC US FUND L			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5396393	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND LE			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-049	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5393073	
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT FU			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138589-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2719435	

a Name of MTIA, CCT, PSA, or 103-12 IE: NT LONG TERM GOVT BOND INDEX FUND-L

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14600199
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE 1-10 YR INTERMEDIATE

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14806348
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLLECTIVE 1-10 YR INTERMED

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-054	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14806893
--------------------------------	------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div> This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ►	036
C Plan sponsor's name as shown on line 2a of Form 5500 THE ESAB GROUP, INC.	D Employer Identification Number (EIN) 84-0966648	

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 0 0
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1)
(2) Participant contributions.....	1b(2)
(3) Other.....	1b(3) 0 0
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 0 0
(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) 184670393 136951696
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts.....	1c(11)
(12) Value of interest in 103-12 investment entities	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14) 1087910 1117950
(15) Other	1c(15)

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	15501084	11289456
(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	201259387	149359102

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	114426	1368314
k Total liabilities (add all amounts in lines 1g through 1j)	1k	114426	1368314

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	201144961	147990788
---	-----------	-----------	-----------

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)	76246	
(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)		76246
(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)	-38100074	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-38100074

		(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)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-38023828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14137797	
(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)		14137797
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)	414871	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	257533	
(4) Other	2i(4)	320144	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		992548
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15130345
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-53154173
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C.

(2) EIN: 13-5381590

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		10000000
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.)	X		
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.)	X		
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?		X	
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 487405.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE ESAB GROUP, INC. CONSOLIDATED RETIREMENT PLAN		B Three-digit plan number (PN) ► 036
C Plan sponsor's name as shown on line 2a of Form 5500 THE ESAB GROUP, INC.		D Employer Identification Number (EIN) 84-0966648
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): 36-1561860 39-0989781		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: 60.3 % Investment-Grade Debt: 38.3 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 1.4 %

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 _____



The ESAB Group, Inc. Consolidated Retirement Plan

**Financial Statements and ERISA-Required
Supplemental Schedules**
Years Ended December 31, 2022 and 2021

The ESAB Group, Inc. Consolidated Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2022 and 2021

The ESAB Group, Inc. Consolidated Retirement Plan

Contents

Independent Auditor's Report	3-6
------------------------------	-----

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	7
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2022 and 2021	8
Notes to Financial Statements	9-17

ERISA-Required Supplemental Schedules

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2022	18
Schedule H, Line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2022	19

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator
The ESAB Group, Inc. Consolidated Retirement Plan
North Bethesda, Maryland

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The ESAB Group, Inc. Consolidated Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 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 Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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

Other Matter –Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, line 4i–Schedule of Assets (Held at End of Year) as of December 31, 2022 and Schedule H, line 4j–Schedule of Reportable Transactions for the year ended December 31, 2022) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 6, 2023

Financial Statements

The ESAB Group, Inc. Consolidated Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2022	2021
Assets		
Investments, at fair value:		
Common/collective trusts	\$ 136,951,696	\$ 184,670,393
Guaranteed investment contract	1,117,950	1,087,910
Common stock	11,289,456	15,501,084
Total Assets	149,359,102	201,259,387
Liabilities		
Due to broker	1,120,905	-
Accrued expenses	247,409	114,426
Total Liabilities	1,368,314	114,426
Net Assets Available for Benefits	\$ 147,990,788	\$ 201,144,961

See accompanying notes to financial statements.

The ESAB Group, Inc. Consolidated Retirement Plan
Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2022	2021
Additions:		
Net Investment Income (Loss):		
Interest and dividends	\$ 76,246	\$ 51,327
Net (depreciation) appreciation in fair value of investments	(38,100,074)	22,955,598
Total Investment (Loss) Gain	(38,023,828)	23,006,925
Total (Reductions) Additions, Net of Investment Loss	(38,023,828)	23,006,925
Deductions:		
Benefits paid to participants	(14,137,797)	(14,771,038)
Administrative expenses	(992,548)	(986,270)
Total Deductions	(15,130,345)	(15,757,308)
Net (Decrease) Increase	(53,154,173)	7,249,617
Net Assets Available for Benefits, beginning of year	201,144,961	193,895,344
Net Assets Available for Benefits, end of year	\$ 147,990,788	\$ 201,144,961

See accompanying notes to financial statements.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

1. Description of Plan

The following description of The ESAB Group, Inc. Consolidated Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

On April 4, 2022 (the Distribution Date), Colfax Corporation which subsequently changed its name to Enovis Corporation (Enovis) completed the separation of its fabrication technology business (the Separation), which became an independent publicly traded company called ESAB Corporation (ESAB). In preparation for the Separation, effective on March 31, 2022, the Plan was amended to transfer sponsorship to The ESAB Group, Inc., a subsidiary of ESAB Corporation, and to change the plan name from the Colfax Corporation Consolidated Retirement Plan to The ESAB Group, Inc. Consolidated Retirement Plan. To affect the Separation, Enovis distributed to its stockholders one share of ESAB common stock for every three shares of Enovis common stock held at the close of business on March 22, 2022, with Enovis retaining 10% of the shares of ESAB common stock immediately following the Separation. In November 2022, Enovis sold the remaining 10 percent of the outstanding common stock of ESAB as part of a secondary offering. As a result of these transactions, the common stock included in the plan is now the stock of the parent company of the new plan sponsor, ESAB Corporation, and shares of the former plan sponsor, now named Enovis Corporation, and continue to be held as investments in the Plan.

The Plan is a noncontributory defined benefit pension plan under Internal Revenue Code Section 401(a), which covers certain employees and their beneficiaries of ESAB Corporation and its subsidiaries (collectively, the Employer, the Company, or ESAB), and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan provides for certain protected rights, benefits and features applicable only to certain identifiable participant groups resulting from past mergers of affiliated plans. Participation and accrual of benefits under the Plan were frozen effective January 31, 1999.

Trustee and Administration of the Plan

The trustee of the Plan is The Northern Trust Company (Northern Trust or Trustee). Aetna Life Insurance Company (Aetna) is the issuer of the insurance contract. The administrator of the Plan is the Employer. Northern Trust and Aetna hold all assets of the Plan in accordance with service provider contracts with the ESAB Corporation. The ESAB Corporation Retirement Plan Advisory Committee determines the appropriateness of the Plan's investments and monitors investment performance. CBIZ Retirement Plan Services is the Plan actuary, and also provides recordkeeping, benefits administration, and other compliance services.

Payment of Benefits

The Plan generally provides for normal retirement benefits at age 65, early retirement benefits at age 55 and 10 years of service, disability benefits and survivor benefits. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$1,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$5,000 but greater than \$1,000, the lump-sum payment will be made as a direct rollover to an eligible retirement plan specified by the participant or to an individual retirement plan account.

Vesting

Participants become 100 percent vested at the earlier of completion of five years of vesting service, or attainment of normal retirement age of 65.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 ESAB Corporation Retirement Plan Advisory Committee determines the Plan's valuation policies utilizing information provided by investment advisors and the trustee. See Note 4 for discussion of fair value measurements.

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

Due To Brokers

Due to brokers may include cash or securities maintained with brokers and counterparties for margin account balances, collateral held in conjunction with the Plan's investment portfolio, or the settlement of sale transactions. These balances are not considered cash and short-term investments of the Plan. As of December 31, 2022 and 2021, the Plan's due to brokers for unsettled securities sale transactions was approximately \$1,121,000 and \$0, respectively.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

Funding Policy

The Employer makes contributions in amounts sufficient to comply with the funding requirements of ERISA. The Employer's policy is to fund the normal cost currently and the amortization of the estimated unfunded past service liabilities generally over the maximum period permitted by ERISA. Although it has not expressed any intention to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. For the years ended December 31, 2022 and 2021, no contributions were made as the Employer met the minimum funding requirements of ERISA.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes herein. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The Plan pays certain administrative expenses including actuary, trustee, record-keeping, audit and consulting fees, and Pension Benefit Guaranty Corporation (PBGC) premiums. All other administrative expenses of the Plan are paid by the Employer and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in the fair value of investments on the statements of changes in net assets available for benefits.

3. Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, The Northern Trust Company and Aetna Life Insurance Company, qualified institutions, have certified that the following investment information included in the accompanying financial statements, notes to the financial statements, and ERISA-required supplemental schedules are complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021;
- Net investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021; and
- Investment information included in the schedule H, line 4i-schedule of assets (held at end of year) as of December 31, 2022, and schedule H, line 4j-schedule of reportable transactions for the year ended December 31, 2022; as shown on the ERISA-required supplemental schedules.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- 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.

A financial instrument's 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.

There have been no changes in the valuation methodologies used at December 31, 2022 and 2021. Following is a description of the valuation methodologies used for assets measured at fair value:

Common/Collective Trusts: Common/collective trusts (CCTs) represent investments with various investment managers. Units held in CCTs are valued at the net asset value (NAV). The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, that are traded in an active market, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The CCTs held by the Plan are direct filing entities.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

Guaranteed Investment Contract: The Plan holds one annuity contract, the Fixed Income Regular Account Fund with Aetna. Aetna maintains the assets of this investment in both allocated and unallocated funds with crediting rates averaging 4.74 percent and 4.78 percent for 2022 and 2021, respectively. The total yield for the Aetna contract was 4.70 percent and 4.69 percent for 2022 and 2021, respectively.

Common Stock: The common stock of ESAB and Enovis is traded on the New York Stock Exchange and is valued at the closing price on the last day of the Plan year.

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

Fair Value of Investments that Calculate Net Asset Value

The following table presents the unfunded commitments, redemption frequencies, and redemption notice periods as of December 31, 2022 and 2021 for those assets, summarized by category, whose fair value is estimated using the NAV per share or its equivalent:

Investment	Fair Value at December 31,		Unfunded Commitment	Redemption Frequency	Notice Period	Other Restrictions
	2022	2021				
Equity	\$ 60,734,863	\$ 105,887,049	\$ -	Daily	None	None
Fixed income	73,497,398	77,084,400	-	Daily	None	None
Cash equivalent	2,719,435	1,698,944	-	Daily	None	None
Total	\$ 136,951,696	\$ 184,670,393	\$ -			

The following tables summarize, by level within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

	December 31, 2022				
	Measured at Net Asset Value	Level 1	Level 2	Level 3	Total
Common stock	\$ -	\$ 11,289,456	\$ -	\$ -	\$ 11,289,456
Guaranteed investment contract	-	-	1,117,950	-	1,117,950
Common collective trusts	136,951,696	-	-	-	136,951,696
Total	\$ 136,951,696	\$ 11,289,456	\$ 1,117,950	\$ -	\$ 149,359,102

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

	December 31, 2021				
	<i>Measured at</i>				
	<i>Net Asset Value</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Common stock	\$ -	\$ 15,501,084	\$ -	\$ -	\$ 15,501,084
Guaranteed investment contract	-	-	1,087,910	-	1,087,910
Common collective trusts	184,670,393	-	-	-	184,670,393
Total	\$ 184,670,393	\$ 15,501,084	\$ 1,087,910	\$ -	\$ 201,259,387

5. Risks and Uncertainties

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

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

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan administrator by a letter dated March 20, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan, as currently designed, is 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.

GAAP requires plan management to evaluate tax positions taken by a plan and recognize a tax liability (or asset) if the plan 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 in progress.

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. Benefits attributable to employee contributions, taking into account those paid out before termination.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had returned 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 the Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed subsequently).
4. All other vested benefits (not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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 that 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.

8. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest average compensation during any consecutive 60-months period of credited service or based on years of service, as defined by the Plan. The accumulated plan benefits for active employees are based on their average compensation and years of service as of the date the Plan was frozen. Benefits payable under all circumstances, (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

The computations of the actuarial present value of accumulated plan benefits were made using the beginning of year method. The significant actuarial assumptions used in the valuation as of December 31, 2021 were (a) life expectancy of participants (the Pri-2012 Amount-Weighted Total Dataset Mortality Tables with generational projection using Scale MP-2021), (b) retirement age assumptions (the assumed average retirement age for the Plan ranged from age 55 to 65, as defined by the Plan for specific employees), (c) long-term expected rate of return on investments (5.45 percent), and (d) expenses (which were assumed to be \$1,100,000 per year).

A summary of the most recent actuarial present value of accumulated plan benefits is shown below:

<i>December 31,</i>	2021
Vested Benefits:	
Participants currently receiving benefits	\$ 133,602,776
Other participants	21,642,362
Total Vested Benefits	155,245,138
Non-vested Benefits	136,754
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 155,381,892

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits, December 31, 2020	\$ 158,388,887
Net Decrease in Actuarial Present Value of Accumulated Plan Benefits attributed to:	
Increase for interest due to reduction in discount period	8,682,694
Benefits paid to participants	(14,771,038)
Actuarial gains and benefits accumulated	(407,417)
Change of assumptions ⁽¹⁾	3,488,766
Net decrease	(3,006,995)
Actuarial Present Value of Accumulated Plan Benefits, December 31, 2021	\$ 155,381,892

⁽¹⁾ The changes in assumptions since the prior valuation include a change in long-term expected rate of return on investments from 5.75 percent to 5.45 percent.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuations been performed as of December 31, 2021 there would be no material differences.

The ESAB Group, Inc. Consolidated Retirement Plan

Notes to Financial Statements

9. Related Party and Party-In-Interest Transactions

Certain plan investments are managed by affiliates of The Northern Trust Company and Aetna. The Plan pays fees to these service providers for administrative, trustee, and custodial services which are recorded within administrative expenses on the accompanying statements of changes in net assets available for benefits. The Plan also invests in common stock of ESAB and Enovis. During 2022 and 2021, the Plan paid for actuarial and audit services. These transactions qualify as exempt party-in-interest transactions.

10. Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 6, 2023, the date the financial statements were available to be issued. Except as described below, no material subsequent events were identified.

In June 2023, ESAB entered into an agreement with Mutual of Omaha to transfer approximately \$6.7 million of Plan assets in connection with an annuity buy out contract. The purpose of the agreement is to streamline administration and manage financial risk associated with the Plan. Under the agreement, Mutual of Omaha assumed responsibility for pension benefits and annuity administration for approximately 700 participants. The agreement does not change the amount or timing of monthly retirement benefit payments to the impacted participants, which commenced in September 2023.

ERISA-Required Supplemental Schedules

SCHEDULE SB ATTACHMENT
Line 26 - Schedule of Active Participant Data

Plan Name: ESAB Group, Inc. Consolidated Retirement Plan

EIN/PN: 84-0966648/036

Valuation Date: January 1, 2022

Age	Years of Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	1	-	-	-	-	-	1
35 to 39	-	-	-	-	3	-	-	-	-	-	3
40 to 44	-	-	-	-	5	1	-	-	-	-	6
45 to 49	-	-	-	-	2	6	1	-	-	-	9
50 to 54	-	-	-	-	5	8	5	4	-	-	22
55 to 59	-	-	-	-	3	8	10	21	3	-	45
60 to 64	-	-	-	-	6	4	6	17	8	16	57
65 to 69	-	-	-	-	1	1	3	4	2	25	36
70 & Over	-	-	-	-	-	-	-	-	2	6	8
Total	-	-	-	-	26	28	25	46	15	47	187

Schedule SB Part V - SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	1.07%	4.75%
Segment 2:	2.68%	5.18%
Segment 3:	3.36%	5.92%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.27%. For the prior Plan Year, the EIR was 5.44%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2021	5.75%	6.11%	5.75%
2020	6.25%	5.94%	5.94%

Funding Administrative Expenses

Administrative expenses of \$1,100,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality for Legacy ESAB Howden and Legacy Victor Technologies is 412(l) Post-94 Disabled Mortality Table. All other legacy plans are assumed to be the same as that used for Healthy Retirees.

Withdrawal Rates

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. Sample rates are shown in the following tables:

Legacy Hanover:

Age	Rates
25	5.0%
40	3.0%
55	0.0%

All other Legacy ESAB/Howden:

Age	Rates
25	11.0%
40	4.3%
55	0.0%

Legacy Victor Technologies:

Age	Rates
25	9.7%
40	7.8%
55	0.0%

Disability Incidence

Legacy Hanover:

Sample rates varying by age:

Age	Rates
25	0.0%
40	0.1%
55	1.1%

All other Legacy ESAB/Howden:

Sample rates varying by age:

Age	Rates
25	0.1%
40	0.2%
55	0.8%

Legacy Victor Technologies:

No disability rates assumed.

Retirement Rates

Legacy Hanover:

Active participants are assumed to retire at age 64.

Term Vested participants are assumed to retire at 62.

Legacy Howden:

Active participants with under 30 years of service are assumed to retire at age 65.

Active participants with 30 or more years of service are assumed to retire at age 62.

Term Vested participants are assumed to retire at 62.

Legacy New Philadelphia Union:

Active participants with under 15 years of service are assumed to retire at age 65.

Active participants with 15 to 29 years of service are assumed to retire at age 62.

Active participants with 30 or more years of service are assumed to retire at age 60.

Term Vested participants are assumed to retire at age 62.

Legacy ESAB/Howden and Ashtabula/Niagara:

Sample rates varying by age for active participants:

Age	Rates
55	10.00%
56-59	7.00%
60	20.00%
61	8.00%
62	80.00%
63-64	20.00%
65	100.00%

Term Vested participants are assumed to retire at 62.

Legacy Victor Technologies:

Sample rates varying by age:

Age	Rates
55-58	2.00%
59	2.50%
60-63	3.00%
64	6.50%
65	100.00%

Legacy Fan Group:

Terminated vested participants are assumed to commence benefits at age 60.

Legacy Connersville:

Terminated vested participants are assumed to retire at age 65.

Spousal Assumptions

It is assumed that husbands are three years older than wives.

All Legacy ESAB/Howden Plans: 80% of males and 60% of females are assumed to have an eligible spouse.

Legacy Victor Technologies and Legacy GE Roots: 85% of all active participants are assumed to be married at death.

Legacy Fan Group: 90% of participants are assumed to be married at death.

Legacy Connersville: 85% of participants are assumed to be married at death.

Form of Payment

All Legacy ESAB/Howden Plan:

50% of participants are assumed to elect a life annuity and 50% of participants are assumed to elect a 50% Joint & Survivor Annuity.

Legacy Victor Technologies:

Non-Stoody Deloro Stellite participants are assumed to elect a 50% Joint & Survivor Annuity. Stoody Deloro Stellite participants are assumed to elect a life annuity.

Legacy Fan Group:

Frequency for optional payment forms:

<u>Form</u>	<u>Single</u>	<u>Married</u>
Life Annuity	100%	30%
50% J&S	0%	40%
100% J&S	0%	30%
Total	100%	100%

Legacy Connersville:

75% of participants are assumed to elect a life annuity.

25% of participants are assumed to elect a J&S 50% annuity.

**Changes in funding
assumptions since the
prior valuation**

In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2021 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2021 Static Mortality Table to the IRS 2022 Static Mortality Table.

The Expected Return on Assets assumption for purposes of valuing the Actuarial Value of Assets was changed from 6.25% in 2020 to 5.75% in 2021.

Schedule SB Part V-SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Funding Actuarial Value of Assets Method

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

The ESAB Group Inc. Consolidated Retirement Plan
EIN: 84-0966648 Plan: 036
Attachment to the 2022 Form 5500 Schedule SB

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

Legacy ESAB Retirement Table:

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Retired</u>	<u>Average</u>	<u># Active</u>
55	1000.000	10.00%	100.000	5500.000	
56	900.000	7.00%	63.000	3528.000	
57	837.000	7.00%	58.590	3339.630	
58	778.410	7.00%	54.489	3160.345	
59	723.921	7.00%	50.674	2989.795	
60	673.247	20.00%	134.649	8078.962	
61	538.597	8.00%	43.088	2628.356	
62	495.510	80.00%	396.408	24577.279	
63	99.102	20.00%	19.820	1248.684	
64	79.282	20.00%	15.856	1014.804	
65	63.425	100.00%	63.425	4122.640	
Average Retirement Age				60.188	57

Legacy Victor Technologies Retirement Table:

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Retired</u>	<u>Average</u>	<u># Active</u>
55	1000.000	2.00%	20.000	1100.000	
56	980.000	2.00%	19.600	1097.600	
57	960.400	2.00%	19.208	1094.856	
58	941.192	2.00%	18.824	1091.783	
59	922.368	2.50%	23.059	1360.493	
60	899.309	3.00%	26.979	1618.756	
61	872.330	3.00%	26.170	1596.363	
62	846.160	3.00%	25.385	1573.857	
63	820.775	3.00%	24.623	1551.265	
64	796.152	6.50%	51.750	3311.991	
65	744.402	100.00%	744.402	48386.123	
Average Retirement Age				63.783	62

Colfax Corporation Consolidated Retirement Plan
EIN: 54-1887631 Plan: 036
Attachment to the 2022 Form 5500 Schedule SB

Schedule SB, line 22 - Description of Weighted Average Retirement Age
(continued)

Constant Retirement Age Assumptions:

<u>Age</u>	<u>Average</u>	<u># Active</u>
62	62.000	0
64	64.000	68
65	65.000	0
Weighted Average Retirement Age	62.766	187

The ESAB Group, Inc. Consolidated Retirement Plan

Schedule H, line 4j—Schedule of Reportable Transactions—Year Ended December 31, 2022

EIN\PN: 84-0966648/036

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on the Transaction Date	(i) Net Gain or (Loss)
Single Transaction in Excess of 5%:								
* The Northern Trust Company	NT Collective Long-Term Credit Bond Index Fund	\$ -	\$ 35,349,187	\$ -	\$ -	\$ 28,475,112	\$ 35,349,187	\$ 6,874,075
* The Northern Trust Company	NT Collective Long Term Gov. Bond Index Fund	\$ 18,691,218	\$ -	\$ -	\$ -	\$ 18,691,218	\$ 18,691,218	\$ -
* The Northern Trust Company	NT Collective 1-10 yr Intermediate Gov. Bond Index Fund	\$ 18,691,218	\$ -	\$ -	\$ -	\$ 18,691,218	\$ 18,691,218	\$ -
* The Northern Trust Company	NT Collective Daily 1-10 yr Intermediate Credit Bond Index Fund	\$ 18,691,218	\$ -	\$ -	\$ -	\$ 18,691,218	\$ 18,691,218	\$ -
Series of Transactions in Excess of 5%:								
* The Northern Trust Company	COLTV Short Term Investment Fund	\$ 8,493,137	\$ -	\$ -	\$ -	\$ 8,493,137	\$ 8,493,147	\$ -
* The Northern Trust Company	COLTV Short Term Investment Fund	\$ -	\$ 10,192,080	\$ -	\$ -	\$ 10,192,080	\$ 10,192,080	\$ -
* The Northern Trust Company	NT Collective Long Term Credit Bond Index-Lending	\$ 2,874,184	\$ -	\$ -	\$ -	\$ 2,874,184	\$ 2,874,184	\$ -
* The Northern Trust Company	NT Collective Long Term Credit Bond Index-Lending	\$ -	\$ 38,656,127	\$ -	\$ -	\$ 31,729,744	\$ 38,656,127	\$ 6,926,383
* The Northern Trust Company	NT Collective Long Term Credit Bond Index-Lending	\$ 21,063,461	\$ -	\$ -	\$ -	\$ 21,063,461	\$ 21,063,461	\$ -
* The Northern Trust Company	NT Collective Long Term Gov. Bond Index Fund-Lending	\$ -	\$ 1,411,765	\$ -	\$ -	\$ 1,727,602	\$ 1,411,765	\$ (315,837)
* The Northern Trust Company	NT Collective S&P 500 Index Fund-Lending	\$ 2,544,113	\$ -	\$ -	\$ -	\$ 2,544,113	\$ 2,544,113	\$ -
* The Northern Trust Company	NT Collective S&P 500 Index Fund-Lending	\$ -	\$ 16,341,250	\$ -	\$ -	\$ 8,190,164	\$ 16,341,250	\$ 8,151,086
* The Northern Trust Company	NT Collective 1-10 yr Intermediate Gov. Bond Index Fund-Lending	\$ 19,679,893	\$ -	\$ -	\$ -	\$ 19,679,893	\$ 19,679,893	\$ -
* The Northern Trust Company	NT Collective 1-10 yr Intermediate Gov. Bond Index Fund-Lending	\$ -	\$ 3,718,617	\$ -	\$ -	\$ 3,906,715	\$ 3,718,617	\$ (188,098)
* The Northern Trust Company	NT Collective Daily 1-10 yr Intermediate Credit Bond Index Fund-Lending	\$ 19,441,134	\$ -	\$ -	\$ -	\$ 19,441,134	\$ 19,441,134	\$ -
* The Northern Trust Company	NT Collective Daily 1-10 yr Intermediate Credit Bond Index Fund-Lending	\$ -	\$ 3,276,220	\$ -	\$ -	\$ 3,504,725	\$ 3,276,220	\$ (228,505)
* The Northern Trust Company	NT Collective Short Term Investment Fund	\$ 9,453,600	\$ -	\$ -	\$ -	\$ 9,453,600	\$ 9,453,600	\$ -
* The Northern Trust Company	NT Collective Short Term Investment Fund	\$ -	\$ 6,734,166	\$ -	\$ -	\$ 6,734,166	\$ 6,734,166	\$ -

* A party-in-interest as defined by ERISA.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
► 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 The ESAB Group, Inc. Consolidated Retirement Plan	B Three-digit plan number (PN) ► 036
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The ESAB Group, Inc.	D Employer Identification Number (EIN) 84-0966648
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 01 Day 01 Year 2022			
2 Assets:			
a Market value	2a	201,259,386	
b Actuarial value	2b	188,687,807	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,017	136,698,537	136,698,537
b For terminated vested participants	480	14,574,769	14,574,769
c For active participants	187	7,053,717	7,152,377
d Total	3,684	158,327,023	158,425,683
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	5.27%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,100,000	
c Total (line 6a + line 6b)	6c	1,100,000	

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	<div style="text-align: center;"> James D. Burke Signature of actuary </div> <div style="text-align: center;"> James D. Burke Type or print name of actuary </div>	<div style="text-align: center;"> Date 2306899 Most recent enrollment number </div> <div style="text-align: center;"> 215-587-0700 Telephone number (including area code) </div>
CBIZ Firm name 1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA PA 19103 Address of the firm		

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>12.36</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>5.44</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	119.10 %
15 Adjusted funding target attainment percentage	15	119.10 %
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	106.98 %
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: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	1,100,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,100,000	
32 Amortization installments:	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	Total balance
35 Balances elected for use to offset funding requirement			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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

The ESAB Group Inc. Consolidated Retirement Plan
EIN: 84-0966648 Plan: 036
Attachment to the 2022 Form 5500 Schedule SB

Line 26b-Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries receiving payments	Total
2022	303,113	656,395	14,388,938	15,348,446
2023	355,061	763,161	13,951,130	15,069,352
2024	404,835	815,495	13,499,295	14,719,625
2025	450,045	868,499	13,026,022	14,344,567
2026	480,037	918,778	12,536,077	13,934,892
2027	516,849	944,937	12,028,827	13,490,613
2028	546,707	1,013,750	11,503,868	13,064,325
2029	553,584	1,017,535	10,961,336	12,532,455
2030	555,563	1,036,575	10,404,311	11,996,449
2031	555,130	1,060,905	9,834,766	11,450,801
2032	555,890	1,084,237	9,255,108	10,895,235
2033	551,863	1,117,166	8,668,011	10,337,039
2034	547,478	1,121,054	8,076,317	9,744,850
2035	542,904	1,115,410	7,483,774	9,142,088
2036	540,246	1,101,364	6,894,360	8,535,970
2037	525,376	1,086,851	6,312,207	7,924,433
2038	511,577	1,069,376	5,741,513	7,322,466
2039	494,239	1,044,237	5,186,400	6,724,876
2040	476,307	1,022,306	4,650,864	6,149,476
2041	457,660	990,217	4,138,642	5,586,519
2042	436,884	951,023	3,653,124	5,041,031
2043	415,467	909,913	3,197,197	4,522,576
2044	393,249	869,797	2,773,173	4,036,219
2045	369,944	825,152	2,382,816	3,577,912
2046	346,358	779,947	2,027,347	3,153,652
2047	322,066	732,589	1,707,384	2,762,040
2048	297,745	684,340	1,422,904	2,404,989
2049	273,375	639,045	1,173,230	2,085,650
2050	249,364	590,199	957,022	1,796,585
2051	225,710	546,318	772,340	1,544,368
2052	202,534	498,714	616,771	1,318,018
2053	180,268	452,449	487,570	1,120,286
2054	159,112	407,926	381,779	948,817
2055	139,240	365,489	296,366	801,096

The ESAB Group Inc. Consolidated Retirement Plan
EIN: 84-0966648 Plan: 036
Attachment to the 2022 Form 5500 Schedule SB

Line 26b-Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries receiving payments	Total
2056	120,796	325,408	228,343	674,547
2057	103,884	287,876	174,864	566,624
2058	88,566	253,020	133,314	474,899
2059	74,860	220,906	101,363	397,129
2060	62,738	191,549	77,001	331,288
2061	52,138	164,926	58,543	275,607
2062	42,971	140,975	44,610	228,556
2063	35,128	119,608	34,104	188,840
2064	28,492	100,709	26,170	155,371
2065	22,935	84,138	20,156	127,229
2066	18,329	69,737	15,574	103,641
2067	14,551	57,336	12,061	83,948
2068	11,478	46,758	9,351	67,588
2069	9,001	37,825	7,250	54,077
2070	7,020	30,357	5,616	42,993
2071	5,448	24,176	4,343	33,968
2072	4,209	19,110	3,353	26,673

Schedule SB Part V-SUMMARY OF PRINCIPAL PLAN PROVISIONS

Legacy Ashtabula/Niagara

Effective Date	Original plan: August 1, 1985; Restated plan: January 1, 2008; Plan year: January 1 through December 31.
Status of the Plan	Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.
Participation	Immediate on date of hire. New employees are not eligible to participate.
Credited Service	Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance.
Retirement Dates	Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more. Unreduced pension for participants hired on or after September 1, 1987: Age 65. Reduced pension: Age 50 with ten years of Credited Service. Reduction based on factor in plan document.
Average Monthly Earnings	Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.
Benefit Formulas	Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

Minimum Formula:

\$5 times first ten years of Credited Service
plus
\$7 times next ten years of Credited Service
plus
\$9 times Credited Service greater than 20
plus
10% of Average Monthly Earnings (reduced if Credited Service less than 8)
plus
\$12

Regular Formula:

1.5% of Average Monthly Earnings for each year of Credited Service
minus
1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

Disability

Eligibility

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

Benefit

The benefit is the higher of the amount determined under the regular formula and the minimum formula (the former being used only if a Social Security disability benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until social security benefits are payable.

At age 65, the disability benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and average monthly earnings used to calculate above Disability Benefit.

Death

Benefit

The spouse of a participant who dies after five years of Credited Service will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

Vested Retirement Pension

Eligibility

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

Benefit

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65. The benefit is determined under the minimum formula assuming service and earnings credited to date. The percentage of average monthly earnings is reduced by one percent for each year that Credited Service is less than ten years.

Optional Forms of Payment

Life annuity; Qualified Joint & Survivor; Level income.

Legacy Hanover

Effective Date and Plan Year	Original plan: January 1, 1952; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.
Status of the Plan	Effective December 31, 2006, the Plan froze benefit accruals for all plan participants.
Participation	All employees of GAC 290 become participants of the plan on the first month coinciding with or next following one year of service. All employees of IAM District #98 become participants of the plan on date of employment. New employees are not eligible to participate.
Initial Vesting Date	A participant's initial vesting date is the earlier of (a) the date he has completed five years of Vesting Service or (b) the date he attains age 65.
Vesting Service	Vesting Service is the elapsed time between date of hire and date of termination.
Credited Service	Benefit Service is the elapsed time between date of hire and date of termination, excluding leaves of absence for which the employee was not compensated. Only benefit service through December 31, 2006 will be used in the calculation of the Accrued Benefit.
Normal Retirement Eligibility	<p>The Normal Retirement Date is the first day of the month coincident with or next following age 65.</p> <p>Benefit</p> <p>Monthly income for retirement on the Normal Retirement Date is equal to the participant's Monthly Accrued Benefit. Normal form of retirement income is life only.</p>
Late Retirement	<p>Eligibility</p> <p>All participants who continue employment after their Normal Retirement Date.</p> <p>Benefit</p> <p>All participants shall receive, upon retirement, monthly income equal to their Monthly Accrued Benefit.</p>

Early Retirement Eligibility

All participants with ten or more years of Vesting Service who have attained age 55 are eligible for Early Retirement.

Benefit

For participants retiring prior to age 62, the Monthly Accrued Benefit at the participant's Early Retirement Date reduced .4166% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service less than 25 years, the Monthly Accrued Benefit at the participant's Early Retirement Date reduced .2083% for each month that Early Retirement precedes age 65.

For participants retiring after age 62 with Vesting Service of 25 or more years, the Monthly Accrued Benefit at the participant's Early Retirement Date.

Deferred Vested Eligibility

A participant who terminates his service prior to his Normal Retirement Date for any reason other than death, disability or Early Retirement, prior to having attained age 55 but after attaining his initial vesting date, will be entitled to a termination benefit.

Benefit

Participant will be entitled to a termination benefit equal to the Monthly Accrued Benefit commencing on or after the date on which the participant attains age 65.

Disability Eligibility

All participants with ten or more years of Vesting Service who terminate employment as a result of disability are eligible for a Disability Benefit under the plan.

Benefit

The monthly Disability Benefit is payable at the participant's Normal Retirement Date and is equal to the participant's Monthly Accrued Benefit.

**Pre-Retirement
Death**

Eligibility

A married participant who has completed five or more years of Vesting Service and dies prior to commencement of his retirement income.

Benefit

The benefit payable to his beneficiary is the benefit which would have been payable if the employee had separated from service on his date of death, survived to the earliest age at which he qualified for Early Retirement, retired on that date with a 50% Qualified Joint and Survivor annuity, and then died.

Accrued Benefit

GAC 290 Employees

- 1) For terminations prior to February 9, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after February 9, 1999 and prior to April 1, 2000, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after April 1, 2000 and prior to April 1, 2001, a monthly benefit equal to \$25.50 multiplied by Credited Service.
- 4) For terminations after April 1, 2001 and prior to April 1, 2002, a monthly benefit equal to \$26.00 multiplied by Credited Service.
- 5) For terminations after April 1, 2002 and prior to April 1, 2003, a monthly benefit equal to \$26.50 multiplied by Credited Service.
- 6) For terminations after April 1, 2003 and prior to April 1, 2004, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 7) For terminations after April 1, 2004 and prior to April 1, 2005, a monthly benefit equal to \$33.00 multiplied by Credited Service.
- 8) For terminations after April 1, 2005, a monthly benefit equal to \$34.00 multiplied by Credited Service.

IAM District #98 Employees

- 1) For terminations prior to April 1, 1999, a monthly benefit accrued at date of termination.
- 2) For terminations after April 1, 1999 and prior to June 1, 2003, a monthly benefit equal to \$24.50 multiplied by Credited Service.
- 3) For terminations after June 1, 2003 and prior to June 1, 2004, a monthly benefit equal to \$29.00 multiplied by Credited Service.
- 4) For terminations after June 1, 2004 and prior to June 1, 2005, a monthly benefit equal to \$31.00 multiplied by Credited Service.
- 5) For terminations after June 1, 2005, a monthly benefit equal to \$32.00 multiplied by Credited Service.

Optional Forms of Payment Life annuity; Qualified Joint & Survivor; Certain and continuous.

Legacy Non-Union [ESAB]

Effective Date and Plan Year	Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.
Status of the Plan	Effective December 31, 2004, the plan froze benefit accruals for non-Howden participants.
Participation	Immediate on date of hire. New employees are not eligible to participate.
Credited Service	Elapsed time between hire date at The ESAB Group, Inc. (or at Union Carbide, if appropriate) and date of severance. A former Hanover plan participant's Credited Service shall begin no earlier than June 1, 1998 under this plan.
Retirement Dates	<p>Unreduced pension for participants hired before September 1, 1987: Age 65; Age 62 with ten years of Credited Service; Age 60 with 30 years of Credited Service; Age plus Credited Service equals 85 or more.</p> <p>Unreduced pension for participants hired on or after September 1, 1987: Age 65.</p> <p>Reduced pension: Age 50 with ten years of Credited Service (reduction based on factor in plan document); Age 55 with ten years of Credited Service for former Hanover plan participants.</p> <p>Special case: If participant is terminated for cause, more stringent retirement dates than outlined above.</p>
Average Monthly Earnings	Average of straight-time monthly earnings (including shift differential) over the five calendar years out of the last ten that produce the highest average.

Benefit Formulas Benefit equals greater amount produced by following two formulas, offset by any benefits payable from the Union Carbide Retirement Plan.

Regular Formula:

1.5% of Average Monthly Earnings for each year of Credited Service

minus

1.5% of Primary Social Security for each year of Credited Service (not to exceed 33-1/3 years)

Minimum Formula:

\$5 times first ten years of Credited Service

plus

\$7 times next ten years of Credited Service

plus

\$9 times Credited Service greater than 20

plus

10% of Average Monthly Earnings (reduced if Credited Service less than 8)

plus

\$12

In no event will the benefit be less than that accrued under the prior plan provisions as of December 31, 1985.

For former Alloy Rods Salaried Plan participants, the benefit accrued under the Salaried Plan will be included in their total benefit from the Non-Union Plan.

Deferred Vested Eligibility

Participants who terminate employment after completing five years of Credited Service are vested and therefore eligible for benefits commencing, on a reduced basis, as early as age 50.

Benefit

The benefit is determined under the formulas assuming continued employment until age 65 at the same earnings rate, the result multiplied by a fraction: years of Credited Service at termination divided by years of Credited Service at age 65.

Disability

Eligibility

Active hourly participants who become disabled after ten years of Credited Service receive benefits after a 26-week waiting period.

Benefit

The benefit is the higher of the amount determined under the Regular Formula and the Minimum Formula (the former being used only if a Social Security Disability Benefit is awarded). Minimum benefit payable is \$2.50 per month for each year of Credited Service, plus \$50 a month until Social Security benefits are payable.

At age 65, the Disability Benefit ceases and a Normal Retirement Benefit is calculated under the plan using the Credited Service and Average Monthly Earnings used to calculate above Disability Benefit.

**Pre-Retirement
Death**

Eligibility

Active participant who dies after five years of Credited Service, but prior to retirement, disability or termination.

Benefit

The spouse will receive 50% of the benefit the participant would have received at the date of death. If there is no spouse, dependent children then dependent parents share equally.

**Post-Retirement
Death**

Benefit

If a terminated vested or disabled participant dies, the spouse receives a reduced benefit commencing when the participant would have been age 50. If there is no spouse, then no benefit is payable.

**Optional Forms of
Payment**

Life annuity; Qualified Joint & Survivor; Level income.

Legacy Howden

Effective Date and Plan Year	Original plan: January 1, 1986; Amended and Restated plan: January 1, 2008; Plan year: January 1 through December 31.
Status of the Plan	Effective December 31, 2006, the plan froze benefit accruals for Howden participants who were employees of the New Philadelphia Union division.
Participation	<p>Each eligible employee who was a participant in the Ampco Pittsburgh Corporation Retirement Plan which was spun off resulting in this plan is a participant. Any participants who were not eligible employees of the Ampco Pittsburgh Corporation Retirement Plan but have an Accrued Benefit due to the spinoff resulting in this plan are participants.</p> <p><u>Salaried Buffalo Forge Company Employees:</u> The plan froze as of December 31, 2000. No additional employees shall become participants after December 31, 2000.</p> <p><u>Union Buffalo Forge Company Employees:</u> Employees became participants upon the completion of the probationary period set forth in the most recent collective bargaining agreement.</p> <p><u>New Philadelphia Union Employees:</u> Employees who were participants in the prior plan became participants on May 1, 1997. All other employees became participants on the first day of the calendar month following the date 1,000 hours of service are completed. The plan froze as of December 31, 2006.</p>
Prior Plan	Service and earnings for the period prior to May 6, 1993 earned under the Ampco Pittsburgh Corporation Retirement Plan are to be included in the calculation of benefits for employees of the Buffalo Forge Company as of May 6, 1993. Service and benefit accruals for the New Philadelphia Union Employees for the period prior to May 1, 1997 earned under the Harnischfeger Industries Hourly Employees' Retirement Plan are to be included in the calculation of benefits. This plan also includes benefits accrued under the Howden Sirocco, Inc. Retirement Plan and the Howden Sirocco, Inc. Hourly Rated Pension Plan.
Vesting	A participant is 100 percent vested in their Accrued Benefit upon the completion of five years of vesting service, or if earlier, upon their attainment of Normal Retirement Age.
Pensionable Earnings	<u>Salaried Buffalo Forge Company Employees:</u> Base salary excluding any bonuses, incentives, premiums, overtime, living expenses or traveling allowances.

Accrued Benefit

Salaried Buffalo Forge Company Employees: The annual benefit is the sum of 1, 2, 3, and 4 (frozen as of December 31, 2000).

- 1) For service prior to 1989, a noncontributory benefit of \$180.00 times years of Credited Service prior to 1989, plus a contributory benefit of 2 percent of the participant's effective contributory compensation for months in which he/she made contributions prior to 1989.
- 2) For 1989, the greater of (a) 1.1 percent of the participant's average annual compensation times Credited Service during 1989 and (b) \$180.00 times Credited Service during 1989 plus 2 percent of the participant's effective contributory compensation for months in which he/she made contributions during 1989.
- 3) For service after 1989, Credited Service after 1989 times the greater of (a) 1.1 percent of the participant's average annual compensation and (b) \$180.00.
- 4) An additional contributory benefit for any participant who elected to withdraw his/her after-tax contributions in 1976 under the predecessor to this plan.

Union Buffalo Forge Company Employees: The annual benefit is \$216.00 times years of Credited Service.

New Philadelphia Union Employees: The annual benefit is \$384 per year of Credited Service for Local 2737-09 and \$408 per year of Credited Service for Local 2737-08. This benefit is offset by the benefit payable from the prior plan. The plan was frozen on December 31, 2006.

Normal Retirement Eligibility

Salaried Buffalo Forge Company Employees: Normal Retirement Age is 65.

Union Buffalo Forge Company Employees: Normal Retirement Age is the later of age 65 and the completion of five years of continuous service.

New Philadelphia Union Employees: Normal Retirement Age is 65.

Benefit

The Accrued Benefit at Normal Retirement.

Early Retirement Eligibility

Salaried Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 55 and the completion of 15 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement is any time following the attainment of age 60 and the completion of ten years of continuous service.

New Philadelphia Union Employees: Early Retirement is any time following the attainment of age 60 and the completion of 15 years of Credited Service or any age and the completion of 30 years of Credited Service.

Benefit

The Accrued Benefit commencing at Normal Retirement reduced by a subsidized factor based on age and years of service at retirement.

Salaried Buffalo Forge Company Employees: Early Retirement reduction factors are 1/2 percent per month early for the first five years and 1/3 percent per month early for the next five years. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

Union Buffalo Forge Company Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit at age 62 with 30 years of continuous service.

New Philadelphia Union Employees: Early Retirement reduction factors are actuarial equivalent factors under the plan. A participant may retire with an unreduced benefit with 30 years of Credited Service.

Late Retirement Eligibility

Deferred retirement is any time after a participant's Normal Retirement Date.

Benefit

A participant continues to accrue benefits and service beyond their Normal Retirement Date. Accrued Benefits commence immediately upon retirement.

Deferred Vested Eligibility

Completion of five years of Vesting Service, or if earlier, attainment of their Normal Retirement Age.

Benefit

Accrued Benefit payable at their Normal Retirement Date.

Disability

Eligibility

Salaried Buffalo Forge Company Employees: An eligible employee must become eligible for disability benefits under the Company's long term disability plan and have completed at least ten years of continuous service.

Union Buffalo Forge Company Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of continuous service.

New Philadelphia Union Employees: A participant must be permanently incapacitated prior to Normal Retirement Age and have completed at least 15 years of Credited Service.

Benefit

Salaried Buffalo Forge Company Employees: Continuous and Credited Service will be accrued during the period of disability to the earlier of the participant's retirement date and Normal Retirement Age. Average compensation is determined as of the onset of disability. Benefits are reduced for early commencement.

Union Buffalo Forge Company Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement.

New Philadelphia Union Employees: Benefits will be determined as of the date the participant is determined to be permanently incapacitated, and shall be reduced for early commencement. There is an additional \$400.00 per month supplemental payable until the participant reaches age 62.

Death Benefits

Qualified Pre-retirement Survivor Annuity

Participants are eligible if they have a vested right to any of their benefit, and have been married for one year at the time of death. For participants who die prior to their Early Retirement Date, they are assumed to have terminated on the date of death, survived to their earliest retirement date, retired with a 50 percent Qualified Joint and Survivor annuity, and died the day after retirement. For participants who die after attaining their Early Retirement Date, they are assumed to have retired on the day before their death and were to receive a 50 percent Qualified Joint and Survivor annuity. New Philadelphia Union Employees must pay for this coverage.

Other Death Benefits

For Union Buffalo Forge Company Employees with a vested right to any portion of their Accrued Benefit, who die before the earlier of a break in service and their benefit commencement date, have been married for one year, and have attained Normal Retirement Age 60 with ten years of continuous service, or age 55 with 20 years of continuous service, they will have a death benefit paid to their spouse equal to 50 percent of their unreduced Normal Retirement Benefit payable in the form of a straight life annuity.

Post-Retirement Death

For New Philadelphia Union Employees who retire from active status, a lump sum death benefit of \$5,000 will be paid to the participant's beneficiary.

Optional Forms of Payment

Salaried Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50%, 75% or 100%], Certain and continuous [5, 10 or 15 years]

Union Buffalo Forge Company Employees: Life annuity, Joint & Survivor [50% or 100%]

New Philadelphia Union Employees: Life annuity, Joint & Survivor [50%]

**Legacy Victor Technologies
Non-Stoody Deloro Stellite, Inc. Participants**

Effective Date	September 9, 1987.
Participation	Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the PALCO Retirement Plan on September 8, 1987 and who became employees of the Company on September 9, 1987 became participants in the Plan on that date. After September 8, 1987, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which 1,000 hours of service was granted.
Vesting Service	One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.
Credited Service	Credited Service accruals ceased on December 31, 1989. Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.
Current Service Earnings	Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

Normal Retirement Eligibility

Age 65.

Benefit

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

(a) 1.5% of Current Service Earnings for such year not in excess of \$500, and

(b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

Early Retirement Eligibility

Age 55 and ten years of Vesting Service

Benefit

Reduced by 6% for each of the first 3 years, 5% for each of the next 2 years, 4% for each of the next 3 years, and 3% for the next 2 years by which the starting date of payments precedes the Normal Retirement Date.

Deferred Vested Eligibility

Five years of Vesting Service.

Benefit

The Deferred Vested Benefit is determined in the same manner as the Early Retirement Benefit calculated on a participant's date of termination.

Disability

Eligibility

Total disability as defined in the Company's long-term disability plan.

Benefit

The Disability Benefit is determined in the same manner as the Deferred Vested Benefit calculated on the participant's date of disability.

**Pre-Retirement
Death Benefit**

Eligibility

Death in active service of a married participant who qualified for a vested benefit.

Benefit

The surviving spouse receives a benefit based on the 100% Joint and Survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement for the first ten years by which the starting date of payments precedes the participant's Normal Retirement Date; thereafter, the reduction increases by 3% a year.

**Optional Forms of
Payment**

Normal

Single: Straight life annuity.

Married: Unreduced 50% Joint and Survivor annuity.

Elective

66-2/3%, 75%, and 100% Joint and Survivor annuity available, if married. Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years. If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

Salaried Stoodly Deloro Stellite, Inc. Participants

Effective Date February 15, 1985

Participation Participation was frozen on December 31, 1989. Prior to that, all employees who were participants in the Pacific Lumber Company Retirement Plan on February 14, 1985 and who became employees of the Company on February 15, 1985 became participants in the Plan on that date. After February 14, 1985, an employee became a participant on the first day of the month following twelve consecutive months of service as a full-time employee. An employee who was not a full-time employee became a participant at the end of one year of service in which credit for 1,000 hours of service was granted.

Vesting Service One year of service is credited for each calendar year in which an employee receives credit for at least 1,000 hours of service based on a 190 hours per month equivalency. Service for this purpose is measured from date of hire.

Credited Service Credited Service accruals ceased on December 31, 1989.

Credited Service is used to determine the amount of benefit payable from the Plan. One year of Credited Service was granted for each calendar year in which an employee received credit for 2,280 hours of service based on a 190 hours per month equivalency, provided however, that no Credited Service was granted prior to April 1, 1986 and for employment with a predecessor company unless otherwise specified in the Plan.

Current Service Earnings Current Service Earnings are not credited after December 31, 1989. In general, Current Service Earnings are the January 1 monthly base rate of pay.

Normal Retirement Eligibility
Age 65

Benefit

Benefit accruals ceased as of December 31, 1989.

The monthly benefit accrued in any year is equal to the sum of (a) and (b) as follows:

- (a) 1.5% of Current Service Earnings for such year not in excess of \$500, and
- (b) 2.0% of Current Service Earnings for such year in excess of \$500.

The benefit is prorated for fractional years of Credited Service.

The Normal Retirement Benefit is the sum of benefits accrued each year.

Early Retirement Eligibility

Age 55 and five years of Vesting Service.

Benefit

Reduced by 6% for each of the first 3 years, 5% for each of the next 2 years, 4% for each of the next 3 years, and 3% for the next 2 years by which the starting date of payments precedes the Normal Retirement Date.

Deferred Vested Eligibility

Five years of Vesting Service.

Benefit

The Deferred Vested Benefit is determined in the same manner as the Early Retirement Benefit calculated on a participant's date of termination.

Disability Eligibility

Total disability as defined in the Company's long-term disability plan.

Benefit

The Disability Benefit is determined in the same manner as the Deferred Vested Benefit calculated on the participant's date of disability.

**Pre-Retirement
Death Benefit Eligibility**

Death in active service of a married participant who qualified for a vested benefit.

Benefit

The surviving spouse receives a benefit based on the 50% Joint and Survivor annuity option at the time of payment. Reduced payments may begin prior to age 65. The reduction is the same as for Early Retirement. The death benefit for those who were participants in the plan on February 15, 1985 is equal to 50% of the Accrued Benefit at date of death reduced for early commencement, if applicable.

**Optional Forms of Normal
Payment**

Single: Straight life annuity.

Married: Reduced 50% Joint and Survivor annuity.

Elective

66-2/3%, 75%, and 100% Joint and Survivor annuity available, if married.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

Hourly Union Stooddy Deloro Stellite, Inc. Participants

Effective Date The Retirement Plan for Employees of Stooddy Deloro Stellite, Inc. who were also members of Local 803, Allied Industrial Workers of America, AFL-CIO was established February 25, 1977.

Participation Participation was frozen on December 31, 1994. Prior to that, an employee became a participant on the later of the Plan's effective date and when the employee entered the Bargaining Unit.

Service Service accruals ceased on December 31, 1994. One year of service was credited for each calendar year in which an employee received credit for at least 1,000 hours of service.

Normal Retirement Eligibility

Age 65 or one year of participation, if later.

Benefit

Benefit accruals ceased as of December 31, 1994.

The monthly benefit is \$18.00 for each year of service.

Early Retirement Eligibility

Age 55 and ten years of service.

Benefit

Greater of (a) and (b):

(a) the actuarial equivalent of Normal Retirement Benefit, and

(b) the amount obtained by reducing the Normal Retirement Benefit by .5% for each month that early retirement precedes Normal Retirement.

Late Retirement Eligibility

First day of any month following Normal Retirement Date.

Benefit

The late retirement benefit is determined in same manner as the Normal Retirement Benefit, but based on the number of pension credits to late retirement date.

Deferred Vested Eligibility

Five years of service.

Benefit

The Deferred Vested Benefit is determined in the same manner as the Normal Retirement Benefit, but based on the number of pension credits to date of termination.

Disability

Eligibility

Total disability as defined in the Company's long-term disability plan

Benefit

The Disability Benefit is determined in the same manner as the Deferred Vested Benefit calculated on the participant's date of disability.

**Pre-Retirement
Death Benefit**

Eligibility

All participants with 20 years of service, or who are vested and who have been married one year.

Benefit

50% of the Accrued Benefit reduced for Early Retirement.

**Optional Forms of
Payment**

Normal

Single: Straight life annuity.

Married: Reduced 50% Joint and Survivor annuity.

Elective

66-2/3%, 75%, and 100% Joint and Survivor annuity available; ten-year certain and life annuity; Social Security leveling option.

Period certain benefit to a maximum guaranteed period of the lesser of life expectancy and ten years.

If the actuarially equivalent single sum value of the Accrued Benefit does not exceed \$7,500, a lump sum distribution in lieu of monthly payments.

Legacy Fan Group

Effective Date October 1, 1983; revised and restated October 1, 1989; last amended and restated January 1, 2009.

Plan Year Prior to January 1, 1991, October 1 through September 30. Effective January 1, 1991, and thereafter, January 1 through December 31.

Eligibility All employees covered by the collective bargaining agreement between ABB Garden City Fan and the United Steelworkers of America Local 8086, are eligible to participate after the completion of one year of eligibility service. An eligibility year of service is the first twelve months of employment or plan year in which an employee works 1,000 hours.

The entry date is the first day of each month.

Normal Retirement Eligibility

The first day of the calendar month coincident with or next following the participant's Normal Retirement Age of 65.

Benefit

\$24.50 multiplied by the number of years of Credited Benefit Service, less any benefit payable under the Wheelabrator-Frye, Inc. Hourly Employees' Retirement Plan for funding purposes. The ultimate multiplier level of \$24.50 is effective for terminations on or after August 1, 2003.

Benefit Service is determined as a plan year in which the employee works 1,000 hours. Benefit Service for the short plan year October 1, 1990 through December 31, 1990 is based on the ratio of hours worked to 1,000 and rounded to the nearest tenth. A partial year is not credited. Benefit service excludes service prior to January 1, 1977. Benefit Service includes service with a predecessor employer.

Early Retirement Eligibility

Age 55 and ten years of Credited Service.

Benefit

The Accrued Benefit reduced by 1/12 of 5% for each month that actual retirement precedes the Normal Retirement Date.

Late Retirement Benefit

The benefit continues to accrue until actual retirement.

Deferred Vested

Eligibility

Five years of service.

Benefit

The Deferred Vested Benefit is payable at the Normal Retirement Date or the vested Accrued Benefit, reduced by 6% for each year benefits commence prior to Normal Retirement, is payable as early as age 55 if the service requirement for the Early Retirement Benefit was met as of the termination date.

Disability

Eligibility

An active participant who is receiving disability payments under the Federal Social Security Act and who is not receiving benefits under the employer's long-term disability program.

Severance Date

The second anniversary of the date the participant was first absent as a result of becoming disabled.

Benefit

The actuarial equivalent of the Accrued Benefit as of the severance date, payable until death. In lieu of this disability pension, the participant may elect an Early Retirement Benefit, if eligible for Early Retirement, based on the Accrued Benefit as of the date the disability occurred.

Benefit for participants not eligible for disability under the plan:

The Accrued Benefit as of the date the disability occurred, payable at the Normal Retirement Date.

Qualified Pre-Retirement Death Benefit

Eligibility

The participant and spouse had been married at the date of the participant's death and the participant had become eligible for vested benefits.

Benefit

Qualified joint and 50% survivor annuity subsidized by the plan, payable at the participant's Earliest Retirement Date or at the date of death, if later.

Optional Forms of Payment

The retirement benefit is payable monthly during the life of the unmarried retired participant; for a married participant, the retirement benefit is paid in the form of a Qualified Joint and Survivor annuity without any actuarial adjustment. Optional forms of benefit are the actuarial equivalent of the normal form.

Legacy Connersville

Covered Employees Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer, hired before November 1, 2008. All remaining active employees were terminated on September 30, 2019.

Participation Service Elapsed time of period of employment, used for vesting and benefit eligibility.

Benefit Accrual Service Elapsed time of period of employment.

Eligibility One year of service, provided the employee was hired before November 1, 2008.

History of Benefit Multipliers	<u>Benefit Accrual Service Period</u>	<u>Benefit Multiplier</u>
	Prior to November 1, 2009	\$31.25
	November 1, 2009 - October 31, 2011	33.25
	November 1, 2011 - March 31, 2015	35.00
	April 1, 2015 - March 31, 2018	36.00
	April 1, 2018 – September 30, 2019	37.00

Monthly Pension Benefit Monthly Pension Benefit is equal to the Benefit Multiplier times years of Benefit Accrual Service, considering only full months, with a maximum of 41 years.

Normal Retirement Eligibility Pension Age 65 and completion of five years of participation service.

Benefit
Monthly Pension Benefit determined as of Normal Retirement Date.

Early Retirement Pension Eligibility Attainment of age 60 and completion of ten years of Participation Service.

Benefit
Monthly Pension Benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows:

If benefit commences before age 62, reduction is 1/180 for each complete month before age 65;

If benefit commences after age 62, benefit is not reduced.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the Monthly Pension Benefit payable at the employee's actual retirement date reflecting service to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of Participation Service or attainment of age 65.

Benefit

Monthly Pension Benefit determined as of termination, with reduction for Early Retirement as specified above.

Death Benefits

Eligibility

Completion of five years of service.

Benefit

Spouses of actives who attained age 55 but not age 60 receive the greater of \$125 per month for two years or accrued Early Retirement Benefit (adjusted by 10% and ½% for age difference) and accrued Early Retirement Benefit (adjusted by 10% and ½% for age difference) thereafter.

Spouses of actives who attained age 60 but not age 65 receive accrued Early Retirement Benefit (adjusted by 10% and ½% for age difference).

All other spouses receive 50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

Disability Benefits Eligibility

Total and permanent disability prior to age 65 and completion of ten years of Participation Service.

Benefit

Monthly Pension Benefit based on the Benefit Accrual Service as of the disability retirement date, reduced by the amount of Worker's Compensation or any other Disability Benefits payable to the Disabled Participant.

Forms of Payment Normal form

Life annuity; or if married, an actuarially equivalent 50% Joint and Survivor annuity.

Optional forms

Life annuity, or 50% or 75% Joint and contingent survivor annuity.

**Changes since
Prior Valuation**

None.

The ESAB Group, Inc. Consolidated Retirement Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year)-December 31, 2022 EIN\PN: 84-0966648/036

(a) Party-in interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Common/Collective Trusts:				
*	The Northern Trust Company	NT Collective S&P 500 Index Fund; 2,156.41 units	\$ 18,295,717	\$ 31,017,637
*	The Northern Trust Company	NT Collective Long Term Credit Bond Index Fund; 526,074.88 units	29,937,254	29,283,958
*	The Northern Trust Company	NT Collective Quality LCC EAFE Fund; 21,605.68 units	9,847,453	12,142,522
*	The Northern Trust Company	NT Collective Quality SCC US Fund; 16,485.79 units	4,009,983	5,396,393
*	The Northern Trust Company	NT Collective S&P 400 Index Fund; 49,353.22 units	3,744,888	5,393,073
*	The Northern Trust Company	NT Collective Emerging Mkts Index Fund; 415,558.45 units	6,511,510	6,785,238
*	The Northern Trust Company	NT Collective Long Term Gov. Bond Index Fund; 304,437.19 units	19,335,859	14,600,199
*	The Northern Trust Company	NT Collective 1-10 yr Intermediate Gov. Bond Index Fund; 468,377.45 units	15,773,178	14,806,348
*	The Northern Trust Company	NT Collective Daily 1-10 yr Intermediate Credit Bond Index Fund; 366,988.69 units	15,936,409	14,806,893
*	The Northern Trust Company	NT Collective Short Term Investment Fund	2,719,435	2,719,435
Total Common/Collective Trusts			126,111,686	136,951,696
Guaranteed Investment Contract:				
*	AETNA Life Insurance Company	Fixed Income Regular Account Fund	1,117,950	1,117,950
Common Stock:				
*	ENOVIS Corporation	Common stock; 112,400 shares	11,489,578	6,015,648
*	ESAB Corporation	Common stock; 112,400 shares	8,665,172	5,273,808
Total Common Stock			20,154,750	11,289,456
Total per Form 5500 and financial statements			\$ 147,384,386	\$ 149,359,102

* Represents a party-in-interest as defined by ERISA.

ESAB Group Inc. Consolidated Retirement Plan
EIN: 84-0966648 Plan: 036
Attachment to the 2022 Form 5500 Schedule SB

Schedule SB, line 24 - Change in Actuarial Assumptions

The Expected Return on Assets assumption for purposes of valuing the Actuarial Value of Assets was changed from 6.25% in 2020 to 5.75% in 2021.