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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                     |           |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                              |           |                                                           |
| <b>1a</b> Name of plan<br><u>DUKE ENERGY LEGACY PENSION PLAN</u>                                                                                                                                                                                                                                                                                                    | <b>1b</b> | Three-digit plan number (PN) ▶ <u>012</u>                 |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DUKE ENERGY CORPORATION</u><br><br><u>526 SOUTH CHURCH STREET</u><br><u>CHARLOTTE, NC 28202</u> | <b>1c</b> | Effective date of plan<br><u>01/01/2018</u>               |
|                                                                                                                                                                                                                                                                                                                                                                     | <b>2b</b> | Employer Identification Number (EIN)<br><u>20-2777218</u> |
|                                                                                                                                                                                                                                                                                                                                                                     | <b>2c</b> | Plan Sponsor's telephone number<br><u>704-382-4703</u>    |
|                                                                                                                                                                                                                                                                                                                                                                     | <b>2d</b> | Business code (see instructions)<br><u>221100</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | RENEE METZLER                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>DUKE ENERGY BENEFITS COMMITTEE<br><br>526 SOUTH CHURCH STREET<br>CHARLOTTE, NC 28202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3b</b> Administrator's EIN<br>20-2777218<br><br><b>3c</b> Administrator's telephone number<br>704-382-4703                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 26146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 346<br><b>6a(2)</b> 333<br><b>6b</b> 14409<br><b>6c</b> 5458<br><b>6d</b> 20200<br><b>6e</b> 5124<br><b>6f</b> 25324<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1C 1E 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DUKE ENERGY LEGACY PENSION PLAN</u>                                                                           | <b>B</b> Three-digit plan number (PN) ▶ <u>012</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>DUKE ENERGY CORPORATION</u>                                | <b>D</b> Employer Identification Number (EIN)<br><u>20-2777218</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>4978418928</u>                                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>4966872720</u>                                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>20496</u> <u>2720288597</u> <u>2720288597</u>                              |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>6059</u> <u>566576781</u> <u>566576781</u>                                 |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>346</u> <u>21561332</u> <u>21568072</u>                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>26901</u> <u>3308426710</u> <u>3308433450</u>                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.27 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>4235229</u>                                                      |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>4235229</u>                                                      |

**Statement by Enrolled Actuary**

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

|                                                                                           |  |                                                               |
|-------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                          |  | <u>10/11/2023</u><br>Date                                     |
| Signature of actuary                                                                      |  | <u>23-07383</u><br>Most recent enrollment number              |
| <u>LAURIE KOCH</u><br>Type or print name of actuary                                       |  | <u>678-684-0619</u><br>Telephone number (including area code) |
| <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                                           |  |                                                               |
| <u>5 CONCOURSE PARKWAY, 18TH FLOOR</u><br><u>ATLANTA, GA 30328</u><br>Address of the firm |  |                                                               |

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

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 118723334             | 250573489              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 118723334             | 250573489              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.73</u> % .....                                                                                | 6802847               | 14357861               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 125526181             | 264931350              |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 138.32 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 150.12 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 134.44 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 0                               |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                    | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 4235229       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 4235229       |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>         |                     | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         |                     | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 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<br>DUKE ENERGY LEGACY PENSION PLAN                                          | B Three-digit plan number (PN) ▶                     | 012 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUKE ENERGY CORPORATION          | D Employer Identification Number (EIN)<br>20-2777218 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| NORTHERN TRUST                                                                                             |
| 36-1561860                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

NORTHERN TRUST

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 212727                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan 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>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<br>DUKE ENERGY LEGACY PENSION PLAN                                                                                                                                 |  |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶                                                                        |                                                                                                 | 012 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>DUKE ENERGY CORPORATION                                                                                          |  |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>20-2777218                                                    |                                                                                                 |     |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DUKE ENERGY CORP MASTER TRUST                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a): DUKE ENERGY CORPORATION                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN 20-2777218-005                                                                                                                                                           |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4041400000 |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |     |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |     |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>DUKE ENERGY LEGACY PENSION PLAN</u>                                                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>012</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DUKE ENERGY CORPORATION</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>20-2777218</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|----------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                      |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year      |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                      |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          |                      |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                      |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          |                      |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                      |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          |                      |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                      |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                      |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                      |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                      |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                      |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                      |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                      |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                      |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                      |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                      |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                      |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                      |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         | 51334000004041400000 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                      |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         |                      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                      |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                      |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5133400000            | 4041400000      |

**Liabilities**

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

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5133400000 | 4041400000 |
|-----------------------------------------------------------|-----------|------------|------------|

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                 |        | (a) Amount | (b) Total   |
|-------------------------------------------------------------------------------------------------|--------|------------|-------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |             |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |             |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | -775100000  |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |             |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |             |
| c Other income .....                                                                            | 2c     |            |             |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -775100000  |
| <b>Expenses</b>                                                                                 |        |            |             |
| e Benefit payment and payments to provide benefits:                                             |        |            |             |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 313000000  |             |
| (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)  |            | 313000000   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |             |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |             |
| h Interest expense .....                                                                        | 2h     |            |             |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |             |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |             |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 200000     |             |
| (4) Other .....                                                                                 | 2i(4)  | 3700000    |             |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 3900000     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 316900000   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |             |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1092000000 |
| 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: MCCONNELL & JONES, LLP

(2) EIN: 76-0488832

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 480305.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>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<br>DUKE ENERGY LEGACY PENSION PLAN                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 012                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUKE ENERGY CORPORATION                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>20-2777218                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 36-3046063                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 254                                                                                           |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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: 13.7 % Investment-Grade Debt: 80.3 % High-Yield Debt: 2.3 % Real Estate: 0.9 % Other: 2.8 %

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

**Duke Energy Legacy Pension Plan**

**Independent Auditor's Report  
and Financial Statements**

**December 31, 2022 and 2021**

**Duke Energy Legacy Pension Plan**  
**Table of Contents**  
**December 31, 2022 and 2021**

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## Independent Auditor's Report

To Duke Energy Benefits Committee and Participants of the  
Duke Energy Legacy Pension Plan

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

We have performed audits of the financial statements of the Duke Energy Legacy Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Plan management (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. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, 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 on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (US GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by the 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 (US 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US 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 for one year after the date that the financial statements were available to be issued.

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

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that audit conducted in accordance with US 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 US GAAS, we:

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



## McConnell Jones

- 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 US 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 US 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.

*McConnell & Jones LLP*

Houston, Texas  
October 12, 2023

**Duke Energy Legacy Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**  
(in millions)

|                                                                  | <u>2022</u>       | <u>2021</u>       |
|------------------------------------------------------------------|-------------------|-------------------|
| <b>Assets</b>                                                    |                   |                   |
| <b>Investments at Fair Value:</b>                                |                   |                   |
| Plan interest in Duke Energy Corporation Master Retirement Trust | \$ 3,920.7        | \$ 4,978.3        |
| Net assets held in 401(h) account                                | 120.7             | 155.1             |
| <b>Total Investments</b>                                         | <u>4,041.4</u>    | <u>5,133.4</u>    |
| <b>Total Assets</b>                                              | <u>4,041.4</u>    | <u>5,133.4</u>    |
| <b>Liabilities</b>                                               |                   |                   |
| Amounts related to obligation of 401(h) account                  | 120.7             | 155.1             |
| <b>Total Liabilities</b>                                         | <u>120.7</u>      | <u>155.1</u>      |
| <b>Net Assets Available for Benefits</b>                         | <u>\$ 3,920.7</u> | <u>\$ 4,978.3</u> |

*The accompanying notes are an integral part of these financial statements.*

**Duke Energy Legacy Pension Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2022**  
(in millions)

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**Additions (Losses):**

|                                                                                       |    |         |
|---------------------------------------------------------------------------------------|----|---------|
| Plan interest in Duke Energy Corporation Master Retirement Trust<br>net income (loss) | \$ | (740.7) |
|---------------------------------------------------------------------------------------|----|---------|

|                                       |  |         |
|---------------------------------------|--|---------|
| <b>Net Decrease Before Deductions</b> |  | (740.7) |
|---------------------------------------|--|---------|

**Deductions:**

|                                        |  |       |
|----------------------------------------|--|-------|
| Benefits paid directly to participants |  | 313.0 |
| Administrative expenses                |  | 3.9   |

|                         |  |       |
|-------------------------|--|-------|
| <b>Total Deductions</b> |  | 316.9 |
|-------------------------|--|-------|

|                     |  |           |
|---------------------|--|-----------|
| <b>Net Decrease</b> |  | (1,057.6) |
|---------------------|--|-----------|

|                                                              |  |         |
|--------------------------------------------------------------|--|---------|
| <b>Net Assets Available for Benefits – Beginning of Year</b> |  | 4,978.3 |
|--------------------------------------------------------------|--|---------|

|                                                        |    |         |
|--------------------------------------------------------|----|---------|
| <b>Net Assets Available for Benefits – End of Year</b> | \$ | 3,920.7 |
|--------------------------------------------------------|----|---------|

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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### Note 1: Description of the Plan

The following description of the Duke Energy Legacy Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description and Plan document for more complete information.

#### ***General***

The Plan is a noncontributory defined benefit pension plan covering certain former employees of Duke Energy Corporation (Duke Energy) and participating affiliates (collectively referred to as the Employing Company). The Plan is frozen to future benefit accruals and closed to new entrants. The investment of the assets held in the Duke Energy Corporation Master Retirement Trust (Master Trust) is administered by the Duke Energy Investment Committee (Investment Committee) and each of the component benefits under the Plan is administered by the Duke Energy Benefits Committee (Benefits Committee). The Board of Directors of Duke Energy, or its delegate, appoints the Chair of the Investment Committee, who, then in turn, appoints the other members of the Investment Committee. The Board of Directors of Duke Energy, or its delegate, appoints the Chair of the Benefits Committee, who, then in turn, appoints the other members of the Benefits Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### ***Pension Benefits***

The Plan is frozen to future benefit accruals and closed to new entrants. Participants have previously earned a benefit under a cash balance benefit accrual formula and/or a traditional formula benefit. Under the Plan's cash balance benefit accrual formula, records are maintained on a notional account basis. The participant's account receives monthly interest credits, generally based upon a monthly rate of 0.327% on the account balance.

#### ***401(h) Account***

The Plan permits, under Section 401(h) of the Internal Revenue Code of 1986, as amended (IRC) the funding of postretirement medical benefits in a separate trust account. No contributions were made by the Employing Company to the Plan's 401(h) account in 2022. Participants do not contribute to the 401(h) account. Amounts in the 401(h) account may only be used to reimburse eligible medical expenses incurred by eligible retirees and their covered dependents under retiree coverage provided by the Duke Energy Retiree Medical Plan, The Connector Program, the Duke Energy Corporation Nuclear Health Reimbursement Account Opportunity Plan, and/or the Duke Energy Corporation Post-Retirement Health Reimbursement Account Program (individually and collectively referred to as the Medical Plan). Other Plan assets may not be used to fund postretirement medical benefits and the 401(h) account may not be used to fund Plan retirement benefits. The obligations of the Medical Plan are not obligations of the Plan. The Medical Plan obligations are reflected in the financial statements of that plan.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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### Note 2: Summary of Significant Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

#### *Use of Estimates*

The preparation of the financial statements in conformity with US GAAP requires Plan 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. Actual results could differ from those estimates.

#### *Risks and Uncertainties*

The Plan invests in various investment securities that are exposed to various risks, such as interest rates, credit, and overall market volatility. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. 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 some 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 in the near-term would be material to the financial statements.

#### *Investment Valuation and Income Recognition*

Investments of the Plan are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of the Plan's interest in the Master Trust (see Note 3) is based on the Plan's interest in the underlying assets in the Master Trust. See Note 4 for discussion of fair value measurements.

Realized and unrealized gains and losses are based on the value of these investments as of the later of the beginning of the plan year or at the time of purchase, if purchased during the year, and are reflected currently in the accompanying Statements of Changes in Net Assets Available for Benefits. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment income from the Master Trust, which includes interest, dividends and realized and unrealized gains and losses, net of administrative expenses, is allocated to each Plan by The Northern Trust Company (Trustee) on a pro rata basis. Brokerage fees are added to the acquisition cost of assets purchased and subtracted from the proceeds of the assets sold.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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### *Derivative Financial Instruments*

The Master Trust holds various instruments that meet the definition of a derivative under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 815, *Derivatives and Hedging*, (FASB ASC 815), including foreign currency contracts and interest rate swaps. The Plan's primary objective in holding these derivatives is investment appreciation and, accordingly, does not designate such derivatives as hedges of risks. Foreign currency exchange rate movements create a degree of risk by affecting the US dollar value of instruments denominated in foreign currencies. Such derivatives are recorded in the accompanying Statements of Net Assets Available for Benefits at their fair value, and changes in fair value are recorded in the Plan interest in Master Trust net income in the accompanying Statement of Changes in Net Assets Available for Benefits.

### *Contributions*

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

### *Benefit Payments*

Benefit payments to participants or their beneficiaries are recorded when paid.

### *Administrative Expenses*

The Plan pays all investment fees related to the Plan and most other administrative costs, as provided in the Plan document.

### *Plan Management's Review of Subsequent Events*

In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2022, and through October 12, 2023, the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

## **Note 3: Investments (Certified by Trustee)**

Information related to the Plan's investments and investment income as of December 31, 2022 and 2021 and for the year ended December 31, 2022, has been certified by the Trustee as permitted by 29 CFR 2520.103-8 of the Department of Labor rules under ERISA.

Duke Energy also sponsors the Retirement Cash Balance Plan (RCBP), which covers certain legacy Duke Energy, Cinergy, Piedmont, and Progress employees. Investments of the RCBP are also held in the Master Trust.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

The Master Trust has the following Plans and accounts with their respective percentages as of December 31, 2022 and 2021:

|                                                         | 2022          | 2021          |
|---------------------------------------------------------|---------------|---------------|
| Duke Energy Retirement Cash Balance Plan                | 43.15         | 45.29         |
| Duke Energy Retirement Cash Balance Plan 401(h) account | 0.12          | 0.11          |
| Duke Energy Legacy Pension Plan                         | 55.04         | 52.95         |
| Duke Energy Legacy Pension Plan 401(h) account          | 1.69          | 1.65          |
|                                                         | <u>100.00</u> | <u>100.00</u> |

Investment income and administrative expenses relating to the Master Trust are allocated based on average monthly balances invested by each plan, other than items specific to one or the other.

The following presents the Statement of Net Assets Available for Benefits of the Master Trust as of December 31, 2022 and 2021 (in millions):

|                                                      | 2022              | 2021              |
|------------------------------------------------------|-------------------|-------------------|
| Corporate debt securities                            | \$ 2,943.5        | \$ 4,188.7        |
| Equity securities                                    | 2,234.8           | 2,575.5           |
| US government securities                             | 1,254.1           | 1,617.5           |
| Short-term investment funds                          | 192.9             | 381.6             |
| Hedge fund                                           | 209.2             | 223.1             |
| Partnerships                                         | 62.3              | 88.2              |
| Government bonds - foreign                           | 111.7             | 77.8              |
| Securities lending collateral                        | 400.9             | 553.7             |
| Government and commercial mortgage-backed securities | 5.9               | 2.2               |
| Cash                                                 | 44.9              | 144.4             |
| Total assets                                         | <u>7,460.2</u>    | <u>9,852.7</u>    |
| Plus:                                                |                   |                   |
| Accrued income                                       | 50.5              | 50.4              |
| Pending transactions and other                       | 13.6              | 52.4              |
| Obligation to return securities lending collateral   | (400.9)           | (553.7)           |
| Total                                                | <u>\$ 7,123.4</u> | <u>\$ 9,401.8</u> |

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

The following presents the Statement of Changes in Net Assets Available for Benefits of the Master Trust for the year ended December 31, 2022 (in millions):

### Additions (Losses):

|                                                              |    |                  |
|--------------------------------------------------------------|----|------------------|
| Net appreciation (depreciation) in fair value of investments | \$ | (1,781.0)        |
| Interest                                                     |    | 173.2            |
| Dividends                                                    |    | 57.6             |
| <b>Net Decrease before Deductions</b>                        |    | <b>(1,550.2)</b> |

### Deductions:

|                         |  |      |
|-------------------------|--|------|
| Administrative expenses |  | 14.8 |
|-------------------------|--|------|

**Net Decrease Prior to Transfers:** (1,565.0)

|                                                              |  |                |
|--------------------------------------------------------------|--|----------------|
| Transfers in (sponsor contribution)                          |  | 57.7           |
| Transfers out (benefit payments and administrative expenses) |  | (771.1)        |
| <b>Net transfers</b>                                         |  | <b>(713.4)</b> |

**Net Decrease After Transfers** (2,278.4)

**Net Assets – Beginning of Year** 9,401.8

**Net Assets – End of Year** \$ 7,123.4

### Note 4: Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurement*, (FASB ASC 820) defines fair value, establishes a framework for measuring fair value in US GAAP and expands disclosure requirements about fair value measurements. Under FASB ASC 820, fair value is considered to be the exchange price in an orderly transaction between market participants to sell an asset or transfer a liability at the measurement date. The fair value definition under FASB ASC 820 focuses on an exit price, which is the price that would be received by the Plan to sell an asset or paid to transfer a liability versus an entry price, which would be the price paid to acquire an asset or received to assume a liability. Although FASB ASC 820 does not require additional fair value measurements, it applies to other accounting pronouncements that require or permit fair value measurements.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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The Plan determines fair value of financial assets and liabilities based on the following fair value hierarchy, as prescribed by FASB ASC 820, which prioritizes the inputs to valuation techniques used to measure fair value into three levels:

### *Level 1*

Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. An active market for the asset or liability is one in which transactions for the asset or liability occurs with sufficient frequency and volume to provide ongoing pricing information.

### *Level 2*

Inputs other than quoted market prices included in Level 1 that are observable, either directly or indirectly, for the asset or liability. Level 2 inputs include, but are not limited to, quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active and inputs other than quoted market prices that are observable for the asset or liability, such as interest rate curves and yield curves observable at commonly quoted intervals, volatilities, credit risk and default rates.

### *Level 3*

Unobservable inputs for the asset or liability. Unobservable inputs reflect the Plan's own assumptions about the factors that other market participants would use in pricing an investment that would be based on the best information available in the circumstances.

The following is a description of the valuation methodologies used for investments measured at fair value for the Master Trust. There have been no changes in the methodologies used at December 31, 2022 and 2021.

*Equity securities, corporate debt securities and US government securities:* Valued at the closing price in the principal active market in which the individual securities are traded. Principal active markets include published exchanges such as NASDAQ, NYSE, NYMEX and Chicago Board of Trade, as well as pink sheets, which is an electronic quotation system that displays quotes for broker-dealers for many over-the-counter securities.

*Short-term investment funds:* Valued based on quoted market prices of the securities in the funds.

*Partnerships:* Valued using the net asset value of the Plan's ownership interest in the Partnerships. Partnerships represent private equity capital that is not quoted on a public exchange. Private equity consists of investors and funds that make investments directly into private companies or conduct buyouts of public companies that result in a delisting of public equity. Capital for private equity is raised from retail and institutional investors, and can be used to fund new technologies, expand working capital within an owned company, make acquisitions, or to strengthen a balance sheet. The majority of private equity consists of institutional investors and accredited investors who can commit large sums of money for long periods of time.

*Hedge fund:* Valued based on the value provided to the asset manager by the underlying fund. Values of liquid funds are based on observable inputs such as quoted market prices. Values of illiquid funds are based on observable or unobservable inputs to determine the value that might reasonably expect to

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

be received in the normal course of business. If due diligence performed by the asset manager determines the value provided the underlying fund does not represent fair value, the asset manager may consult with its valuation committee in determining fair value.

The following tables provide by level, within the fair value hierarchy, the Master Trust investments, at fair value as of December 31, 2022 and 2021 (in millions):

| December 31, 2022                                    |                     |            |            |         |          |
|------------------------------------------------------|---------------------|------------|------------|---------|----------|
|                                                      | Total<br>Fair Value | Level 1    | Level 2    | Level 3 | NAV      |
| Corporate debt securities                            | \$ 2,943.5          | \$ —       | \$ 2,943.5 | \$ —    | —        |
| Equity securities                                    | 2,234.8             | 2,014.1    | 194.2      | —       | 26.5     |
| US government securities                             | 1,254.1             | —          | 1,254.1    | —       | —        |
| Short-term investment funds                          | 192.9               | 0.6        | 192.3      | —       | —        |
| Hedge fund                                           | 209.2               | —          | —          | —       | 209.2    |
| Partnerships                                         | 62.3                | —          | —          | 62.3    | —        |
| Government bonds – foreign                           | 111.7               | —          | 111.7      | —       | —        |
| Securities lending collateral                        | 400.9               | 44.1       | 356.8      | —       | —        |
| Government and commercial mortgage-backed securities | 5.9                 | —          | 5.9        | —       | —        |
| Cash                                                 | 44.9                | 44.9       | —          | —       | —        |
| Total assets                                         | \$ 7,460.2          | \$ 2,103.7 | \$ 5,058.5 | \$ 62.3 | \$ 235.7 |

| December 31, 2021                                    |                     |            |            |         |          |
|------------------------------------------------------|---------------------|------------|------------|---------|----------|
|                                                      | Total<br>Fair Value | Level 1    | Level 2    | Level 3 | NAV      |
| Corporate debt securities                            | \$ 4,188.7          | \$ —       | \$ 4,188.7 | \$ —    | —        |
| Equity securities                                    | 2,575.5             | 2,547.3    | —          | —       | 28.2     |
| US government securities                             | 1,617.5             | —          | 1,617.5    | —       | —        |
| Short-term investment funds                          | 381.6               | 271.8      | 109.8      | —       | —        |
| Hedge fund                                           | 223.1               | —          | —          | —       | 223.1    |
| Partnerships                                         | 88.2                | —          | —          | 88.2    | —        |
| Government bonds – foreign                           | 77.8                | —          | 77.8       | —       | —        |
| Securities lending collateral                        | 553.7               | 27.7       | 526.0      | —       | —        |
| Government and commercial mortgage-backed securities | 2.2                 | —          | 2.2        | —       | —        |
| Cash                                                 | 144.4               | 144.4      | —          | —       | —        |
| Total assets                                         | \$ 9,852.7          | \$ 2,991.2 | \$ 6,522.0 | \$ 88.2 | \$ 251.3 |

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

The following table provides a reconciliation of beginning and ending balances of investments measured at fair value on a recurring basis where the determination of fair value includes significant unobservable inputs (Level 3) for the year ended December 31, 2022 (in millions):

|                                                            | <b>2022</b>    |
|------------------------------------------------------------|----------------|
| Balance as of December 31, 2021                            | \$ 88.2        |
| Total gains/(losses), (realized and unrealized), and other | (8.4)          |
| Purchases                                                  | -              |
| Sales                                                      | (17.5)         |
| <b>Balance as of December 31, 2022</b>                     | <b>\$ 62.3</b> |

The Plan's share in gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the Master Trust's Statement of Changes in Net Assets Available for Benefits.

### **Note 5: Net Asset Value (NAV) Per Share**

Under the amended guidance of FASB Accounting Standards Update (ASU) No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12), entities are permitted, as a practical expedient, to estimate the fair value of investments within its scope using the NAV per share of the investment as of the reporting entity's measurement dates. The amended guidance also requires additional disclosures to better enable users of the financial statements to understand the nature and risks of the reporting entity's investments that fall under these rules. In accordance with ASU 2009-12, the Plan expanded its disclosure to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share or its equivalent for which the fair value is not readily determinable.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

The following table sets forth a summary of Master Trust investments with a reported estimated fair value using the NAV per share as of December 31, 2022 and 2021 (in millions):

|                                                  | 2022    | 2021    | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|--------------------------------------------------|---------|---------|------------------------|-------------------------|--------------------------------|
| Equity securities<br>- Common stock<br>funds (a) | \$ 26.5 | \$ 28.2 | \$ -                   | Immediate<br>to Annual  | N/A                            |
| Hedge funds (b)                                  | 209.2   | 223.1   | -                      | Weekly to<br>Quarterly  | Weekly to<br>Quarterly         |

(a) This category consists of commingled institutional funds.

(b) This category consists primarily of investments in privately offered hedge funds managed by unaffiliated investment managers, which Master Trust investments are managed by Russell Investments. For approximately 32% of this category, quarterly redemptions in excess of 20-50% of the final NAV may be partially funded, based on the hedge fund's board of director's decision, on a pro rata basis in proportion to all other hedge fund investees. 100% of investments of the total fair value are semi-redeemable within 92 days written notice.

### Note 6: 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 service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The Plan is frozen to future benefit accruals. Traditional benefits under the Plan are based on the participant's years of participation and generally the final three-year average annual pension-eligible earnings. Cash balance benefits are based upon the participant's notional account balance as of the valuation date. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment and type (by means of commencement age and optional form elected) between the valuation dates and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

The significant actuarial assumptions used in the valuations as of January 1, 2023 were:

|                     |                                                                                                                                                                                                                                            |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount Rate:      | 6.50%                                                                                                                                                                                                                                      |
| Mortality:          | Pri-2012 rates with no collar mortality tables and Pri-2012 no collar contingent survivor rates projected generationally with Scale MP-2020, adjusted for short term COVID impacts in 2021 & 2022 and birth cohort weightings/convergence. |
| Interest Crediting: | 4.0% - 4.35% per annum                                                                                                                                                                                                                     |

The significant actuarial assumptions used in the valuations as of January 1, 2022 were:

|                     |                                                                                                                                                                                                                                            |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount Rate:      | 5.25%                                                                                                                                                                                                                                      |
| Mortality:          | Pri-2012 rates with no collar mortality tables and Pri-2012 no collar contingent survivor rates projected generationally with Scale MP-2020, adjusted for short term COVID impacts in 2021 & 2022 and birth cohort weightings/convergence. |
| Interest Crediting: | 4.0% per annum                                                                                                                                                                                                                             |

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 most recent actuarial valuation was prepared as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, 2022 and 2021, there would be no material differences. The actuarial present value of accumulated plan benefit information as of January 1, 2023 and 2022 is as follows (in millions):

|                                                                   | <u>1/1/2023</u>   | <u>1/1/2022</u>   |
|-------------------------------------------------------------------|-------------------|-------------------|
| <b>Vested benefits:</b>                                           |                   |                   |
| Participants and/or beneficiaries currently receiving benefits    | \$ 2,301.8        | \$ 2,662.9        |
| Other participants                                                | 547.9             | 577.9             |
| Total vested benefits                                             | <u>2,849.7</u>    | <u>3,240.8</u>    |
| Nonvested benefits                                                | <u>—</u>          | <u>—</u>          |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <u>\$ 2,849.7</u> | <u>\$ 3,240.8</u> |

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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The changes in actuarial present value of the Plan's accumulated plan benefits are as follows (in millions):

|                                                                                   |           |                       |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Actuarial present value of accumulated plan benefits as of January 1, 2022</b> | <b>\$</b> | <b><u>3,240.8</u></b> |
| <b>Increase (decrease) during the year attributable to:</b>                       |           |                       |
| Change in actuarial assumptions                                                   |           | (242.1)               |
| Decrease in the discount period                                                   |           | 161.9                 |
| Benefits accumulated and actuarial experience                                     |           | 2.0                   |
| Benefits paid                                                                     |           | <u>(313.0)</u>        |
| <b>Net decrease</b>                                                               |           | <b><u>(391.1)</u></b> |
| <b>Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2023</b> | <b>\$</b> | <b><u>2,849.7</u></b> |

### Note 7: Funding Policy

The Employing Company's policy is to fund amounts on an actuarial basis to provide assets sufficient to meet benefits to be paid to Plan participants. Contributions to provide benefits under the Plan are made solely by the Employing Company. No contributions by the Employing Company were necessary in 2022 to meet the minimum funding requirements of ERISA. The Employing Company made no voluntary contributions related to plan year 2022.

### Note 8: Plan Termination

Although it has not expressed any intention to do so, Duke Energy has the right under the Plan, to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of any termination of the Plan or upon complete or partial discontinuance of contributions, each participant shall become fully vested, and the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. 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 retired with benefits in the normal form of annuity under the plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a US government agency) up to the applicable limitations (discussed subsequently).

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided by the then existing assets and the PBGC guaranty while other benefits may not be provided at all.

### **Note 9: Federal Income Tax Status**

The Plan is intended to qualify under section 401(a) of the IRC and the Master Trust is intended to be exempt from tax under section 501(a) of the IRC. The IRS has determined and informed the Employing Company by a letter dated September 15, 2021, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Employing Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and Master Trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **Note 10: Exempt Party-in-Interest Transactions**

Northern Trust is the custodian and trustee of the Master Trust. Northern Trust is also trustee of the Plan. Therefore, transactions between Northern Trust and the Plan qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA. Administrative expenses paid by the Plan were approximately \$3.9 million for the year ended December 31, 2022.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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### Note 11: Securities Lending Activities

The Master Trust is authorized to engage in the lending of certain plan assets. Securities lending is an investment management enhancement that utilizes certain existing securities of the Master Trust to earn additional income. Securities lending involves the loaning of securities to approved parties. In return for the loaned securities, the Master Trust receives collateral in the form of cash and securities as a safeguard against possible default of any borrower on the return of the loan under terms that permit the Master Trust to sell the securities. The Master Trust mitigates credit risk associated with securities lending arrangements by monitoring the fair value of the securities loaned, with additional collateral obtained or refunded as necessary. The fair value of securities on loan was \$390.3 million and \$542.4 million at December 31, 2022, and 2021, respectively. The fair value of cash and securities obtained as collateral was \$400.9 million and \$553.7 million at December 31, 2022, and 2021, respectively. Securities lending income earned by the Master Trust was immaterial for the years ended December 31, 2022, and 2021, respectively.

### Note 12: Plan Changes

A restatement of the Plan made effective as of January 1, 2021 and adopted on December 17, 2020 added an appendix to reflect the provisions for the assets transferred from the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation, changes to certain actuarial assumptions used for early retirement reductions and optional forms of payment, and to reflect the annuitization of certain benefits.

An amendment to the January 1, 2021 restatement, adopted on July 15, 2021, clarifies that the retiree medical account applies to certain former participants and, as requested by the Internal Revenue Service for the issuance of a favorable determination letter, revises provisions regarding actuarial adjustments after the required beginning date, minimum distribution incidental benefits, participant consent to distribution, and normal retirement benefit.

An amendment to the January 1, 2021 restatement, adopted on December 15, 2021, modifies certain leave of absence service crediting provisions.

An amendment to the January 1, 2021 restatement, adopted on December 31, 2022, clarifies certain leave of absence service-crediting provisions and provides for an extended election commencement period for December 1, 2022 annuity starting dates.

# Duke Energy Legacy Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

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### Note 13: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the Form 5500 to the financial statements as of December 31, 2022 and 2021 (in millions):

|                                                                         | <u>2022</u>              | <u>2021</u>              |
|-------------------------------------------------------------------------|--------------------------|--------------------------|
| Net assets per the Form 5500                                            | \$ 4,041.4               | \$ 5,133.4               |
| Less: Net assets held in 401(h) account included as assets in Form 5500 | <u>120.7</u>             | <u>155.1</u>             |
| <b>Net Assets Available for Benefits per the Financial Statements</b>   | <b>\$ <u>3,920.7</u></b> | <b>\$ <u>4,978.3</u></b> |

The following is a reconciliation of the changes in net assets per the Form 5500 to the financial statements for the year ended December 31, 2022 (in millions):

|                                                  |                            |
|--------------------------------------------------|----------------------------|
| Net Income (loss) before transfers per Form 5500 | \$ (1,092.0)               |
| Add: Net decrease in 401(h) net assets           | <u>34.4</u>                |
| <b>Net decrease per the Financial Statements</b> | <b>\$ <u>(1,057.6)</u></b> |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

| Attained<br><br>Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |           |            |
|---------------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-----------|------------|
|                     | 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 |            |
|                     | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.       | Avg. Comp. |
| Under 25            | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 25 - 29             | 15                        |            | 25     | 42,655     | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 30 - 34             | 29                        | 23,338     | 53     | 23,897     | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 35 - 39             | 11                        |            | 11     |            | 6      |            | 1        |            | 2        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 40 - 44             | 5                         |            | 7      |            | 9      |            | 6        |            | 2        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 45 - 49             | 1                         |            | 7      |            | 12     |            | 6        |            | 2        |            | 1        |            | 0        |            | 0        |            | 0        |            | 0         |            |
| 50 - 54             | 1                         |            | 5      |            | 8      |            | 7        |            | 5        |            | 3        |            | 2        |            | 1        |            | 0        |            | 0         |            |
| 55 - 59             | 0                         |            | 1      |            | 6      |            | 7        |            | 9        |            | 4        |            | 2        |            | 4        |            | 3        |            | 0         |            |
| 60 - 64             | 0                         |            | 0      |            | 4      |            | 3        |            | 0        |            | 5        |            | 2        |            | 8        |            | 6        |            | 17        |            |
| 65 - 69             | 0                         |            | 0      |            | 1      |            | 0        |            | 3        |            | 1        |            | 1        |            | 2        |            | 6        |            | 8         |            |
| 70 & Over           | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0         |            |

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26

### Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2021

All monetary amounts shown in US Dollars

| Attained<br><br>Age | Years of Credited Service |                         |        |                         |        |                         |          |                         |          |                         |          |                         |          |                         |          |                         |          |                         |           |                         |
|---------------------|---------------------------|-------------------------|--------|-------------------------|--------|-------------------------|----------|-------------------------|----------|-------------------------|----------|-------------------------|----------|-------------------------|----------|-------------------------|----------|-------------------------|-----------|-------------------------|
|                     | 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 |                         |
|                     | No.                       | Avg.<br>Cash<br>Balance | No.    | Avg.<br>Cash<br>Balance | No.    | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.      | Avg.<br>Cash<br>Balance | No.       | Avg.<br>Cash<br>Balance |
| Under 25            | 0                         |                         | 0      |                         | 0      |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 25 - 29             | 15                        |                         | 25     | 2,098                   | 0      |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 30 - 34             | 29                        | 724                     | 53     | 3,076                   | 0      |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 35 - 39             | 12                        |                         | 11     |                         | 6      |                         | 1        |                         | 2        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 40 - 44             | 5                         |                         | 7      |                         | 9      |                         | 6        |                         | 2        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 45 - 49             | 0                         |                         | 7      |                         | 12     |                         | 5        |                         | 1        |                         | 1        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |
| 50 - 54             | 1                         |                         | 5      |                         | 8      |                         | 6        |                         | 4        |                         | 3        |                         | 1        |                         | 1        |                         | 0        |                         | 0         |                         |
| 55 - 59             | 0                         |                         | 1      |                         | 5      |                         | 4        |                         | 5        |                         | 2        |                         | 2        |                         | 4        |                         | 3        |                         | 0         |                         |
| 60 - 64             | 0                         |                         | 0      |                         | 3      |                         | 2        |                         | 0        |                         | 5        |                         | 2        |                         | 8        |                         | 6        |                         | 17        |                         |
| 65 - 69             | 0                         |                         | 0      |                         | 1      |                         | 0        |                         | 1        |                         | 0        |                         | 1        |                         | 2        |                         | 6        |                         | 8         |                         |
| 70 & Over           | 0                         |                         | 0      |                         | 0      |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0        |                         | 0         |                         |

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# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month September 2021
- Interest rate basis Segment Rates with a four-month lookback

#### Interest rates

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.75%                   | 1.07%                       |
| ■ Second segment rate     | 5.18%                   | 2.68%                       |
| ■ Third segment rate      | 5.92%                   | 3.36%                       |
| ■ Effective interest rate | 5.27%                   |                             |

#### Annual rates of increase

- Future Social Security wage bases 3.50%
- Cash Balance Interest Credit Rate
  - Balances subject to interest crediting rate based on 30-year Treasury Rate 4.00%
  - Balances subject to a fixed interest rate as defined by the plan 4.00%
- Assumed IRC §417(e) Conversion Basis Based on the segment rates described above and the current §417(e) mortality table.

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# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

|                          |                                                                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion date           | The valuation date coincident with or next following the date on which the employee is hired.                                                                                                                                                                                            |
| New or rehired employees | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                                |
| Mortality                |                                                                                                                                                                                                                                                                                          |
| Healthy and Disabled     | Separate IRS-prescribed annuitant and non-annuitant tables with "static" projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including for the 2022 plan years, the use of the MP-2020 mortality improvement scale). |

|             |                                                            |
|-------------|------------------------------------------------------------|
| Termination | For all other participants, rates vary by age and service. |
|-------------|------------------------------------------------------------|

### Percentage leaving during the year

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 25  | 8.79% | 41  | 3.64% |
| 26  | 8.26% | 42  | 3.62% |
| 27  | 7.77% | 43  | 3.52% |
| 28  | 7.30% | 44  | 3.41% |
| 29  | 6.85% | 45  | 3.09% |
| 30  | 6.43% | 46  | 3.07% |
| 31  | 6.04% | 47  | 3.09% |
| 32  | 5.67% | 48  | 3.05% |
| 33  | 5.33% | 49  | 3.03% |
| 34  | 5.01% | 50  | 3.05% |
| 35  | 4.72% | 51  | 3.04% |
| 36  | 4.45% | 52  | 3.10% |
| 37  | 4.21% | 53  | 3.57% |
| 38  | 3.99% | 54  | 3.99% |
| 39  | 3.80% | 55+ | 5.00% |
| 40  | 3.70% |     |       |

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## SCHEDULE SB ATTACHMENTS

### Termination

*Former participants in the Cinergy Corp. Non-Union Employees' Pension Plan, Former participants in the Cinergy Corp. Union Employees' Retirement Income Plan, Former participants in the Cinergy Corp. Union Employees' Pension Plan*

| Percentage leaving during the year |       |     |       |
|------------------------------------|-------|-----|-------|
| Age                                | Rate  | Age | Rate  |
| 25                                 | 6.59% | 41  | 2.73% |
| 26                                 | 6.20% | 42  | 2.72% |
| 27                                 | 5.83% | 43  | 2.64% |
| 28                                 | 5.48% | 44  | 2.56% |
| 29                                 | 5.14% | 45  | 2.32% |
| 30                                 | 4.82% | 46  | 2.30% |
| 31                                 | 4.53% | 47  | 2.32% |
| 32                                 | 4.25% | 48  | 2.29% |
| 33                                 | 4.00% | 49  | 2.27% |
| 34                                 | 3.76% | 50  | 2.29% |
| 35                                 | 3.54% | 51  | 2.28% |
| 36                                 | 3.34% | 52  | 2.32% |
| 37                                 | 3.16% | 53  | 2.68% |
| 38                                 | 2.99% | 54  | 2.99% |
| 39                                 | 2.85% | 55+ | 3.75% |
| 40                                 | 2.78% |     |       |

### Termination

*Former cash balance participants in the Retirement Plan for Bargaining Unit Employees of Florida Progress Corp.*

Representative rates shown below.

| Percentage leaving during the year |        |     |       |
|------------------------------------|--------|-----|-------|
| Age                                | Rate   | Age | Rate  |
| 25                                 | 13.19% | 41  | 5.46% |
| 26                                 | 12.39% | 42  | 5.43% |
| 27                                 | 11.66% | 43  | 5.28% |
| 28                                 | 10.95% | 44  | 5.12% |
| 29                                 | 10.28% | 45  | 4.64% |
| 30                                 | 9.65%  | 46  | 4.61% |
| 31                                 | 9.06%  | 47  | 4.64% |
| 32                                 | 8.51%  | 48  | 4.58% |
| 33                                 | 8.00%  | 49  | 4.55% |
| 34                                 | 7.52%  | 50  | 4.58% |
| 35                                 | 7.08%  | 51  | 4.56% |
| 36                                 | 6.68%  | 52  | 4.65% |
| 37                                 | 6.32%  | 53  | 5.35% |
| 38                                 | 5.99%  | 54  | 5.99% |
| 39                                 | 5.70%  | 55+ | 7.50% |
| 40                                 | 5.55%  |     |       |

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## SCHEDULE SB ATTACHMENTS

- Disability
- Union participants

Rates at which participants become disabled by age are shown below:

| Percentage becoming disabled during the year |       |     |       |
|----------------------------------------------|-------|-----|-------|
| Age                                          | Rate  | Age | Rate  |
| 25                                           | 0.10% | 46  | 0.39% |
| 26                                           | 0.10% | 47  | 0.44% |
| 27                                           | 0.10% | 48  | 0.49% |
| 28                                           | 0.10% | 49  | 0.56% |
| 29                                           | 0.10% | 50  | 0.61% |
| 30                                           | 0.10% | 51  | 0.69% |
| 31                                           | 0.13% | 52  | 0.76% |
| 32                                           | 0.14% | 53  | 0.84% |
| 33                                           | 0.14% | 54  | 0.93% |
| 34                                           | 0.15% | 55  | 1.01% |
| 35                                           | 0.15% | 56  | 1.11% |
| 36                                           | 0.18% | 57  | 1.21% |
| 37                                           | 0.19% | 58  | 1.31% |
| 38                                           | 0.19% | 59  | 1.41% |
| 39                                           | 0.21% | 60  | 1.54% |
| 40                                           | 0.24% | 61  | 1.65% |
| 41                                           | 0.26% | 62  | 1.78% |
| 42                                           | 0.27% | 63  | 1.90% |
| 43                                           | 0.30% | 64  | 2.03% |
| 44                                           | 0.31% | 65  | 2.16% |
| 45                                           | 0.35% |     |       |

- Disability
- Nonunion participants

Rates at which participants become disabled by age are shown below:

| Percentage becoming disabled during the year |       |     |       |
|----------------------------------------------|-------|-----|-------|
| Age                                          | Rate  | Age | Rate  |
| 25                                           | 0.07% | 46  | 0.28% |
| 26                                           | 0.07% | 47  | 0.31% |
| 27                                           | 0.07% | 48  | 0.35% |
| 28                                           | 0.07% | 49  | 0.41% |
| 29                                           | 0.07% | 50  | 0.44% |
| 30                                           | 0.09% | 51  | 0.49% |
| 31                                           | 0.10% | 52  | 0.55% |
| 32                                           | 0.10% | 53  | 0.60% |
| 33                                           | 0.11% | 54  | 0.67% |

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|    |       |    |       |
|----|-------|----|-------|
| 34 | 0.11% | 55 | 0.73% |
| 35 | 0.12% | 56 | 0.80% |
| 36 | 0.13% | 57 | 0.87% |
| 37 | 0.14% | 58 | 0.95% |
| 38 | 0.14% | 59 | 1.02% |
| 39 | 0.15% | 60 | 1.11% |
| 40 | 0.17% | 61 | 1.19% |
| 41 | 0.19% | 62 | 1.28% |
| 42 | 0.20% | 63 | 1.37% |
| 43 | 0.22% | 64 | 1.46% |
| 44 | 0.22% | 65 | 1.56% |
| 45 | 0.25% |    |       |

Retirement

The rates at which participants retire by age are shown below.

### Retirement Rates – Active Cash Balance Participants

| Age | Rate | Age | Rate |
|-----|------|-----|------|
| 50  | 3%   | 62  | 15%  |
| 51  | 3%   | 63  | 15%  |
| 52  | 3%   | 64  | 15%  |
| 53  | 3%   | 65  | 28%  |
| 54  | 3%   | 66  | 28%  |
| 55  | 5%   | 67  | 28%  |
| 56  | 5%   | 68  | 28%  |
| 57  | 5%   | 69  | 28%  |
| 58  | 5%   | 70  | 28%  |
| 59  | 6%   | 71  | 40%  |
| 60  | 8%   | 72  | 100% |
| 61  | 10%  |     |      |

The rates at which participants retire by age are shown below.

### Retirement Rates – Terminated Vested Cash Balance Participants (excluding Cinergy union)

| Age | Rate |
|-----|------|
| 55  | 10%  |
| 56  | 8%   |
| 57  | 6%   |
| 58  | 6%   |
| 59  | 7%   |
| 60  | 7%   |
| 61  | 12%  |

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|     |      |
|-----|------|
| 62  | 15%  |
| 63  | 13%  |
| 64  | 17%  |
| 65  | 23%  |
| 66  | 19%  |
| 67  | 20%  |
| 68  | 20%  |
| 69  | 20%  |
| 70+ | 100% |

The rates at which participants retire by age are shown below.

### Retirement Rates – Terminated Vested Cash Balance Participants (Cinergy union)

| Age | Rate |
|-----|------|
| 50  | 2%   |
| 51  | 2%   |
| 52  | 2%   |
| 53  | 2%   |
| 54  | 2%   |
| 55  | 20%  |
| 56  | 7%   |
| 57  | 7%   |
| 58  | 7%   |
| 59  | 7%   |
| 60  | 20%  |
| 61  | 15%  |
| 62  | 30%  |
| 63  | 15%  |
| 64  | 15%  |
| 65+ | 100% |

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## SCHEDULE SB ATTACHMENTS

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### Retirement

*Former participants in the Florida  
Progress Corp. Bargaining Unit  
Employees*

### Retirement Rates

|     | Cash Balance | Final Average Pay |
|-----|--------------|-------------------|
| Age | <u>Rate</u>  | <u>Rate</u>       |
| 55  | 15.00%       | 5.00%             |
| 56  | 15.00%       | 7.50%             |
| 57  | 12.50%       | 7.50%             |
| 58  | 7.50%        | 10.00%            |
| 59  | 7.50%        | 12.50%            |
| 60  | 7.50%        | 12.50%            |
| 61  | 15.00%       | 12.50%            |
| 62  | 15.00%       | 20.00%            |
| 63  | 15.00%       | 22.50%            |
| 64  | 18.00%       | 22.50%            |
| 65  | 28.00%       | 22.50%            |
| 66  | 28.00%       | 22.50%            |
| 67  | 28.00%       | 28.00%            |
| 68  | 28.00%       | 28.00%            |
| 69  | 28.00%       | 28.00%            |
| 70  | 28.00%       | 28.00%            |
| 71  | 40.00%       | 40.00%            |
| 72  | 100.00%      | 100.00%           |

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## SCHEDULE SB ATTACHMENTS

### Retirement Rates – Cinergy Union Traditional Participants and Traditional Choice Participants (Under and Over 85 Points)

| Age | Points |      |
|-----|--------|------|
|     | 0-85   | 85+  |
| 50  | 2%     |      |
| 51  | 2%     |      |
| 52  | 2%     |      |
| 53  | 2%     |      |
| 54  | 2%     |      |
| 55  | 2%     | 20%  |
| 56  | 2%     | 15%  |
| 57  | 2%     | 15%  |
| 58  | 2%     | 15%  |
| 59  | 2%     | 15%  |
| 60  | 5%     | 15%  |
| 61  | 10%    | 25%  |
| 62  | 15%    | 35%  |
| 63  | 25%    | 25%  |
| 64  | 25%    | 20%  |
| 65  | 50%    | 30%  |
| 66  | 28%    | 40%  |
| 67  | 28%    | 30%  |
| 68  | 28%    | 50%  |
| 69  | 28%    | 60%  |
| 70  | 28%    | 60%  |
| 71  | 40%    | 60%  |
| 72  | 100%   | 100% |

#### Retirement

### Retirement Rates Rates – Cinergy Nonunion Traditional Participants and Traditional Choice Participants (Over 85 Points)

| Age | Rate | Age | Rate |
|-----|------|-----|------|
| 55  | 10%  | 65  | 30%  |
| 56  | 10%  | 66  | 28%  |
| 57  | 10%  | 67  | 28%  |
| 58  | 10%  | 68  | 28%  |
| 59  | 10%  | 69  | 28%  |
| 60  | 10%  | 70  | 28%  |
| 61  | 10%  | 71  | 40%  |

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|    |     |    |      |
|----|-----|----|------|
| 62 | 15% | 72 | 100% |
| 63 | 20% |    |      |
| 64 | 20% |    |      |

### Benefit commencement date

*All participants except  
Former Participants in the  
Retirement Plan for  
Bargaining Unit Employees  
of Florida Progress Corp.*

- Preretirement death benefit Date of death.
- Deferred vested benefit 60% of cash balance participants are assumed to commence upon termination of employment and 40% are assumed to defer their commencement until age 65. Annuity participants are assumed to commence at age 57.
- Disability benefit Normal Retirement Date.
- Retirement benefit 60% of cash balance participants are assumed to commence upon termination of employment and 40% are assumed to defer their commencement until age 65. Annuity benefits are assumed to commence upon termination of employment.

### Benefit commencement date

*Former Participants in the  
Retirement Plan for  
Bargaining Unit Employees  
of Florida Progress Corp.*

- Preretirement death benefit Normal Retirement Date.
- Deferred vested benefit 70% of cash balance participants are assumed to commence as a lump sum immediately upon termination, while 30% are assumed to defer to age 65. If eligible to commence Final Pay benefit prior to age 65 and currently under age 62, 35% are assumed to commence at age 55, 50% are assumed at age 60 and 15% assumed to commence at age 62. All other vested terminated participants are assumed to commence at age 65.
- Disability benefit Normal Retirement Date.

Plan Name: Duke Energy Legacy Pension Plan  
EIN / PN: 20-2777218/012  
Plan Sponsor: Duke Energy Corporation  
Valuation Date: January 1, 2022

## SCHEDULE SB ATTACHMENTS

- Retirement benefit Upon termination of employment.

- Duke Energy Cash Balances:

| Retirement         |                     |                                 |
|--------------------|---------------------|---------------------------------|
| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>          |
| 86%                | 86%                 | Lump Sum                        |
| 14%                | 0%                  | Single Life Annuity             |
| 0%                 | 14%                 | 100% Joint and Survivor Annuity |

| Vested Termination |                     |                                 |
|--------------------|---------------------|---------------------------------|
| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>          |
| 90%                | 90%                 | Lump Sum                        |
| 10%                | 0%                  | Single Life Annuity             |
| 0%                 | 10%                 | 100% Joint and Survivor Annuity |

### Cinergy Traditional Benefits:

- 65% of married participants elect the 100% Contingent Annuity.
- 35% of married participants elect the Single Life Annuity.
- 100% of single participants elect the Single Life Annuity.

### Cinergy Traditional Choice Benefits:

- 85% elect the Lump Sum.
- 15% of married participants elect the 100% Contingent Annuity.
- 15% of single participants elect the Single Life Annuity.

Certain deferred vested participants do not have a lump sum option available. These participants are assumed to elect at 50% joint and survivor annuity at retirement (beneficiaries are assumed to elect a single life annuity).

Form of payment:

### Legacy Progress Energy Cash Balances:

| Retirement         |                     |                                |
|--------------------|---------------------|--------------------------------|
| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
| 84%                | 84%                 | Lump Sum                       |
| 16%                | 0%                  | Single Life Annuity            |
| 0%                 | 16%                 | 50% Joint and Survivor Annuity |

| Vested Termination |                     |                                |
|--------------------|---------------------|--------------------------------|
| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
| 85%                | 85%                 | Lump Sum                       |
| 15%                | 0%                  | Single Life Annuity            |
| 0%                 | 15%                 | 50% Joint and Survivor Annuity |

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## SCHEDULE SB ATTACHMENTS

### Disability

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
|--------------------|---------------------|--------------------------------|
| 70%                | 70%                 | Lump Sum                       |
| 30%                | 0%                  | Single Life Annuity            |
| 0%                 | 30%                 | 50% Joint and Survivor Annuity |

### Death

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u> |
|--------------------|---------------------|------------------------|
| 100%               | 100%                | Lump Sum               |

Form of Payment:

Bargaining Unit of Florida Progress Corp. Final Average participants

### Retirement

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>                     |
|--------------------|---------------------|--------------------------------------------|
| 60%                | 60%                 | Single Life Annuity                        |
| 40%                | 40%                 | 50% Joint and Survivor Annuity with Pop up |

### Vested Termination

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>                     |
|--------------------|---------------------|--------------------------------------------|
| 50%                | 50%                 | Single Life Annuity                        |
| 50%                | 50%                 | 50% Joint and Survivor Annuity with Pop up |

### Disability

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>                     |
|--------------------|---------------------|--------------------------------------------|
| 50%                | 50%                 | Single Life Annuity                        |
| 50%                | 50%                 | 50% Joint and Survivor Annuity with Pop up |

### Death

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>                      |
|--------------------|---------------------|---------------------------------------------|
| 0%                 | 100%                | 50% Joint and Survivor Annuity <sup>1</sup> |

Form of Payment:

Bargaining Unit of Florida Progress Corp. Cash Balance participants

### Retirement

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
|--------------------|---------------------|--------------------------------|
| 30%                | 30%                 | 50% Joint and Survivor Annuity |
| 70%                | 70%                 | Lump Sum                       |

<sup>1</sup> Form of payment for participants over 10 years of vesting service varies based on benefit comparison formula

Plan Name: Duke Energy Legacy Pension Plan

EIN / PN: 20-2777218/012

Plan Sponsor: Duke Energy Corporation

Valuation Date: January 1, 2022

## SCHEDULE SB ATTACHMENTS

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### Vested Termination

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
|--------------------|---------------------|--------------------------------|
| 15%                | 15%                 | 50% Joint and Survivor Annuity |
| 85%                | 85%                 | Lump Sum                       |

### Disability

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
|--------------------|---------------------|--------------------------------|
| 50%                | 50%                 | 50% Joint and Survivor Annuity |
| 50%                | 50%                 | Lump Sum                       |

### Death

| <u>Single Rate</u> | <u>Married Rate</u> | <u>Form of Payment</u>         |
|--------------------|---------------------|--------------------------------|
| 0%                 | 50%                 | 50% Joint and Survivor Annuity |
| 100%               | 50%                 | Lump Sum                       |

#### Percent married

It is assumed that 75% of males and 60% of females have an eligible spouse.

#### Spouse age

Males are three years older than their spouses (two years older for legacy Progress Energy and legacy Bargaining Unit employees of Florida Progress participants).

Plan Name: Duke Energy Legacy Pension Plan  
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Plan Sponsor: Duke Energy Corporation  
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## SCHEDULE SB ATTACHMENTS

### Methods

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date                                | January 1, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Funding target                                | Present value of accrued benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Target normal cost                            | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Trust expenses included in target normal cost | Provided by Duke Energy Corporation. \$4,235,228 for 2022. Assumes only flat rate premium paid during 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Actuarial value of assets                     | <p>Average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined for each of the three months immediately preceding the valuation date, adjusted to be no greater than 110% and no less than 90% of the fair market value (i.e., 3-month/4-value averaging as described in Section 1.430(g)-1(c)(2) of the Regulations). The adjusted fair market value of assets as of each determination date is the market value at that date adjusted to the valuation date based on actual cash flows (i.e., contributions, benefit payments, administrative expenses) and expected earnings determined separately for October, November, and December of the year preceding the valuation date. The amount of expected earnings during a given month is based on the cash flow during that month and the lesser of the assumed rate of return on plan assets and the third segment rate used for purposes of determining the minimum funding requirements under Section 430 of the Code for the plan year preceding the valuation date.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p> |
| Actuarial method                              | Standard Unit Credit Cost Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Benefits not valued                           | All benefits described in the Plan Provisions section of this report were valued except prior plan benefits and grandfathered benefits for active employees. Based on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Plan Name:                                    | Duke Energy Legacy Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| EIN / PN:                                     | 20-2777218/012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Plan Sponsor:                                 | Duke Energy Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Valuation Date:                               | January 1, 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

# SCHEDULE SB ATTACHMENTS

discussions with Duke Energy Corporation, such benefits are considered to have a de minimis likelihood of being paid and thus are not required to be valued, and will not be valued. Willis Towers Watson has reviewed the plan provisions with Duke Energy Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with Duke Energy, the following assumptions were made for missing or apparently inconsistent data elements:

- Retirees who are receiving a joint and survivor annuity benefit that have missing beneficiary information, the valuation age difference assumption and opposite gender is used.
- Frozen accrued benefits are estimates to the extent they have not yet been certified by the employer. We do not believe these estimates have significantly affected the results of the valuation.
- In cases where an accrued benefit was not provided for a terminated vested participant we have used the prior year benefits, if available, or used an assumption of \$1,000 per month for annuity participants and \$100,000 cash balance account for cash balance participants.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic and Demographic Assumptions

A separate memo delivered with this report will serve as documentation of the rationale for these valuation assumptions. All assumptions were selected based on information known at the valuation date and on the premises that the plan will continue and that no events will occur in 2022 that would cause Duke Energy to select different assumptions.

## Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2020 to September 2021. Rates have been adjusted to reflect ARPA corridors.

Plan Name: Duke Energy Legacy Pension Plan  
EIN / PN: 20-2777218/012  
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Valuation Date: January 1, 2022

## SCHEDULE SB ATTACHMENTS

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The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

The assumption for estimated administrative expenses decreased from \$4,347,331 to \$4,235,228 for 2022.

Disability, termination and retirement tables were updated to reflect experience study results conducted in 2021.

The form of payment for legacy Cinergy enhanced choice participants and marriage percentage assumptions were updated to reflect recent experience from the experience study conducted in 2021.

|                 |                                 |
|-----------------|---------------------------------|
| Plan Name:      | Duke Energy Legacy Pension Plan |
| EIN / PN:       | 20-2777218/012                  |
| Plan Sponsor:   | Duke Energy Corporation         |
| Valuation Date: | January 1, 2022                 |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>DUKE ENERGY LEGACY PENSION PLAN                                                                                  | <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 012 |
|                                                                                                                                           |                                                                                                                                                         |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>DUKE ENERGY CORPORATION                                   | <b>D</b> Employer Identification Number (EIN)<br><br>20-2777218                                                                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

|               |                                                                                                                                                                                                                 |                            |                           |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                        |                            |                           |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                                        |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                         |                            |                           |
|               | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 4,978,418,928             |
|               | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 4,966,872,720             |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 20,496                     | 2,720,288,597             |
|               | <b>b</b> For terminated vested participants.....                                                                                                                                                                | 6,059                      | 566,576,781               |
|               | <b>c</b> For active participants .....                                                                                                                                                                          | 346                        | 21,561,332                |
|               | <b>d</b> Total.....                                                                                                                                                                                             | 26,901                     | 3,308,426,710             |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                                        |                            |                           |
|               | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|               | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                                   | <b>5</b>                   | 5.27%                     |
| <b>6</b>      | Target normal cost .....                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b>                  | 0                         |
|               | <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 4,235,229                 |
|               | <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b>                  | 4,235,229                 |

**Statement by Enrolled Actuary**

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

|                  |                                                                                                                                                                                                                                              |                                                                                                                                             |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <b>LCK</b><br><br>Signature of actuary<br><br>Laurie Koch<br><br>Type or print name of actuary<br><br>Willis Towers Watson US LLC<br><br>Firm name<br><br>5 CONCOURSE PARKWAY, 18TH FLOOR<br><br>Atlanta GA 30328<br><br>Address of the firm | <b>10/11/2023</b><br><br>Date<br>2307383<br><br>Most recent enrollment number<br>678-684-0619<br><br>Telephone number (including area code) |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

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

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

**Schedule SB (Form 5500) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 118,723,334                                                | 250,573,489            |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 118,723,334                                                | 250,573,489            |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>5.73</u> % .....                                                                                           | 6,802,847                                                  | 14,357,861             |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 125,526,181                                                | 264,931,350            |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 138.32 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 150.12 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 134.44 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          | 0                                 | 0                               |

|                                                                                                                                      |            |   |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |   |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 0 |

|                                                                                                                                                                                  |         |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |         |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |         |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |         |         |         |
| <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 4,235,229          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 4,235,229          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

See Schedule SB, Part V Statement of Actuarial Assumptions / Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

### Sample Calculation of Retirement Age for Active Cash Balance Participants

| <i>Retirement<br/>Age<br/>(1)</i> | <i>Assumed<br/>Rate<br/>(2)</i> | <i>Participants<br/>At Beginning<br/>(3)</i> | <i>Participants<br/>Retiring: (2)x(3)<br/>(4)</i> | <i>(1)*(4)<br/>(5)</i> |
|-----------------------------------|---------------------------------|----------------------------------------------|---------------------------------------------------|------------------------|
| 50                                | 0.0300                          | 1,000.00                                     | 30.00                                             | 1,500.00               |
| 51                                | 0.0300                          | 970.00                                       | 29.10                                             | 1,484.10               |
| 52                                | 0.0300                          | 940.90                                       | 28.23                                             | 1,467.80               |
| 53                                | 0.0300                          | 912.67                                       | 27.38                                             | 1,451.15               |
| 54                                | 0.0300                          | 885.29                                       | 26.56                                             | 1,434.17               |
| 55                                | 0.0500                          | 858.73                                       | 42.94                                             | 2,361.52               |
| 56                                | 0.0500                          | 815.80                                       | 40.79                                             | 2,284.23               |
| 57                                | 0.0500                          | 775.01                                       | 38.75                                             | 2,208.77               |
| 58                                | 0.0500                          | 736.26                                       | 36.81                                             | 2,135.15               |
| 59                                | 0.0600                          | 699.44                                       | 41.97                                             | 2,476.03               |
| 60                                | 0.0800                          | 657.48                                       | 52.60                                             | 3,155.89               |
| 61                                | 0.1000                          | 604.88                                       | 60.49                                             | 3,689.76               |
| 62                                | 0.1500                          | 544.39                                       | 81.66                                             | 5,062.84               |
| 63                                | 0.1500                          | 462.73                                       | 69.41                                             | 4,372.82               |
| 64                                | 0.1500                          | 393.32                                       | 59.00                                             | 3,775.90               |
| 65                                | 0.2800                          | 334.32                                       | 93.61                                             | 6,084.70               |
| 66                                | 0.2800                          | 240.71                                       | 67.40                                             | 4,448.39               |
| 67                                | 0.2800                          | 173.31                                       | 48.53                                             | 3,251.37               |
| 68                                | 0.2800                          | 124.79                                       | 34.94                                             | 2,375.92               |
| 69                                | 0.2800                          | 89.85                                        | 25.16                                             | 1,735.82               |
| 70                                | 0.2800                          | 64.69                                        | 18.11                                             | 1,267.90               |
| 71                                | 0.4000                          | 46.58                                        | 18.63                                             | 1,322.76               |
| 72                                | 1.0000                          | 27.95                                        | 27.95                                             | 2,012.09               |
|                                   |                                 |                                              | 1,000.00                                          | 61,359.10              |
| 61,359.10 / 1,000 = 61.36         |                                 |                                              |                                                   |                        |

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 Plan Sponsor: Duke Energy Corporation  
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# SCHEDULE SB ATTACHMENTS

## Sample Calculation of Retirement Age for Active Traditional Participants

Former participants in the Cinergy Corp. Non-Union Employees' Pension Plan (NONU)

| Retirement<br>Age<br>(1)  | Assumed<br>Rate<br>(2) | Participants<br>At Beginning<br>(3) | Participants<br>Retiring: (2)x(3)<br>(4) | (1)*(4)<br>(5) |
|---------------------------|------------------------|-------------------------------------|------------------------------------------|----------------|
| 55                        | 0.1000                 | 1,000.00                            | 100.00                                   | 5,500.00       |
| 56                        | 0.1000                 | 900.00                              | 90.00                                    | 5,040.00       |
| 57                        | 0.1000                 | 810.00                              | 81.00                                    | 4,617.00       |
| 58                        | 0.1000                 | 729.00                              | 72.90                                    | 4,228.20       |
| 59                        | 0.1000                 | 656.10                              | 65.61                                    | 3,870.99       |
| 60                        | 0.1000                 | 590.49                              | 59.05                                    | 3,542.94       |
| 61                        | 0.1000                 | 531.44                              | 53.14                                    | 3,241.79       |
| 62                        | 0.1500                 | 478.30                              | 71.74                                    | 4,448.16       |
| 63                        | 0.2000                 | 406.55                              | 81.31                                    | 5,122.56       |
| 64                        | 0.2000                 | 325.24                              | 65.05                                    | 4,163.10       |
| 65                        | 0.3000                 | 260.19                              | 78.06                                    | 5,073.77       |
| 66                        | 0.2800                 | 182.14                              | 51.00                                    | 3,365.86       |
| 67                        | 0.2800                 | 131.14                              | 36.72                                    | 2,460.14       |
| 68                        | 0.2800                 | 94.42                               | 26.44                                    | 1,797.74       |
| 69                        | 0.2800                 | 67.98                               | 19.03                                    | 1,313.41       |
| 70                        | 0.2800                 | 48.95                               | 13.71                                    | 959.36         |
| 71                        | 0.4000                 | 35.24                               | 14.10                                    | 1,000.86       |
| 72                        | 1.0000                 | 21.15                               | 21.15                                    | 1,522.44       |
|                           |                        |                                     | 1,000.00                                 | 61,268.32      |
| 61,268.32 / 1,000 = 61.27 |                        |                                     |                                          |                |

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 Plan Sponsor: Duke Energy Corporation  
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# SCHEDULE SB ATTACHMENTS

## Sample Calculation of Retirement Age for Active Traditional Participants

Former participants in the Cinergy Corp. Union Employees' Pension Plan (PSIU) and Cinergy Corp. Union Employees' Retirement Income Plan (CGEU)

| Retirement Age<br>(1)     | Assumed Rate<br>(2) | Participants At Beginning<br>(3) | Participants Retiring: (2)x(3)<br>(4) | (1)*(4)<br>(5) |
|---------------------------|---------------------|----------------------------------|---------------------------------------|----------------|
| 50                        | 0.0200              | 1,000.00                         | 20.00                                 | 1,000.00       |
| 51                        | 0.0200              | 980.00                           | 19.60                                 | 999.60         |
| 52                        | 0.0200              | 960.40                           | 19.21                                 | 998.92         |
| 53                        | 0.0200              | 941.19                           | 18.82                                 | 997.46         |
| 54                        | 0.0200              | 922.37                           | 18.45                                 | 996.30         |
| 55                        | 0.0200              | 903.92                           | 18.08                                 | 994.40         |
| 56                        | 0.0200              | 885.84                           | 17.72                                 | 992.32         |
| 57                        | 0.0200              | 868.12                           | 17.36                                 | 989.52         |
| 58                        | 0.0200              | 850.76                           | 17.02                                 | 987.16         |
| 59                        | 0.0200              | 833.74                           | 16.67                                 | 983.53         |
| 60                        | 0.0500              | 817.07                           | 40.85                                 | 2,451.00       |
| 61                        | 0.1000              | 776.22                           | 77.62                                 | 4,734.82       |
| 62                        | 0.1500              | 698.60                           | 104.79                                | 6,496.98       |
| 63                        | 0.2500              | 593.81                           | 148.45                                | 9,352.35       |
| 64                        | 0.2500              | 445.36                           | 111.34                                | 7,125.76       |
| 65                        | 0.5000              | 334.02                           | 167.01                                | 10,855.65      |
| 66                        | 0.2800              | 167.01                           | 46.76                                 | 3,086.16       |
| 67                        | 0.2800              | 120.25                           | 33.67                                 | 2,255.89       |
| 68                        | 0.2800              | 86.58                            | 24.24                                 | 1,648.32       |
| 69                        | 0.2800              | 62.34                            | 17.46                                 | 1,204.74       |
| 70                        | 0.2800              | 44.88                            | 12.57                                 | 879.90         |
| 71                        | 0.4000              | 32.31                            | 12.92                                 | 917.32         |
| 72                        | 1.0000              | 19.39                            | 19.39                                 | 1,396.08       |
|                           |                     |                                  | 1,000.00                              | 62,344.18      |
| 62,344.18 / 1,000 = 62.34 |                     |                                  |                                       |                |

Plan Name: Duke Energy Legacy Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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| Group                                | Number of Active Participants | Retirement Age |
|--------------------------------------|-------------------------------|----------------|
| RCBP Participants                    | 329                           | 61.36          |
| NONU Traditional Participants        | 11                            | 61.27          |
| PSIU & CGEU Traditional Participants | 6                             | 62.34          |
| Total                                | 346                           |                |
| Average Age                          |                               | 61.37          |
| Rounded for Schedule SB Item 22      |                               | 61             |

Plan Name: Duke Energy Legacy Pension Plan  
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Plan Sponsor: Duke Energy Corporation  
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## SCHEDULE SB ATTACHMENTS

### 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      | 2,904,035           | 122,912,072                    | 281,639,620                                               | 407,455,727 |
| 2023      | 2,764,300           | 69,573,207                     | 257,660,253                                               | 329,997,760 |
| 2024      | 2,806,919           | 57,815,456                     | 251,052,984                                               | 311,675,359 |
| 2025      | 2,382,858           | 54,573,854                     | 242,878,571                                               | 299,835,283 |
| 2026      | 1,957,991           | 42,592,483                     | 237,508,637                                               | 282,059,111 |
| 2027      | 1,936,040           | 39,459,342                     | 228,024,166                                               | 269,419,549 |
| 2028      | 1,880,298           | 35,139,253                     | 220,209,024                                               | 257,228,574 |
| 2029      | 1,287,334           | 30,481,959                     | 213,102,498                                               | 244,871,790 |
| 2030      | 1,183,363           | 27,656,746                     | 203,073,349                                               | 231,913,459 |
| 2031      | 1,011,398           | 27,484,365                     | 194,497,666                                               | 222,993,429 |
| 2032      | 833,277             | 23,673,639                     | 185,673,428                                               | 210,180,345 |
| 2033      | 748,711             | 22,550,998                     | 176,607,301                                               | 199,907,010 |
| 2034      | 752,985             | 21,976,619                     | 167,312,322                                               | 190,041,927 |
| 2035      | 735,211             | 21,825,023                     | 157,811,521                                               | 180,371,755 |
| 2036      | 640,549             | 19,786,711                     | 148,126,343                                               | 168,553,604 |
| 2037      | 633,302             | 19,981,587                     | 138,297,088                                               | 158,911,976 |
| 2038      | 559,504             | 19,225,548                     | 128,373,782                                               | 148,158,833 |
| 2039      | 663,518             | 17,973,014                     | 118,414,807                                               | 137,051,339 |
| 2040      | 512,785             | 18,068,120                     | 108,490,331                                               | 127,071,237 |
| 2041      | 800,686             | 17,168,435                     | 98,679,118                                                | 116,648,238 |
| 2042      | 667,264             | 16,620,637                     | 89,065,792                                                | 106,353,693 |
| 2043      | 712,401             | 15,927,304                     | 79,736,793                                                | 96,376,498  |
| 2044      | 597,399             | 14,853,154                     | 70,776,218                                                | 86,226,771  |
| 2045      | 522,408             | 13,956,908                     | 62,262,662                                                | 76,741,979  |
| 2046      | 434,895             | 13,512,980                     | 54,265,469                                                | 68,213,344  |
| 2047      | 521,688             | 12,740,479                     | 46,841,599                                                | 60,103,766  |
| 2048      | 486,222             | 11,363,433                     | 40,033,624                                                | 51,883,279  |

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| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2049      | 358,074             | 10,903,490                     | 33,868,503                                                | 45,130,068 |
| 2050      | 373,696             | 10,198,560                     | 28,356,853                                                | 38,929,109 |
| 2051      | 324,288             | 9,302,787                      | 23,493,530                                                | 33,120,605 |
| 2052      | 299,473             | 8,140,211                      | 19,258,904                                                | 27,698,588 |
| 2053      | 277,490             | 7,316,865                      | 15,620,860                                                | 23,215,214 |
| 2054      | 264,213             | 6,585,001                      | 12,537,287                                                | 19,386,501 |
| 2055      | 320,443             | 6,314,001                      | 9,958,833                                                 | 16,593,277 |
| 2056      | 297,180             | 5,222,983                      | 7,831,680                                                 | 13,351,843 |
| 2057      | 256,399             | 4,420,995                      | 6,100,188                                                 | 10,777,581 |
| 2058      | 192,879             | 3,875,525                      | 4,709,209                                                 | 8,777,613  |
| 2059      | 161,041             | 3,342,429                      | 3,606,022                                                 | 7,109,492  |
| 2060      | 139,290             | 2,824,635                      | 2,741,844                                                 | 5,705,769  |
| 2061      | 109,257             | 2,428,108                      | 2,072,788                                                 | 4,610,154  |
| 2062      | 97,256              | 2,090,968                      | 1,560,386                                                 | 3,748,610  |
| 2063      | 84,864              | 1,782,682                      | 1,171,779                                                 | 3,039,325  |
| 2064      | 74,101              | 1,522,141                      | 879,551                                                   | 2,475,792  |
| 2065      | 64,812              | 1,296,007                      | 661,310                                                   | 2,022,130  |
| 2066      | 57,372              | 1,100,561                      | 499,146                                                   | 1,657,079  |
| 2067      | 50,873              | 932,201                        | 379,010                                                   | 1,362,085  |
| 2068      | 45,384              | 787,562                        | 290,091                                                   | 1,123,036  |
| 2069      | 40,600              | 663,564                        | 224,191                                                   | 928,356    |
| 2070      | 36,262              | 557,465                        | 175,189                                                   | 768,916    |
| 2071      | 32,325              | 466,848                        | 138,564                                                   | 637,737    |

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                 |
|--------------------------|---------------------------------|
| <b>Plan Sponsor</b>      | Duke Energy Corporation         |
| <b>EIN/PN</b>            | 20-2777218/012                  |
| <b>Plan Name</b>         | Duke Energy Legacy Pension Plan |
| <b>Valuation Date</b>    | January 1, 2022                 |
| <b>Enrolled Actuary</b>  | Laurie Koch                     |
| <b>Enrollment Number</b> | 23-07383                        |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The Duke Energy Legacy Pension Plan was restated effective January 1, 2021 and last amended for changes effective January 1, 2021 (Amendment 2).

Effective as of January 1, 2018, a portion of the Duke Energy Retirement Cash Balance Plan (generally inactive participants) was spun-off to create this Plan. Then, a portion of the Cinergy Corp. Union Employees' Retirement Income Plan (generally inactive participants) was spun-off/transferred to this Plan.

**As outlined in the pension plan document, all benefit accruals in this plan are frozen as of January 1, 2018.** The provisions outlined below reflect the terms of the plan as they existed prior to the freeze in accruals.

Effective as of December 31, 2020, immediately prior to the restatement, the following spin-offs and mergers occurred for the pension plans in the order listed:

- A portion of the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation (generally inactive participants) was spun off into the Duke Energy Legacy Pension Plan.
- Following the spin-off, the remaining portion of the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation (generally active participants) was merged into the Duke Energy Retirement Cash Balance Plan.

**Provisions applicable to participants in the Duke Energy Retirement Cash Balance Plan - Prior to merger of legacy Cinergy Corp. Non-Union Employees' Pension Plan, Cinergy Corp. Union Employees' Pension Plan, Progress Energy Pension Plan, and the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation**

### Participation

Eligible Employees

Includes:

- Legacy Duke employees who are not covered by a collective bargaining agreement
- IBEW Local 962, IBEW Local 962-T employees and USW Local 7202 (Nantahala) employees
- Legacy Cinergy employees (hired after July 1, 2008) who are not covered by a collective bargaining agreement
- Legacy Progress employees who are not covered by a collective bargaining agreement (for provisions effective on or after January 1, 2014).

Leased employees are not eligible for the plan.

Non-union and USW Local 7202 (Nantahala) employees hired on or after January 1, 2014 are not eligible to participate in the plan.

If a non-union or USW Local 7202 (Nantahala) employee terminates employment and is rehired after December 31, 2013, the employee will

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continue to receive interest credits on any undistributed cash balance account, but will not receive pay credits following rehire.

IBEW Local 962 and IBEW Local 962-T employees hired on or after April 1, 2015 are not eligible to participate in the plan.

If an IBEW Local 962 or IBEW Local 962-T employee terminates employment and is rehired after March 31, 2015, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive pay credits following rehire.

Participation Date

Legacy Duke employees and covered legacy Cinergy employees participate at the later of hire or age 18.

### Definitions

Vesting Service

A participant receives vesting service from the later of date of hire and the participant's 18th birthday. Prior to January 1, 1999, vesting service was credited by counting actual hours of employment. Beginning January 1, 1999, vesting service is credited based on elapsed time.

If an employee terminates and is rehired within twelve months, the period of severance will be included in his vesting service.

Plan Year

January 1 to December 31.

Compensation

Box 1 W-2 pay plus \$401(k), \$125 and \$132(f) deferrals plus pre-tax deferrals under Duke Energy Corporation Executive Savings Plan less severance pay, certain expenses, bonuses for performance periods exceeding a year, and long term incentives (including stock based awards). Excludes military leave pay from eligible earnings.

Normal Retirement Age

Age 65.

### Eligibility for Benefits

Normal Retirement

Retirement at normal retirement age.

Early Retirement

A former Duke participant is eligible for early retirement after attaining age 55 and completing three years of vesting service (five years of service before January 1, 2007) or, for participants employed before January 1, 1997, attaining age 51 and completing 30 years of creditable service.

A former Duke Power participant who terminated before January 1, 1997 is eligible for early retirement after attaining age 55 and completing ten years of creditable service, or attaining age 51 and completing 30 years of creditable service. This eligibility definition also applies to the frozen legacy Duke Power Final Average Pay benefits for participants who terminate on or after January 1, 1997.

A former Nantahala salaried employee who became a participant of the Nantahala prior plan on or before 12/31/1998 is eligible for early retirement after completing 30 years of service.

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|                             |                                                                                         |
|-----------------------------|-----------------------------------------------------------------------------------------|
| Postponed Retirement        | Retirement after normal retirement age.                                                 |
| Vested Retirement           | At least three years of vesting service (five years of service before January 1, 2007). |
| Disability                  | Participants are immediately vested upon disability.                                    |
| Preretirement Death Benefit | Participants are immediately vested upon death.                                         |

### Benefits Paid Upon the Following Events

|                   |                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | <p>The retirement benefit is based on the opening account balance calculated for Duke as of January 1, 1997 and for PanEnergy/Nantahala, as of January 1, 1999. Thereafter, the account is increased monthly through the addition of contribution credits and an interest adjustment.</p> <p>The contribution credit percentage is determined by points credited to the participant monthly, as follows:</p> |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Contribution Credit Percentage by Points at Beginning of Year

| Points | Contribution Credit Percentage                    |
|--------|---------------------------------------------------|
| <35    | 4%, plus 4% of pay over Social Security Wage Base |
| 35-49  | 5%, plus 4% of pay over Social Security Wage Base |
| 50-64  | 6%, plus 4% of pay over Social Security Wage Base |
| >64    | 7%, plus 4% of pay over Social Security Wage Base |

A participant's points as of any January 1 (or date of participation) equal the sum of the attained age and creditable service on such date, with the sum truncated to drop less than full points.

The monthly interest adjustment is a percentage increase in the account balance. For balances accrued through December 31, 2012 for non-union employees, through December 31, 2013 for USW Local 7202 (Nantahala) employees, and through March 31, 2015 for IBEW Local 962 and IBEW Local 962-T employees, the rate of monthly increase is the average yield on 30-year Treasury bonds for the end of the third full business week of the month prior to the beginning of the calendar quarter in which the particular month occurs, subject to a minimum of 4% and a maximum of 9%. For non-union pay credits accrued on or after January 1, 2013, USW Local 7202 (Nantahala) pay credits accrued on or after January 1, 2014, and IBEW Local 962 and IBEW Local 962-T pay credits accrued on or after April 1, 2015, the rate of monthly interest credit is fixed based on an annual percentage rate of 4%.

Benefit is based on the greater of the account balance accrued to date and prior plan benefit.

|                 |                                 |
|-----------------|---------------------------------|
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### Early Retirement

#### Legacy Final Average Pay Benefits

A monthly benefit equal to the Normal Retirement benefit reduced using early retirement adjustment factors as outlined by the plan document.

#### Cash Balance Benefits

Vested cash balance account

#### Postponed Retirement

Benefit is based on the greater of the account balance accrued to date and prior plan benefit.

### Vested Retirement

#### Legacy Final Average Pay Benefits

Accrued benefit payable at vested retirement date, reduced for early commencement as outlined by the plan document.

#### Cash Balance Benefits

Benefit is based on the greater of the account balance accrued to date and prior plan benefit with at least 3 years of vesting service.

#### Disablement

Upon disability, a participant will continue to earn pay credits based on pre-disability income. These credits will continue until the earlier of age 65, early retirement, or ineligibility.

For non-union and USW Local 7202 (Nantahala) participants as of January 1, 2014, disability occurring on or after July 1, 2014, pay credits will cease upon disability.

For IBEW Local 962 and IBEW Local 962-T participants as of April 1, 2015, disability occurring on or after October 1, 2015, pay credits will cease upon disability.

#### Preretirement Death

The surviving spouse may elect to take the benefit immediately in the form of a lump sum, take the benefit immediately as a single life annuity or defer the benefit to a later date, but no later than April 1 following the year in which the participant would have attained age 72.

The beneficiary of a single participant who dies must receive the benefit immediately as a lump sum. The benefit is based on the account balance at date of death.

## Other Plan Provisions

#### Forms of Payment

Single Life Annuity (normal form for single participants).

100% Joint and Survivor Annuity (normal form for married participants).

50% Joint and Survivor Annuity.

Lump Sum Payment.

Prior plan options grandfathered for participants prior to January 1, 1999.

#### Actuarial Equivalence

##### Conversion of Cash Balance Account to Single Life Annuity

Mortality and interest prescribed under §417(e). Look back month is August prior to the beginning of the plan year.

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|                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conversion of Cash Balance Single Life Annuity to Optional Forms other than Lump Sum | Mortality and interest prescribed under §417(e). Look back month is August prior to the beginning of the plan year.                                                                                                                                                                                                                                        |
| Pension Increases                                                                    | None.                                                                                                                                                                                                                                                                                                                                                      |
| Plan Participants' Contributions                                                     | None required or allowed.                                                                                                                                                                                                                                                                                                                                  |
| Minimum Benefit                                                                      | A participant, who was actively employed immediately before the effective date of the cash balance plan, receives the greater of the cash balance account or the actuarial value of the prior plan protected benefit.                                                                                                                                      |
| Maximum On Benefits and Pay                                                          | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

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## Provisions applicable to Former Participants in the Cinergy Corp. Non-Union Employees' Pension Plan

### Participation

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Employees | <p>Legacy Cinergy employees hired before July 1, 2008 (other than leased employees and legacy Duke employees) not covered by a collective bargaining agreement. For former Trigen-Cinergy Solutions of Rochester LLC Pension Plan ("TCSR plan") participants, the date is December 31, 2008. Effective July 1, 2008 no new hires will enter this section. For former TCSR participants, the date is December 31, 2008.</p> <p>Effective December 31, 2009, the TCSR plan was merged into this plan.</p> <p>If an employee terminates employment and is rehired after December 31, 2013, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive pay credits following rehire.</p> |
| Participation Date | Later of Employment Commencement Date, or age 18. For former TCSR participants, the later of January 1, 2000, Employment Commencement Date, or age 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### Definitions

|                          |                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                  | Employees (other than intermittent or temporary employees) generally earn one month of Service for each calendar month in which he/she is credited with at least one hour of service. Service for this purpose is determined from original date of hire. Other rules may apply prior to January 1, 1998.                                                                    |
| Earnings                 | Generally equal to total salary or wages, including overtime and bonuses, before any reductions under §401(k), §125 and §132(f), but exclusive of any Company contributions to employee benefit plans and additional remuneration or expense reimbursement. Compensation considered for benefit purposes is limited based upon the provision of the IRC Section 401(a)(17). |
| Highest Average Earnings | Highest Average Annual Earnings for any three consecutive calendar years during the last 10 years of Participation, increased by Accrued Banked Vacation Pay, if applicable.                                                                                                                                                                                                |
| Covered Compensation     | 35-year average of Social Security Wage Bases based on Year-of-Birth Table.                                                                                                                                                                                                                                                                                                 |
| Participation            | Employees (other than intermittent or temporary employees) generally earn one month of Participation for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.                                                                                                |
| Normal Retirement Age    | Age 65.                                                                                                                                                                                                                                                                                                                                                                     |

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## Eligibility for Benefits

|                             |                                                                                                                         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement           | Retirement at normal retirement age.                                                                                    |
| Early Retirement            | Age 50 and three years of service. (Five years of service prior to January 1, 2007).                                    |
| Postponed Retirement        | Retirement after normal retirement age.                                                                                 |
| Vested Termination          | Three years of service. (Five years of service prior to January 1, 2007.)                                               |
| Disability                  | Participants are immediately vested upon disability. (Five years of service were required prior to January 1, 2007.)    |
| Preretirement Death Benefit |                                                                                                                         |
| Traditional Program         | Married participants. (Five years of service prior to January 1, 2007.)                                                 |
| Cash Balance Program        | All participants are immediately vested upon death, and the benefit will be paid to the spouse, beneficiary, or estate. |

## Benefits Paid Upon the Following Events

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | <p>Participant's retirement formula is either based on a final average pay formula ("Traditional Program"), a cash balance plan account ("Cash Balance Program"), or a combination of both.</p> <p>Former TCSR plan participants were moved to the Duke cash balance formula effective January 1, 2010. These participants will have their December 31, 2009 final average pay benefit indexed with pay and will be able to elect to receive their final average pay benefit as a lump sum. These participants are included as part of the Traditional Choice group in the descriptions provided in this report.</p> <p>Effective January 1, 2017, Traditional Choice participants had their final average pay frozen as of December 31, 2016.</p> <p>In 2007, Traditional Plan participants were given the choice to stay in the Traditional Program and continue to accrue benefits or to enter the Duke Cash Balance Program with a \$0 opening account balance and a soft freeze (frozen credited service and increasing final average pay) on their Traditional Benefit effective April 1, 2007. Participants who chose to enter the Duke Cash Balance Program were deemed Traditional Choice participants. Effective January 1, 2011, all remaining Traditional Plan participants were automatically moved to the Duke Cash Balance Program for future accruals with a hard freeze on their Traditional Program benefit.</p> <p>Effective January 1, 2007, the plan was amended to adopt the Duke Energy Corporation cash balance formula for new hires and for active Cinergy employees previously in the Balanced and</p> |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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Investor Programs. Certain prior accrued benefits are guaranteed as minimum benefits.

Employees commencing participation after January 1, 2003 and before January 1, 2007 were given the choice between the Balanced and Investor Programs. On January 1, 2003 the plan was amended to allow all existing participants a one-time choice between the Traditional Program, the Balanced Program, and the Investor Program.

Duke Energy Corporation  
Cash Balance Formula

A cash balance benefit with monthly pay credits based on the following schedule:

### Pay Credit by Points for Duke Energy Corporation Cash Balance Formula

| Points | Contribution Credit Percentage                    |
|--------|---------------------------------------------------|
| <35    | 4%, plus 4% of pay over Social Security Wage Base |
| 35-49  | 5%, plus 4% of pay over Social Security Wage Base |
| 50-64  | 6%, plus 4% of pay over Social Security Wage Base |
| >64    | 7%, plus 4% of pay over Social Security Wage Base |

A participant's points as of any January 1 (or date of participation) equal the sum of the attained age and Years of Service on such date, with the sum truncated to drop less than full points.

The monthly interest adjustment is a percentage increase in the account balance. For balances accrued through December 31, 2012, the rate of monthly increase is the average yield on 30-year Treasury bonds for the end of the third full business week of the month prior to the beginning of the calendar quarter in which the particular month occurs, subject to a minimum of 4% and a maximum of 9%. For pay credits accrued on or after January 1, 2013, the rate of monthly interest credit is fixed based on an annual percentage rate of 4%.

Traditional Program

Effective January 1, 2007 (December 19, 2007 for former TCSR participants), the plan was amended to adopt a minimum benefit formula on benefit accruals beginning January 1, 2005. The benefit is the greater of Formula A or Formula B.

Formula A: 1.10% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years); plus 1.55% of FAP multiplied by service over 35 years.

Formula B: Lesser of 1.12% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years) or 1.163% of FAP multiplied by service (maximum 35 years); plus 1.492% of FAP multiplied by service over 35 years.

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### Early Retirement

**Traditional Program** A monthly benefit equal to the Normal Retirement benefit based on Years of Participation and Highest 3-Year Average Earnings at the date of termination. If payments begin before age 62, the payments are reduced by 6.67% per year for the first five years, 3.33% per year for the next four years, and by varying percentages thereafter.

No reductions apply if a participant attains age 55 and, as of his termination date, the sum of his age (in whole years) and service (in whole years) equals or exceeds 85.

**Cash Balance Program** Participants are always entitled to their entire vested cash balance at termination or retirement.

**Postponed Retirement** Monthly pension benefit determined as of actual retirement date.

### Vested Termination

**Traditional Program** A monthly benefit equal to the Normal Retirement benefit based on Highest Average Earnings and years of Participation at the date of termination. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Vested Termination benefits that begin before Normal Retirement will be reduced by the lesser of:

- 5% per year from age 65, and
- 417(e) basis using prescribed mortality and interest with look back month of the August prior to the beginning of the plan year.

Traditional Choice participants can receive this benefit as a lump sum any time after separation from the company.

**Cash Balance Program** Participants are always entitled to their entire vested cash balance at termination or retirement.

### Disability

**Traditional Program** Normal Retirement benefit based on Highest Average Earnings at the date of disability and years of Participation at the date of retirement. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Disability benefits that begin before Normal Retirement will be reduced using the same reductions used for Early Retirement.

Traditional Choice participants can receive this benefit as a lump sum any time after separation from the company. Traditional only participants and Traditional A+B participants with a hard freeze on their Traditional Program benefit do not have the option of a lump sum on their Traditional benefit.

**Cash Balance Program** Upon disability, a participant will continue to earn pay credits based on pre-disability income. These credits will continue until the earlier of age 65, early retirement or ineligibility.

For non-union employees, disability occurring on or after July 1, 2014, pay credits will cease upon disability.

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### Preretirement Death

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Traditional Program  | <p>Under age 50: 100% of Normal Retirement benefit as of the participant's date of death, reduced actuarially for 100% Contingent Annuitant option, and reduced for payment at the participant's earliest retirement eligibility. This benefit can be paid immediately as a lump sum for Traditional Choice participants.</p> <p>Age 50 and older: 100% of Normal Retirement benefit as of the participant's date of death, payable immediately, reduced as applicable for early payment.</p> |
| Cash Balance Program | The participant's beneficiary is entitled to the entire vested cash balance upon the participant's death.                                                                                                                                                                                                                                                                                                                                                                                     |

### Other Plan Provisions

#### Normal Form of Annuity

|                                       |                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Without Spouse                        | Life Annuity.                                                                                                                                                                                                                                                                                                                                               |
| Cash Balance Participants with Spouse | 100% Joint and Survivor Annuity.                                                                                                                                                                                                                                                                                                                            |
| Traditional Participants with Spouse  | Contingent Annuitant option actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 100% of reduced benefit continued to surviving spouse. If spouse dies before participant, benefit increases to life annuity value. This "pop-up" is free. |

#### Optional Forms of Annuity

Employees hired after December 31, 2006: Life Annuity; Lump Sum; Contingent Annuitant (50% or 100%).

Traditional Program Participants and Cash Balance participants who were participants as of December 31, 2006: Life Annuity; Contingent Annuitant with "pop-up" (50%, 66 2/3% or 100%); 10-year Certain and Life; Life Annuity Level Income Option; 100% Contingent Annuitant Level Income Option with pop-up; Lump Sum (Cash Balance Program and Traditional Choice Program).

#### Cash Balance Actuarial Equivalence *Used to convert Cash Balance Account to a Single Life Annuity.*

|           |                                                                                                                                                               |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality | Applicable mortality under IRC Section 417(e).                                                                                                                |
| Interest  | Applicable interest under IRC Section 417(e). Look back month is August prior to the beginning of the Plan Year during which the Annuity Starting Date falls. |

#### Actuarial Equivalence

*Used to convert Single Life Annuity to other optional forms*

|           |                                                                                                                                                               |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality | Applicable mortality under IRC Section 417(e).                                                                                                                |
| Interest  | Applicable interest under IRC Section 417(e). Look back month is August prior to the beginning of the Plan Year during which the Annuity Starting Date falls. |

#### Pension Increases

None.

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|                                  |                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Participants' Contributions | None required or allowed.                                                                                                                                                                                                                                                                                                                                  |
| Maximum on Benefits and Pay      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

|                 |                                 |
|-----------------|---------------------------------|
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## Provisions applicable to Former Participants in the Cinergy Corp. Union Employees' Pension Plan

### Participation

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Employees | Legacy Cinergy employees (other than leased employees) covered by the IBEW Local 1393 collective bargaining agreement.<br><br>Employees hired on or after January 1, 2016 are not eligible to participate in the plan.<br><br>If an employee terminates employment and is rehired after December 31, 2015, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive pay credits following rehire. |
| Participation Date | Later of Employment Commencement Date, or age 18.                                                                                                                                                                                                                                                                                                                                                                                                               |

### Definitions

|                          |                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                  | Employees (other than intermittent or temporary employees) generally earn one month of Service for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.                                                                                                      |
| Earnings                 | Generally equal to total salary or wages, including overtime and bonuses, before any reductions under §401(k), §125 and §132(f), but exclusive of any Company contributions to employee benefit plans and additional remuneration or expense reimbursement. Compensation considered for benefit purposes is limited based upon the provision of the IRC Section 401(a)(17). |
| Highest Average Earnings | Highest Average Annual Earnings for any three consecutive calendar years during the last 10 years of Participation, increased by Accrued Banked Vacation Pay, if applicable.                                                                                                                                                                                                |
| Covered Compensation     | 35-year average of Social Security Wage Bases based on Year-of-Birth Table.                                                                                                                                                                                                                                                                                                 |
| Participation            | Employees (other than intermittent or temporary employees) generally earn one month of Participation for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.                                                                                                |
| Normal Retirement Age    | Age 65.                                                                                                                                                                                                                                                                                                                                                                     |

### Eligibility for Benefits

|                      |                                                                                      |
|----------------------|--------------------------------------------------------------------------------------|
| Normal Retirement    | Retirement at normal retirement age.                                                 |
| Early Retirement     | Age 50 and three years of service. (Five years of service prior to January 1, 2007). |
| Postponed Retirement | Retirement after normal retirement age.                                              |

|                 |                                 |
|-----------------|---------------------------------|
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|                             |                                                                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------|
| Vested Termination          | Three years of service. (Five years of service prior to January 1, 2007.)                                              |
| Disability                  | Participants are immediately vested upon disability. (Five years of service were required prior to January 1, 2007.)   |
| Preretirement Death Benefit |                                                                                                                        |
| Traditional Program         | Married participants. (Five years of service prior to January 1, 2007.)                                                |
| Cash Balance Program        | All participants are immediately vested upon death and the benefit will be paid to the spouse, beneficiary, or estate. |

## Benefits Paid Upon the Following Events

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement         | <p>Participant's retirement formula is either based on a final average pay formula ("Traditional Program"), a cash balance plan account ("Cash Balance Program"), or a combination of both ("Traditional Choice" or "Traditional Frozen").</p> <p>On January 1, 2011, active IBEW 1393 participants in the Balanced and Investor Cash Balance Programs were moved to the Duke Energy Cash Balance Program. Traditional Program participants were given the choice to stay in the Traditional Program and continue to accrue benefits or to enter the Duke Energy Cash Balance Program with a \$0 opening account balance and a soft freeze (frozen credited service and increasing final average pay) on their Traditional Benefit, effective January 1, 2011. These participants are included as part of the Traditional Choice group in the descriptions provided in this report.</p> <p>Effective January 1, 2015, participants who elected to stay in the Traditional Program in 2011 whose age plus service is less than 75 were automatically moved into the Cash Balance Program with a hard freeze on their Traditional Benefit. These participants are included as part of the Traditional Frozen group in the descriptions provided in this report.</p> |
| Duke Cash Balance Formula | <p>A cash balance benefit with monthly pay credits based on the following schedule:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### Pay Credit by Points for Duke Energy Corporation Cash Balance Formula

| Points | Contribution Credit Percentage                    |
|--------|---------------------------------------------------|
| <35    | 4%, plus 4% of pay over Social Security Wage Base |
| 35-49  | 5%, plus 4% of pay over Social Security Wage Base |
| 50-64  | 6%, plus 4% of pay over Social Security Wage Base |

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|                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | >64                  | 7%, plus 4% of pay<br>over Social Security Wage Base                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                      |                      | A participant's points as of any January 1 (or date of participation) equal the sum of the attained age and Years of Service on such date, with the sum truncated to drop less than full points.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      |                      | The monthly interest adjustment is a percentage increase in the account balance. For balances accrued through December 31, 2015, the rate of monthly increase is the average yield on 30-year Treasury bonds for the end of the third full business week of the month prior to the beginning of the calendar quarter in which the particular month occurs, subject to a minimum of 4% and a maximum of 9%.                                                                                                                                                                                                                           |
|                      |                      | For pay credits accrued on or after January 1, 2016 the rate of monthly interest credit is fixed based on an annual percentage rate of 4%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Traditional Program  |                      | Effective January 1, 2007, the plan was amended to adopt a minimum benefit formula on benefit accruals beginning January 1, 2005. The benefit is the greater of Formula A or Formula B.<br><br>Formula A: 1.10% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years); plus 1.55% of FAP multiplied by service over 35 years.<br><br>Formula B: Lesser of 1.12% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years) or 1.163% of FAP multiplied by service (maximum 35 years); plus 1.492% of FAP multiplied by service over 35 years. |
| Early Retirement     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      | Traditional Program  | A monthly benefit equal to the Normal Retirement benefit based on Years of Participation and Highest 3-Year Average Earnings at the date of termination. If payments begin before age 62, the payments are reduced by 6.67% per year for the first five years, 3.33% per year for the next four years, and by varying percentages thereafter.<br><br>No reductions apply if a participant attains age 55 and, as of his termination date, the sum of his age (in whole years) and service (in whole years) equals or exceeds 85.                                                                                                     |
|                      | Cash Balance Program | Participants are always entitled to their entire vested cash balance at termination or retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Postponed Retirement |                      | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Vested Termination   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                      | Traditional Program  | A monthly benefit equal to the Normal Retirement benefit based on Highest Average Earnings and years of Participation at the date of termination. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Vested Termination                                                                                                                                                                                                                                                                                                                                                                 |

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benefits that begin before Normal Retirement will be reduced by the lesser of:

- 5% per year from age 65, and
- 417(e) basis using prescribed mortality and interest with look back month of the August prior to the beginning of the plan year.

Traditional Choice participants can receive this benefit as a lump sum any time after separation from the company.

Cash Balance Program Participants are always entitled to their entire vested cash balance at termination or retirement.

### Disability

Traditional Program Normal Retirement benefit based on Highest Average Earnings at the date of disability and years of Participation at the date of retirement. Payments may begin after the eligibility requirements for Early Retirement have been satisfied.

Disability benefits that begin before Normal Retirement will be reduced using the same reductions used for Early Retirement.

Cash Balance Program Upon disability, a participant will continue to earn pay credits based on pre-disability income. These credits will continue until the earlier of age 65, early retirement, or ineligibility.

For disabilities occurring on or after July 1, 2016 pay credits will cease upon disability.

Participants are always entitled to their entire vested cash balance upon disability.

### Preretirement Death

Traditional Program Under age 50: 100% of Normal Retirement benefit as of the participant's date of death, reduced actuarially for 100% Contingent Annuitant option, and reduced for payment at the participant's earliest retirement eligibility. This benefit can be paid immediately as a lump sum for Traditional Choice participants.

Age 50 and older: 100% of Normal Retirement benefit as of the participant's date of death, payable immediately, reduced as applicable for early payment.

Cash Balance Program The participant's beneficiary is entitled to the entire vested cash balance upon the participant's death.

## Other Plan Provisions

### Normal Form of Annuity

Without Spouse Life Annuity.

Cash Balance Participants with Spouse 100% Contingent Annuitant option.

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|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Traditional Participants with Spouse | 100% Contingent Annuitant option actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 100% of reduced benefit continued to surviving spouse. If spouse dies before participant, benefit increases to life annuity value. This "pop-up" is free.                                                                                                                                                                                                                                                                                                       |
| Optional Forms of Annuity            | <p>Employees hired after January 1, 2011: Life Annuity; Lump Sum; Contingent Annuitant (50% or 100%).</p> <p>Employees hired before January 1, 2011: Life Annuity; Contingent Annuitant with "pop-up" (50%, 66 2/3% or 100%); 10-year Certain and Life; Life Annuity Level Income Option; 100% Contingent Annuitant Level Income Option with pop-up.</p> <p>A Lump Sum option is available on the Cash Balance program benefits for all participants. A Lump Sum option is available on the Traditional Program benefit for Traditional Choice participants. Traditional Frozen participants are not eligible for a Lump Sum on their Traditional Program benefit.</p> |
| Cash Balance Actuarial Equivalence   | <i>Used to convert Cash Balance Account to a Single Life Annuity.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mortality                            | Applicable mortality under IRC Section 417(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Interest                             | Applicable interest under IRC Section 417(e). Look back month is August prior to the beginning of the Plan Year during which the Annuity Starting Date falls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Actuarial Equivalence                | <i>Used to convert Single Life Annuity to other optional forms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mortality                            | Applicable mortality under IRC Section 417(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Interest                             | Applicable interest under IRC Section 417(e). Look back month is August prior to the beginning of the Plan Year during which the Annuity Starting Date falls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pension Increases                    | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Plan Participants' Contributions     | None required or allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Maximum on Benefits and Pay          | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.                                                                                                                                                                                                                                                                                                             |

|                 |                                 |
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# SCHEDULE SB ATTACHMENTS

## Provisions applicable to Former Participants in the Cinergy Corp. Union Employees' Retirement Income Plan

### Participation

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Employees | <p>Legacy Cinergy employees (other than leased employees) covered by a collective bargaining agreement which provides for participation in the plan.</p> <p>If an IBEW 1347 employee terminates employment and is rehired after December 31, 2014, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive cash balance pay credits following rehire.</p> <p>IBEW 1347 employees hired on or after January 1, 2015 are not eligible to participate in the plan.</p> <p>If an UWUA employee terminates employment and is rehired after December 31, 2015, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive cash balance pay credits following rehire.</p> <p>UWUA employees hired on or after January 1, 2016 are not eligible to participate in the plan.</p> <p>If an USW Local 5541-06 or USW Local 12049 employee terminates employment and is rehired after December 31, 2016, the employee will continue to receive interest credits on any undistributed cash balance account, but will not receive cash balance pay credits following rehire.</p> <p>USW Local 5541-06 or USW Local 12049 employees hired on or after January 1, 2017 are not eligible to participate in the plan.</p> |
| Participation Date | Later of Employment Commencement Date, or age 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Definitions

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service                  | Employees (other than intermittent or temporary employees) generally earn one month of Service for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.                                                                                                                                                          |
| Earnings                 | Generally equal to total salary or wages, including overtime and bonuses, before any reductions under §401(k), §125 and §132(f), but exclusive of any Company contributions to employee benefit plans and additional remuneration or expense reimbursement. Compensation considered for benefit purposes is limited based upon the provision of the IRC Section 401(a)(17). Excludes military leave pay from eligible earnings. |
| Highest Average Earnings | Highest Average Annual Earnings for any three consecutive calendar years during the last 10 years of Participation, increased by Accrued Banked Vacation Pay, if applicable.                                                                                                                                                                                                                                                    |
| Covered Compensation     | 35-year average of Social Security Wage Bases based on Year-of-Birth Table.                                                                                                                                                                                                                                                                                                                                                     |

|                 |                                 |
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Participation Employees (other than intermittent or temporary employees) generally earn one month of Participation for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.

Normal Retirement Age Age 65.

## Eligibility for Benefits

|                             |                                                                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement           | Retirement at normal retirement age.                                                                                   |
| Early Retirement            | Age 50 and three years of service. (Five years of service prior to January 1, 2007).                                   |
| Postponed Retirement        | Retirement after normal retirement age.                                                                                |
| Vested Termination          | Three years of service. (Five years of service prior to January 1, 2007.)                                              |
| Disability                  | Participants are immediately vested upon disability. (Five years of service were required prior to January 1, 2007.)   |
| Preretirement Death Benefit |                                                                                                                        |
| Traditional Program         | Married participants. (Five years of service prior to January 1, 2007.)                                                |
| Cash Balance Program        | All participants are immediately vested upon death and the benefit will be paid to the spouse, beneficiary, or estate. |

## Benefits Paid Upon the Following Events

Normal Retirement Participant's retirement formula is either based on a final average pay formula ("Traditional Program"), a cash balance plan account ("Cash Balance Program"), or a combination of both ("Traditional Choice" or "Traditional Frozen").

### USW Employees

On January 1, 2008, active participants governed by a collective bargaining agreement with the United Steelworkers of America, Local 12049 and Local 5541-06 (a "USW Employee") in the Balanced and Investor Cash Balance Programs were moved to the Duke Energy Cash Balance Program. Traditional Program USW participants were given the choice to stay in the Traditional Program and continue to accrue benefits or to enter the Duke Energy Cash Balance Program with a \$0 opening account balance and a soft freeze (frozen credited service and increasing final average pay) on their Traditional Benefit, effective January 1, 2008. These participants are included as part of the Traditional Choice group in the descriptions provided in this report.

Effective January 1, 2012, participants who elected to stay in the Traditional Program in 2008 who are not age 50 with 25 years of service were automatically moved into the Duke Energy Cash Balance Program with a hard freeze on their Traditional Benefit. These participants are included as part of the Traditional Frozen group in the descriptions provided in this report. Participants who meet the age 50 and 25 years of service requirement were allowed another choice to move to the Duke Energy Cash Balance program effective January 1, 2012.

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## **IBEW 352 (inactive group)**

Balanced and Investor Cash Balance Program participants governed by a collective bargaining agreement with the International Brotherhood of Electrical Workers, Local 352 (an "IBEW 352 Employee") were moved to the Duke Energy Cash Balance Program on July 1, 2008.

## **ERA (inactive group)**

Balanced and Investor Cash Balance Program participants governed by a collective bargaining agreement with the Employees' Representation Association (an "ERA Employee") were moved to the Duke Energy Cash Balance Program on January 1, 2009.

## **UWUA**

On January 1, 2009, active participants governed by a collective bargaining agreement with the Utility Workers of America, Local 600 (a "UWUA Employee") in the Balanced and Investor Cash Balance Programs were moved to the Duke Energy Cash Balance Program. Traditional Program UWUA participants were given the choice to stay in the Traditional Program and continue to accrue benefits or to enter the Duke Energy Cash Balance Program with a \$0 opening account balance and a soft freeze (frozen credited service and increasing final average pay) on their Traditional Benefit effective January 1, 2009. These participants are included as part of the Traditional Choice group in the descriptions provided in this report.

Effective January 1, 2013, participants who elected to stay in the Traditional Program in 2009 who are not age 50 with 25 years of service were automatically moved into the Duke Energy Cash Balance Program with a hard freeze on their Traditional Benefit. These participants are included as part of the Traditional Frozen group in the descriptions provided in this report.

Participants who meet the age 50 and 25 years of service requirement were allowed another choice to move to the Duke Energy Cash Balance program effective January 1, 2013.

## **IBEW 1347**

On January 1, 2010, active participants governed by a collective bargaining agreement with Local Union 1347 of the International Brotherhood of Electrical Workers (an "IBEW 1347 Employee") in the Balanced and Investor Cash Balance Programs were moved to the Duke Energy Cash Balance Program. Traditional Program IBEW 1347 participants were given the choice to stay in the Traditional Program and continue to accrue benefits or to enter the Duke Energy Cash Balance Program with a \$0 opening account balance and a soft freeze (frozen credited service and increasing final average pay) on their Traditional Benefit effective January 1, 2010. These participants are included as part of the Traditional Choice group in the descriptions provided in this report.

Effective January 1, 2014, participants who elected to stay in the Traditional Program in 2010 whose age plus service is less than 75 were automatically moved into the Cash Balance Program with a hard freeze on their Traditional Benefit. These participants are included as part of the Traditional Frozen group in the descriptions provided in this report.

|                 |                                 |
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Duke Cash  
Balance Formula

A cash balance benefit with monthly pay credits based on the following schedule:

## Pay Credit by Points for Duke Energy Corporation Cash Balance Formula

| Points | Contribution Credit Percentage                    |
|--------|---------------------------------------------------|
| <35    | 4%, plus 4% of pay over Social Security Wage Base |
| 35-49  | 5%, plus 4% of pay over Social Security Wage Base |
| 50-64  | 6%, plus 4% of pay over Social Security Wage Base |
| >64    | 7%, plus 4% of pay over Social Security Wage Base |

A participant's points as of any January 1 (or date of participation) equal the sum of the attained age and Years of Service on such date, with the sum truncated to drop less than full points.

The monthly interest adjustment is a percentage increase in the account balance. The rate of monthly increase is the average yield on 30-year Treasury bonds for the end of the third full business week of the month prior to the beginning of the calendar quarter in which the particular month occurs. The interest factor will not be greater than an annual percentage rate of 9% and not less than 4%.

For IBEW 1347 pay credits accrued on or after January 1, 2015, the monthly interest credit is fixed based on an annual percentage rate of 4%.

For UWUA pay credits accrued on or after January 1, 2016, the monthly interest credit is fixed based on an annual percentage rate of 4%.

For USW Local 5541-06 or USW Local 12049 pay credits accrued on or after January 1, 2017, the monthly interest credit is fixed based on an annual percentage rate of 4%.

Traditional Program

Effective January 1, 2007, the plan was amended to adopt a minimum benefit formula on benefit accruals beginning January 1, 2005. The benefit is the greater of Formula A or Formula B.

Formula A: 1.10% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years); plus 1.55% of FAP multiplied by service over 35 years.

Formula B: Lesser of 1.12% of FAP plus 0.50% of FAP in excess of Covered Compensation multiplied by service (maximum 35 years) or 1.163% of FAP multiplied by service (maximum 35 years); plus 1.492% of FAP multiplied by service over 35 years.

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### Early Retirement

#### Traditional Program

A monthly benefit equal to the Normal Retirement benefit based on Years of Participation and Highest 3-Year Average Earnings at the date of termination. If payments begin before age 62, the payments are reduced by 6.67% per year for the first five years, 3.33% per year for the next four years, and by varying percentages thereafter.

No reductions apply if a participant attains age 55 and, as of his termination date, the sum of his age (in whole years) and service (in whole years) equals or exceeds 85.

#### Cash Balance Program

Participants are always entitled to their entire vested cash balance at termination or retirement.

### Postponed Retirement

Monthly pension benefit determined as of actual retirement date.

### Vested Termination

#### Traditional Program

A monthly benefit equal to the Normal Retirement benefit based on Highest Average Earnings and years of Participation at the date of termination. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Vested Termination benefits that begin before Normal Retirement will be reduced by the lesser of:

- 5% per year from age 65, and
- 417(e) basis using prescribed mortality and interest with look back month of the August prior to the beginning of the plan year.

Traditional Choice participants can receive this benefit as a lump sum any time after separation from the company.

#### Cash Balance Program

Participants are always entitled to their entire vested cash balance at termination or retirement.

### Disability

#### Traditional Program

Normal Retirement benefit based on Highest Average Earnings at the date of disability and years of Participation at the date of retirement. Payments may begin after the eligibility requirements for Early Retirement have been satisfied. Disability benefits that begin before Normal Retirement will be reduced using the same reductions used for Early Retirement.

Traditional Choice participants can receive this benefit as a lump sum any time after separation from the company.

#### Cash Balance Program

Participants are always entitled to their entire vested cash balance upon disability.

For IBEW 1347 participants as of January 1, 2015, disability occurring on or after July 1, 2015, pay credits will cease upon disability.

For UWUA participants as of January 1, 2016, disability occurring on or after July 1, 2016, pay credits will cease upon disability.

For USW Local 5541-06 or USW Local 12049 participants who become disabled on or after July 1, 2017, pay credits will cease upon disability.

### Preretirement Death

#### Traditional Program

Under age 50: 100% of Normal Retirement benefit as of the participant's date of death, reduced actuarially for 100% Contingent Annuitant option, and

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reduced for payment at the participant's earliest retirement eligibility. This benefit can be paid immediately as a lump sum for Traditional Choice participants.

Age 50 and older: 100% of Normal Retirement benefit as of the participant's date of death, payable immediately, reduced as applicable for early payment.

### Cash Balance Program

The participant's beneficiary is entitled to the entire vested cash balance upon the participant's death.

## Other Plan Provisions

### Normal Form of Annuity

#### Without Spouse

Life Annuity.

#### Cash Balance Participants with Spouse

100% Contingent Annuitant option.

#### Traditional Participants with Spouse

100% Contingent Annuitant option actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 100% of reduced benefit continued to surviving spouse. If spouse dies before participant, benefit increases to life annuity value. This "pop-up" is free.

### Optional Forms of Annuity

Employees hired after the Coverage Effective Date (as defined by the plan that varies for each particular union group): Life Annuity; Lump Sum; Contingent Annuitant (50% or 100%).

Employees hired before the Coverage Effective Date: Life Annuity; Contingent Annuitant with "pop-up" (50%, 66 2/3% or 100%); 10-year Certain and Life; Life Annuity Level Income Option; 100% Contingent Annuitant Level Income Option with pop-up.

A Lump Sum option is available on the Cash Balance program benefits for all participants. A Lump Sum option is available on the Traditional Program benefit for Traditional Choice participants. Traditional Frozen participants are not eligible for a Lump Sum on their Traditional Program benefit.

### Actuarial Equivalence

#### Mortality

Applicable mortality under IRC Section 417(e).

#### Interest

Applicable interest under IRC Section 417(e). Look back month is August prior to the beginning of the Plan Year during which the Annuity Starting Date falls.

### Pension Increases

None.

### Plan Participants' Contributions

None required or allowed.

### Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

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## Provisions applicable to Former Participants in the Progress Energy Pension Plan

### Participation

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Employees | <p>Legacy Progress Energy Employees not covered by a collective bargaining agreement. Leased employees are not eligible for the plan.</p> <p>Employees of North Carolina Natural Gas Corporation ("NCNG") automatically became members as of January 1, 2000.</p> <p>Non-union employees of Florida Progress automatically became members as of January 1, 2002.</p> <p>Employees hired on or after January 1, 2014 are not eligible to participate in this section of the plan.</p> <p>From January 1, 2014 through December 31, 2015, participants in the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation are eligible to transfer into the plan and become a participant.</p> |
| Participation Date | Employees participate immediately after completing one hour of service (effective January 1, 2014).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Definitions

|                       |                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting Service       | <p>A participant receives vesting service from the later of date of hire and the participant's 18th birthday. Employees of NCNG who were sold to Piedmont Natural Gas Corporation were fully vested as of December 31, 1999.</p> <p>If an employee terminates and is rehired within twelve months, the period of severance will be included in his vesting service.</p> |
| Benefit Service       | A participant receives benefit service from the later of date of hire and the participant's 18th birthday.                                                                                                                                                                                                                                                              |
| Plan Year             | January 1 to December 31                                                                                                                                                                                                                                                                                                                                                |
| Compensation          | Effective January 1, 2014, Box 1 W-2 pay plus \$401(k), \$125 and \$132(f) deferrals plus pre-tax deferrals under Duke Energy Corporation Executive Savings Plan less severance pay, certain expenses, bonuses for performance periods exceeding a year, and long term incentives (including stock based awards). Compensation prior to 2014 is base pay.               |
| Normal Retirement Age | Age 65                                                                                                                                                                                                                                                                                                                                                                  |

### Eligibility for Benefits

|                      |                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement    | Retirement at normal retirement age                                                                                                                                                                                                                                                                                                                                                |
| Early Retirement     | <p>Cash Balance: Age 55 and completing three years of vesting service</p> <p>CP&amp;L Final Average Pay (FAP): Age 55 and completing 15 years of vesting service, or completed 35 years of vesting service regardless of age</p> <p>NCNG FAP: Age 55 and completing 20 years of vesting service</p> <p>Florida Progress FAP: Age 55 and completing 15 years of vesting service</p> |
| Postponed Retirement | Retirement after normal retirement age                                                                                                                                                                                                                                                                                                                                             |

|                 |                                 |
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|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vested Retirement           | <p>Cash Balance: At least three years of vesting service. Eligible for early commencement upon termination.</p> <p>CP&amp;L FAP: At least five years of vesting service (vesting changed to 5 years 10-1-1987). Eligible for early commencement at 55 with at least 15 years of vesting service.</p> <p>NCNG FAP: At least five years of vesting service. Eligible for early commencement at age 55 if at least 20 years of vesting service.</p> <p>Florida Progress FAP: At least five years of vesting service. Eligible for early commencement at age 55.</p> |
| Disability                  | Participants are vested immediately upon eligibility for Social Security Disability, Duke Energy Disability Plan benefits, or benefits of another Long-Term Disability plan maintained by Duke Energy.                                                                                                                                                                                                                                                                                                                                                           |
| Preretirement Death Benefit | Participants are vested immediately upon death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Benefits Paid Upon the Following Events

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | <p>For CP&amp;L employees, the retirement benefit is the greater of (A) the cash balance based on the opening account balance calculated for Progress Energy as of January 1, 1999, and (B) the frozen final average pay formula pension.</p> <p>For Florida Progress and NCNG employees, the retirement benefit is equal to the sum of (A) the cash balance account and (B) a frozen final average pay formula pension prior to the cash balance conversion (January 1, 2000 for NCNG and January 1, 2002 for Florida Progress).</p> <p>Effective January 1, 2014, the cash balance ("A") account consists of two subaccounts:</p> <ol style="list-style-type: none"><li>1. Portion of cash balance attributable to pay credits earned prior to December 31, 2013 under the Progress Energy cash balance formula. The account will increase with interest on an annual basis.</li><li>2. Second subaccount established January 1, 2014 for future pay and interest credits, which will be applied on a monthly basis according to the Duke Energy Cash Balance formula.</li></ol> <p>Beginning January 1, 2014, the pay credit percentage is determined by points and is credited to the participant monthly, as follows:</p> |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Pay Credit Percentage by Points at the Beginning of the Year

| Points | Pay Credit Percentage                             |
|--------|---------------------------------------------------|
| <35    | 4%, plus 4% of pay over Social Security Wage Base |
| 35-49  | 5%, plus 4% of pay over Social Security Wage Base |
| 50-64  | 6%, plus 4% of pay over Social Security Wage Base |
| >64    | 7%, plus 4% of pay over Social Security Wage Base |

|                 |                                 |
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A participant's points as of any January 1 (or date of participation) equal the sum of the attained age and benefit service on such date, with the sum truncated to drop less than full points.

An opening cash balance based on the pre-1999 plan was provided based on the existing accrued benefit and age at conversion for CP&L employees.

The account balance is increased at a fixed rate of 4% per year. For the balance attributable to pay credits occurring before December 31, 2013, the adjustment is done on an annual basis. For the balance attributable to pay credits occurring on or after January 1, 2014, pay credits and interest credits are credited monthly.

### Early Retirement

Cash Balance: Cash balance account converted to the actuarially equivalent life annuity (for former CP&L participants, this is subject to a prior plan minimum reduced for early retirement)

CP&L FAP:

- For participants with less than 15 years of service (used only in prior plan minimum), annuity benefit reduced using the lesser of:
  - Actuarial equivalence reduction factors ranging from .047 to .90, and
  - 417(e) basis using prescribed mortality and interest with look back month of the August prior to the beginning of the plan year.
- For participants between 15 and 20 years of service, annuity benefit reduced by 2.5% per year which precedes the normal retirement date
- For participants with at least 20 years of service, annuity benefit is reduced from age 62 using factors ranging from .75 to .90.

NCNG FAP: The lesser of:

- 6-2/3 percent reduction from age 65 for first five years and 3-1/3 percent reduction for next five years from age 60, and
- 417(e) basis using prescribed mortality and interest with look back month of the August prior to the beginning of the plan year.

■ Florida Progress FAP:

- For participants between 15 and 20 years of service, annuity benefit reduced 6% per year from age 62 to 57 and 5% per year from age 57 to 55
- For participants between 20 and 35 years of service, annuity benefit reduced 7% per year from age 60
- For participants with at least 35 years of service, no reduction in annuity benefit

### Postponed Retirement

For the portion of benefits accrued through December 31, 2013, the benefit is based on greater of actuarially increased normal retirement benefit or late retirement benefit based on service and pay through late retirement date. For the portion of benefits accrued on or after January 1, 2014, the benefit is subject to the suspension of benefits rules and not subject to actuarial increases.

### Vested Retirement

Cash Balance: Cash balance account converted to the actuarially equivalent life annuity

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### CP&L FAP:

- For participants with less than 15 years of service, benefit payable at Normal Retirement
- For participants with at least 15 years of service, benefit payable at Early Retirement, subject to vested termination early retirement reduction factors

### NCNG FAP:

- For participants with less than 20 years of service, benefit payable at Normal Retirement
- For participants with at least 20 years of service, benefit payable at Early Retirement

### Florida Progress FAP:

- For participants between 5 and 15 years of service, benefit payable at Early Retirement, subject to vested termination early retirement reduction factors
- For participants with at least 15 years of service, benefit payable at Early Retirement
- Note: QPSA charges are imposed on the calculation of the above Vested Retirement benefit for the period of coverage that precedes January 1, 2014, subject to the following schedule:

| Participant's Age While Coverage is in Effect | Percent Reduced for Each Year of Coverage |
|-----------------------------------------------|-------------------------------------------|
| Less than 40                                  | 0.10%                                     |
| 40-49                                         | 0.25%                                     |
| 50-54                                         | 0.45%                                     |
| 55-59                                         | 0.65%                                     |
| 60-64                                         | 0.80%                                     |
| 65 or older                                   | 0.00%                                     |

### Disability

Upon disability prior to July 1, 2014, a participant will continue to earn pay credits based on pre-disability income. These credits will continue until the earlier of the participant's annuity starting date, or ineligibility. For disability occurring on or after July 1, 2014, pay credits will cease upon disability.

### Preretirement Death

Cash Balance: The benefit based on the account balance at date of death.

- The surviving spouse may elect to take the benefit immediately in the form of a lump sum or single life annuity, or defer the benefit to a later date.
- The beneficiary of a single participant who dies must receive the benefit as a lump sum as soon as administratively possible.
- CP&L and NCNG FAP: For married participants, 50% of the reduced 50% J&S benefit the participant would have received had he/she died immediately prior to retirement. No death benefit is payable to single participants.
- Florida Progress FAP:
- For married participants between 5 and 10 years of service, 50% of the reduced 50% J&S benefit the participant would have received had he/she died immediately prior to retirement, payable at the participant's normal retirement date

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For married participants with at least 10 years of service, the greater of A) 50% of the reduced 50% J&S benefit the participant would have received had he/she died immediately prior to retirement, payable immediately, or B) a death benefit payable immediately based on the following schedule:

| Participant's Age at Death | Death Benefit, as a % of Normal Retirement Benefit* |
|----------------------------|-----------------------------------------------------|
| Less than 35               | 10%                                                 |
| 35 – 39                    | 15%                                                 |
| 40-44                      | 20%                                                 |
| 45-49                      | 25%                                                 |
| 50-54                      | 30%                                                 |
| 55-59                      | 35%                                                 |
| 60 or older                | 40%                                                 |

\*Note: any age difference between the spouse and participant that is more than five years will be reduced/increased by 1.50%

### Other Plan Provisions

#### Forms of Payment (Cash Balance Benefits)

Single Life Annuity (normal form for single participants)  
50% Joint and Survivor Annuity (normal form for married participants)  
75% and 100% Joint and Survivor Annuity (with pop-up)  
10-Year Certain and Life Annuity (only if eligible for CP&L prior plan FAP)  
Lump Sum Payment  
Partial Lump Sum (25%, 50%, 75%), if age 50 or older, minimum annuity of \$500 per month  
Refund Annuity  
Social Security Level Income Option (only if eligible for CP&L prior plan FAP)  
Other optional forms are available for NCNG and Florida FAP benefits with separate elections.

#### Actuarial Equivalence

*Conversion of Cash Balance Account to Single Life Annuity for balance attributed to pay credits through December 31, 2013 is determined as the greater of:*

- Applicable mortality under IRC Section 417(e) in effect on December 31, 2007 and 30-year treasury rate from August of the prior plan year for ages after 65; for ages prior to 65, the rate is increased by 50 basis points, or
- Applicable mortality and interest prescribed under 417(e) with a look back month of the August prior to the beginning of the plan year.

*Conversion of Cash Balance Account to Single Life Annuity attributed to pay credits on or after January 1, 2014*

- Mortality and Interest prescribed under 417(e). Look back month is August prior to the beginning of the plan year.

Total single life annuity is converted to optional annuity forms using mortality and interest prescribed under §417(e), with look back month of August prior to the beginning of the plan year.

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|                                  |                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pension Increases                | None                                                                                                                                                                                                                                                                                                                                                       |
| Plan Participants' Contributions | None required or allowed.                                                                                                                                                                                                                                                                                                                                  |
| Minimum Benefit                  | A participant, if he or she was actively employed immediately before the effective date of the cash balance plan, receives the greater of the cash balance account or the actuarial value of the prior plan protected benefit.                                                                                                                             |
| Benefit Limitations              | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. |

|                 |                                 |
|-----------------|---------------------------------|
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## Provisions applicable to Former Participants of the Retirement Plan for Bargaining Unit Employees of Florida Progress Corporation

### Participation

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Employees | <p>Employees covered by a Florida Progress collective bargaining agreement, excluding any Leased Employees.</p> <p>Participation in the Plan is closed effective December 31, 2017. Eligible employees hired or rehired on or after January 1, 2018 will not reenter the Plan for purposes of continued accruals for future service or pay. Where applicable, an employee who is rehired on or after January 1, 2018 will continue to receive interest credits on any undistributed cash balance account, but will not receive cash balance pay credits following rehire.</p> <p>On October 19, 2020 participants eligible for the current Cash Balance Formula were offered a one-time choice to move to the Enhanced 401(k) Benefit in the Retirement Savings Plan, effective January 1, 2021. Participants who elected to move to the Enhanced 401(k) Benefit continue to receive interest credits on any undistributed cash balance account, but do not receive any future pay credits.</p> |
| Participation Date | First of the month following hire date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                           |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuous Service           | Employees (other than intermittent or temporary employees) generally earn one year of Service for each calendar year in which he/she is credited with at least 1,000 hours of service. Service for this purpose is determined from original date of hire. Other rules may apply prior to January 1, 1998. |
| Credited Service             | Elapsed time                                                                                                                                                                                                                                                                                              |
| Earnings                     | Base pay plus differential before salary reductions under Sections 125, 132(f) and 401(k).                                                                                                                                                                                                                |
| Final Average Earnings (FAE) | Highest Average Annual Earnings for any 48 consecutive months during the last 10 years of Participation, or the highest 4 calendar years of employment, whichever is greater.                                                                                                                             |
| Covered Compensation         | 35-year average of Social Security Wage Bases based on Year-of-Birth Table.                                                                                                                                                                                                                               |
| Participation                | Employees (other than intermittent or temporary employees) generally earn one month of Participation for each calendar month in which he/she is a participant in the Plan and is credited with at least one hour of service. Other rules may apply prior to January 1, 1998.                              |

|                 |                                 |
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## Eligibility for Benefits

|                             |                                                                                                                         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement           | Retirement at normal retirement age.                                                                                    |
| Early Retirement            | Age 50 and three years of service. (Five years of service prior to January 1, 2007).                                    |
| Postponed Retirement        | Retirement after normal retirement age.                                                                                 |
| Vested Termination          | Three years of service. (Five years of service prior to January 1, 2007.)                                               |
| Disability                  | Participants are immediately vested upon disability. (Five years of service were required prior to January 1, 2007.)    |
| Preretirement Death Benefit |                                                                                                                         |
| Traditional Program         | Married participants. (Five years of service prior to January 1, 2007.)                                                 |
| Cash Balance Program        | All participants are immediately vested upon death, and the benefit will be paid to the spouse, beneficiary, or estate. |

## Benefits Paid Upon the Following Events

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                            | <p>Participant's retirement formula is either based on a final average pay formula ("Final Pay Formula") or a cash balance plan account ("Cash Balance Formula"), depending on date of original hire.</p> <p>Final Pay Formula participants were hired before January 1, 2003.</p> <p>Cash Balance Formula participants are hired on or after January 1, 2003.</p> <p>Cash Balance Formula participants who elected the one-time choice to move to the Enhanced 401(k) Benefit, effective January 1, 2021, continue to receive interest credits on any undistributed cash balance account, but do not receive any future pay credits.</p> |
| Duke Energy Corporation Cash Balance Formula | A cash balance benefit with monthly pay credits based on the following schedule:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

### Pay Credit Percentage

| <u>Age</u> | <u>Contribution Credit Percentage</u>                      |
|------------|------------------------------------------------------------|
| <35        | 3% + 3% of pay over 80% of Social Security Wage Base       |
| 35-39      | 3.5% + 3.5% of pay over 80% of Social Security Wage Base   |
| 40-44      | 4.25% + 4.25% of pay over 80% of Social Security Wage Base |
| 45-49      | 5% + 5% of pay over 80% of Social Security Wage Base       |

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|-------|------------------------------------------------------|
| 50-54 | 6% + 6% of pay over 80% of Social Security Wage Base |
| >=55  | 7% + 7% of pay over 80% of Social Security Wage Base |

Interest adjustment as determined by the Board of Directors is given at the end of each plan year. Beginning January 1, 2011, the interest rate will be no more than a market rate of interest as described in Code Section 411(b)(5)(b)(i)(I). The rate of interest is as follows:

| Interest Credit Rate Schedule |                             |
|-------------------------------|-----------------------------|
| <u>Year</u>                   | <u>Annual Interest Rate</u> |
| 1999                          | 7.5%                        |
| 2000-2004                     | 6.0%                        |
| 2005-2007                     | 5.0%                        |
| 2008-2010                     | 5.5%                        |
| 2011-2012                     | 5.0%                        |
| 2013+                         | 4.0%                        |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Final Pay Formula    | 1.80% of FAE multiplied by credited service (maximum 35 years), to a maximum of 63% of FAE; less 1-1/7% of Social Security benefit multiplied by credited service (maximum 35 years), to a maximum of 40% of the Social Security Benefit                                                                                                                                                                  |
| Early Retirement     |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Final Pay Formula    | <ul style="list-style-type: none"> <li>For participants between 15 and 20 years of service, annuity benefit reduced 6% per year from age 62 to 57 and 5% per year from age 57 to 55</li> <li>For participants between 20 and 35 years of service, annuity benefit reduced 7% per year from age 60</li> <li>For participants with at least 35 years of service, no reduction in annuity benefit</li> </ul> |
| Cash Balance Formula | Cash balance account converted to the actuarially equivalent life annuity                                                                                                                                                                                                                                                                                                                                 |
| Postponed Retirement | Benefit is based on greater of actuarially increased normal retirement benefit or late retirement benefit based on service and pay through late retirement date.                                                                                                                                                                                                                                          |
| Vested Termination   |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Final Pay Formula    | <ul style="list-style-type: none"> <li>For participants with less than 15 years of service, benefit payable at Normal Retirement</li> <li>For participants with at least 15 years of service, benefit payable at Early Retirement</li> </ul>                                                                                                                                                              |

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- Note: For participants who terminated before January 1, 2007, QPSA charges are imposed on the calculation of the above Vested Retirement benefit for the period of coverage that precedes January 1, 2014, subject to the following schedule:

| Participant's Age While Coverage is in Effect | Percent Reduced for Each Year of Coverage |
|-----------------------------------------------|-------------------------------------------|
| Less than 40                                  | 0.10%                                     |
| 40-49                                         | 0.25%                                     |
| 50-54                                         | 0.45%                                     |
| 55-59                                         | 0.65%                                     |
| 60-64                                         | 0.80%                                     |
| 65 or older                                   | 0.00%                                     |

Cash Balance Formula

Cash balance account converted to the actuarially equivalent life annuity

Disability

Final Pay Formula

- For early retirement eligible participants, the benefit during period of disability is the greater of A) 40% of High-4 Pay minus 40% of Social Security Disability Benefit, or B) early retirement benefit, not greater than the projected age 65 Normal Retirement benefit (based on future service and level pay to age 65)
- For non-early retirement eligible participants, the benefit during period of disability is equal to 40% of High-4 Pay minus 40% of Social Security Disability Benefit, not greater than the projected age 65 Normal Retirement benefit (based on future service and level pay to age 65)
- For participants with at least 10 years of service, benefit during period of disability is payable until Normal Retirement Date; otherwise, the benefit during period of disability is payable as an x-year certain, where "x" equals years of service prior to disability date.
- At Normal Retirement, the benefit is recalculated to compare the benefit payable during disability and compare it to the Normal Retirement benefit (based on future service and level pay to age 65). If the participant has 10 years of service, they will receive the greater of the recalculated benefit or the benefit received during period of disability. If the participant has less than 10 years of service, they will receive their Normal Retirement benefit (based on future service and level pay to age 65).

Cash Balance Formula

- Greater of (A) 40% of High-4 Pay minus 40% of Social Security Disability Benefit, or (B) actuarially equivalent cash balance account as of date of disability, but not to exceed (C) the projected Normal Retirement amount assuming the participant were to continue working at the same level of pay.

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- For participants with at least 10 years of service, benefit during period of disability is payable until Normal Retirement Date; otherwise, the benefit during period of disability is payable as an x-year certain, where "x" equals years of service prior to disability date.
- At Normal Retirement, the benefit is recalculated to compare the benefit payable during disability and compare it to the Normal Retirement benefit (based on future service and level pay to age 65). If the participant has 10 years of service, they will receive the greater of the recalculated benefit or the benefit received during period of disability. If the participant has less than 10 years of service, they will receive their Normal Retirement benefit (based on future service and level pay to age 65).

### Preretirement Death

#### Final Pay Formula

- For married participants between 5 and 10 years of service, 50% of the reduced 50% J&S benefit the participant would have received had he/she died immediately prior to retirement, payable at the participant's normal retirement date.
- For married participants with at least 10 years of service, the greater of A) 50% of the reduced 50% J&S benefit the participant would have received had he/she died immediately prior to retirement, payable immediately, or B) A death benefit payable immediately based on the following schedule:

| Participant's Age at Death | Death Benefit, as a % of Normal Retirement Benefit* |
|----------------------------|-----------------------------------------------------|
| Less than 35               | 10%                                                 |
| 35 – 39                    | 15%                                                 |
| 40-44                      | 20%                                                 |
| 45-49                      | 25%                                                 |
| 50-54                      | 30%                                                 |
| 55-59                      | 35%                                                 |
| 60 or older                | 40%                                                 |

\*Note: any age difference between the spouse and participant that is more than five years will be reduced/increased by 1.50%

#### Cash Balance Formula

The participant's beneficiary is entitled to the entire vested cash balance upon the participant's death.

## Other Plan Provisions

### Optional Form of Annuity

#### Final Pay Formula

Life annuity; 10-year Certain and Life; Contingent Annuitant (25%, 33-1/3%, 50%, 66-2/3%, 75%, or 100%); Social Security Leveling; Lump Sum (if over \$5,000 but less than or equal to \$7,500).

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|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cash Balance Formula             | Life annuity; Life annuity with refund; Contingent Annuitant (50%); Contingent Annuitant with refund (50%); Contingent Annuitant with "pop-up" (75% or 100%); Partial Lump Sum (25%, 50%, 75%), if age 50 or older, minimum annuity of \$500 per month; Lump sum                                                                                                                                                                                                                                                   |
| Actuarial Equivalence            | <i>Used to convert Single Life Annuity to other optional forms and is determined as the greater of:</i> <ul style="list-style-type: none"><li>▪ Tabular rates as provided in the plan document, or</li><li>▪ Applicable mortality and interest prescribed under 417(e) with a look back month of the August prior to the beginning of the plan year.</li></ul>                                                                                                                                                     |
| Lump Sum and Level Income        | Applicable interest and mortality under IRC Section 417(e).                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Actuarial Equivalence            | Used to convert Cash Balance Account to Single Life Annuity and is determined as the greater of: <ul style="list-style-type: none"><li>▪ Applicable mortality under IRC Section 417(e) in effect on December 31, 2007, and 30-year treasury rate from August of the prior plan year for ages after 65, and that rate plus 0.5% at ages prior to 65, or</li><li>▪ Applicable mortality and interest prescribed under 417(e) with a look back month of the August prior to the beginning of the plan year.</li></ul> |
| Pension Increases                | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Plan Participants' Contributions | None required or allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Maximum on Benefits and Pay      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.                                                                                                                                                         |

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### Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

None.

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### Schedule SB, Line 24 Change in Actuarial Assumptions

In addition to the prescribed changes in the discount rate and mortality, the following assumptions were changed from the prior valuation:

1. Disability, termination and retirement tables were updated to reflect experience study results conducted in 2021.
2. The form of payment for legacy Cinergy enhanced choice participants and marriage percentage assumptions were updated to reflect recent experience from the experience study conducted in 2021.
3. The assumption for estimated administrative expenses decreased from \$4,347,331 to \$4,235,228 for 2022.

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