Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TYCO ELECTRONICS PENSION PLAN

1b Three-digit plan number (PN) ▶ 045

1c Effective date of plan 01/01/1977

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

1050 WESTLAKES DRIVE
BERWYN, PA 19312

2b Employer Identification Number (EIN) 23-0332575

2c Plan Sponsor's telephone number 610-893-9800

2d Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2025	RACHEL SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	6413
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	597
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	411
b	Retired or separated participants receiving benefits	**6b**	3641
c	Other retired or separated participants entitled to future benefits	**6c**	1036
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5088
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	383
f	Total. Add lines **6d** and **6e**.	**6f**	5471
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:

a Market value	**2a**	489240939
b Actuarial value	**2b**	538165033

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4059	465218376	465218376
b For terminated vested participants	1839	108739110	108739110
c For active participants	597	40180182	40368509
d Total	6495	614137668	614325995

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.13 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	6146000
c Target normal cost	**6c**	6146000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/16/2025
Date

DOUGLAS B. REYMANN
Type or print name of actuary

23-05943
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
Telephone number (including area code)

1900 MARKET STREET
FLOOR 8
PHILADELPHIA, PA 19103-3527
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.25 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.60 %
15	Adjusted funding target attainment percentage	15	87.60 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/11/2024	3093469	0			
04/15/2024	2916445	0			
07/15/2024	3006376	0			
10/15/2024	3006376	0			
06/13/2025	1881771	0			
			Totals ► 18(b)	13904437	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	13362151

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	6146000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	76160962	7215671
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	13361671

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	13361671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13362151
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	480
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan sponsor's name as shown on line 2a of Form 5500
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 38 65 50	NONE	547721	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON INVESTMENT SVC INC

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 33 51	NONE	458946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	282788	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

STRATEGIC BENEFITS ADVISORS

03-0415817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	158341	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 64 13 50 70 15	NONE	144963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TE CONN CORP SCANNING PROJ

1050 WESTLAKES DRIVE
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	67238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLIFTON LARSON ALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25410	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	23466	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TYCO ELECTRONICS DB PLANS MASTER TR

b Name of sponsor of entity listed in (a): TE CONNECTIVITY CORPORATION

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)
26-2342851-001	M	497801721

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan sponsor's name as shown on line 2a of Form 5500
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13511273	4888147
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	10352762
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	476211248	497801721
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	489722521	513042630
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	144795	228354
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	144795	228354
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	489577726	512814276

Part II Income and Expense Statement

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

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	13904437	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		13904437
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	227617	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		227617
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		80927905
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		95059959
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50084460	
(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)		50084460
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	547721	
(4) IQPA audit fees	2i(4)	25410	
(5) Investment advisory and investment management fees	2i(5)	617287	
(6) Bank or trust company trustee/custodial fees	2i(6)	282788	
(7) Actuarial fees	2i(7)	144963	
(8) Legal fees	2i(8)	23466	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5124183	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6765818
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		56850278
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38209681
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		14973131

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: CLIFTON LARSON ALLEN LP **(2)** EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
TE CONNECTIVITY LEGACY PENSION PLAN	23-0332575	067

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 538571.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan sponsor's name as shown on line 2a of Form 5500
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 36-4043065

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 27

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 29.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.9 %

High-Yield Debt: 11.6 % Real Assets: 12.7 % Cash or Cash Equivalents: 4.1 % Other: 10.8 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

TYCO ELECTRONICS PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

CPAs | CONSULTANTS | WEALTH ADVISORS

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TYCO ELECTRONICS PENSION PLAN
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ERISA- REQUIRED SUPPLEMENTAL SCHEDULES*

*Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended September 30, 2024, and are not required to be disclosed for this plan.

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Retirement Administrative Committee
Tyco Electronics Pension Plan
Harrisburg, Pennsylvania

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of the Tyco Electronics 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 September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Tyco Electronics Pension 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- 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 Tyco Electronics Pension Plan's internal control. Accordingly, no such opinion is expressed.

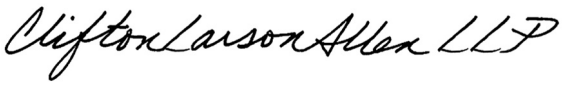
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tyco Electronics Pension 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 certification, 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 accounting principles generally accepted in the United States of America.

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

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



CliftonLarsonAllen LLP

Baltimore, Maryland
July 10, 2025

TYCO ELECTRONICS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023

	2024	2023
ASSETS		
CASH AND CASH EQUIVALENTS	$ 10,352,762	$ -
INVESTMENTS (at Fair Value)		
Investment in Tyco Electronics Master Trust	497,801,721	476,211,248
COMPANY CONTRIBUTIONS RECEIVABLE	4,888,147	13,511,273
Total Assets	513,042,630	489,722,521
LIABILITIES		
ADMINISTRATIVE EXPENSES PAYABLE	228,354	144,795
NET ASSETS AVAILABLE FOR BENEFITS	$ 512,814,276	$ 489,577,726

See accompanying Notes to Financial Statements.

TYCO ELECTRONICS PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
ADDITIONS:		
PLAN INTEREST IN GAINS IN THE TYCO ELECTRONICS MASTER TRUST	$ 80,927,905	$ 16,176,116
INTEREST INCOME	227,617	-
COMPANY CONTRIBUTION	13,904,437	13,511,273
Total Additions	95,059,959	29,687,389
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	50,084,460	51,766,423
ADMINISTRATIVE EXPENSES	6,765,818	5,791,137
Total Deductions	56,850,278	57,557,560
NET INCREASE (DECREASE) BEFORE TRANSFER	38,209,681	(27,870,171)
TRANSFER TO TE CONNECTIVITY LEGACY PENSION PLAN	(14,973,131)	-
NET INCREASE (DECREASE)	23,236,550	(27,870,171)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	489,577,726	517,447,897
End of Year	$ 512,814,276	$ 489,577,726

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of the Tyco Electronics Pension Plan (the Plan), formerly the Raychem Corporation Pension Plan and the AMP Incorporated Pension Plan, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a noncontributory defined benefit pension plan covering certain U.S. employees of Raychem Corporation and AMP Incorporated (collectively, the Company). The Plan is subject to the provisions of ERISA and Internal Revenue Code (the IRC) of 1986, as amended. The Company is a part of a controlled group of entities with TE Connectivity Corporation (the Plan Sponsor).

Effective September 30, 2024, Plan assets totaling $14,973,131 were transferred to the TE Connectivity Legacy Pension Plan to account for the spinoff of 834 Tyco Electronic Pension Plan participants as of September 30, 2024. The spinoff participants will immediately be merged into the TE Connectivity Legacy Pension Plan. The amount of assets and liabilities transferred from the Plan are less than 3% of the market value of Plan assets; therefore, the spinoff is considered de minimis.

Plan Administration

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

Pension Benefits

Raychem Corporation Participants

In 1997, the Raychem Corporation Pension Plan was redesigned, resulting in a change in the way benefits are calculated for all participants. Under the 1997 formula, the minimum benefit was equal to the accrued benefit under the old formula. The redesigned plan could have decreased future potential retirement benefits for older participants, so a transition benefit plan was formulated to protect these participants. Eligibility for the minimum transition benefit was age 55 and 10 years of service or age 65 as of the redesign date. The transition benefit was the greater of the new formula for all service or the frozen accrued benefit at the time of transition plus the new formula benefit from transition on.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

Raychem Corporation Participants (Continued)

Under the redesigned Plan, participants with five or more years of service or who have attained age 65 are entitled to monthly pension benefits. The pension benefit is based on credited service, average covered earnings, and age. Years of credited service are limited to a total of 35. Participants who retire from active service (age 55 or older) or with 10 or more years of service may elect early retirement at age 55. Subject to certain Plan requirements, participants may select from various optional forms of payment. Participants who retire after age 65 will receive the greater of the aforementioned benefit for all their years of service (including credit for service after age 65) increased by 1/15th per year for each month worked past age 65.

Effective July 31, 2000, all benefit accruals and future participation of the Raychem Corporation participants ceased and the Raychem Corporation Pension Plan's frozen lump sum benefit under the regular Plan formula was indexed to the increase in one-year Treasury rates (constant rates).

AMP Incorporated Participants

Participants are entitled to their accrued pension benefits beginning at the normal retirement age of 65, which is calculated based on average earnings over three years and years of credited service. Participants with 10 or more years of service may elect to retire at age 55 or at any time between age 55 and 60, subject to a permanent reduction of pension benefits. The benefit reduction is calculated by multiplying the accrued pension benefit by 0.50% by the number of the months that the participant retires prior to age 60. There is no reduction in pension benefits to participants with 10 or more years of service who elect to retire at age 60 or later. Participants may postpone retirement after age 65 and continue participation in the Plan on the same basis as prior to age 65. Participants may elect to have their benefits paid as a life annuity, a joint and survivor annuity option, a period certain option, or a level income option (for retirement prior to age 62), which provides a substantially level income before and after age 62 when combined with estimated Social Security benefits.

Effective December 31, 1999, all benefit accruals and future participation of the AMP Incorporated participants were frozen.

Effective October 1, 2019, the plan was amended to state that for both the Raychem Corporation and AMP Incorporated Participants, the normal Pension Benefit could not be less than the largest periodic benefit that would have been payable to the participant upon separation of service at or prior to the normal retirement ages of 65 under the Plan, exclusive of ancillary benefits such as social security supplements, premiums on disability or term insurance, and the value of disability benefit in excess of the normal Pension Benefit.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Disability and Death Benefits

Participants who terminate employment due to total and permanent disability or spouses of vested participants who die may be entitled to receive benefits under this Plan. The surviving spouse of a deceased participant who has vested by virtue of death is entitled to a life annuity equal to 50%, 75%, or 100% of the amount the participant would have received had they terminated with a vested benefit, survived to their eligibility for early retirement, or taken early retirement on the day before their death and had commenced receiving benefits under a joint and survivor annuity depending on which annuity payment option was selected. No pension or other benefit is payable if a participant dies before age 55 without a surviving spouse other than the Raychem Profit Sharing Plan (the RPSP) refund as described in the paragraph below. Active employees whose employment ended due to disability continue to earn credited service while they are receiving benefits under the Company's long-term disability plan. Credited service ends when disability benefits terminate. At that time, participants are entitled to a pension if they are otherwise eligible for early or normal retirement.

Prior to the existence of the Raychem Corporation Pension Plan, the Raychem Corporation made contributions of cash and Company stock to the RPSP. The RPSP was a Raychem Corporation sponsored profit sharing plan.

Vesting

Participants were vested in Plan benefits only after completing five years of service. For participants who terminated employment prior to vesting, forfeitures of benefits derived from contributions made by the Company were used to reduce future contributions by the Company.

Funding Policy

The Plan Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to members of the Plan and to meet minimum funding standards as required by law. Required contribution levels are based upon the payment of the current normal cost for each participant, as well as amortization of the total unfunded actuarial accrued liabilities. Actuarial gains and losses are amortized over five years for minimum funding purposes and over 10 years for maximum deductible purposes. The Plan has met the minimum funding requirements established by ERISA for the years ended September 30, 2024 and 2023.

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Cash and Cash Equivalents

The Plan considers all highly liquid investments with original maturities of three months or less to be cash equivalents. Cash equivalents consist primarily of money market funds and short-term commercial paper.

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Payment of Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through July 10, 2025, the date the financial statements were available to be issued.

NOTE 3 ACCUMULATED PLAN BENEFITS

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

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

The significant actuarial assumptions used in the valuation as of September 30, 2023 and 2022 were: a) retirement age of varying rates from 2% at age 55 to 100% at age 65 and above, (b) life expectancy of participants using separate sex distinct rates for non-annuitants based on the Pri-2012 "Employee" table with generational projection using Scale MP-2021 and separate sex distinct rates with a single nondisabled retiree table used for retirees and contingent annuitants with generational projection using Scale MP-2021 for 2023 and 2022, and (c) a discount rate of 5.60% and 5.14% for 2023 and 2022, respectively.

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

The computation of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuation been performed as of September 30, 2023, there would be no material differences.

The actuarial present value of accumulated benefits as of September 30, 2023 is as follows:

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	$ 442,896,914
Active Participants	39,200,552
Participants with Deferred Benefits	103,606,670
Total Present Value of Vested Benefits	585,704,136
Nonvested Benefits	175,752
Total Actuarial Present Value of Accumulated Plan Benefits	$ 585,879,888

NOTE 3 ACCUMULATED PLAN BENEFITS (CONTINUED)

The change in the actuarial present value of accumulated benefits for the year ended September 30, 2023 is as follows:

Actuarial Present Value of Accumulated Plan Benefits - September 30, 2022	$ 630,290,051
Increase (Decrease) During the Year Attributable to:	
Change in Actuarial Assumptions	(21,725,272)
Decrease in Discount Period	31,066,512
Benefits Paid to Participants	(51,766,423)
Actuarial Gains	(1,984,980)
Net Decrease	(44,410,163)
Actuarial Present Value of Accumulated Plan Benefits - September 30, 2023	$ 585,879,888

NOTE 4 CERTIFICATION OF TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements, including investments held at September 30, 2024 and 2023 and the Plan interest in the Master Trust for the years ended September 30, 2024 and 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Northern Trust Company, the trustee and qualified institution of the Plan. Cash held as of September 30, 2024 and related interest income for the year ended September 30, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the qualified institution of the Plan.

The following summarized information for the Master Trust and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee, for the Plan for the years ended September 30, 2024 and 2023. Such financial information has not been audited by the Plan's independent accountants.

	2024	2023
Investment in Master Trust	$ 497,801,721	$ 476,211,248
Net Investment Income:		
Plan Interest in Gains in the Tyco Electronics Master Trust	80,927,905	16,176,116

NOTE 5 MASTER TRUST

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several other plans sponsored by the Plan Sponsor. The assets of the Master Trust are held by its trustee as of September 30, 2024 and 2023. Each participating retirement plan has an undivided interest in the assets of the Master Trust.

NOTE 5 MASTER TRUST (CONTINUED)

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Plan's interest in the net assets of the Master Trust is approximately 82% and 85% at September 30, 2024 and 2023, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the balance of the Plan's assets compared to the Master Trust assets.

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

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

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

	September 30, 2024	
	Master Trust Balances	Plan's Interest in Master Trust
ASSETS		
Investments, at Fair Value:		
Commingled Equity Funds	$ 183,995,434	$ 150,641,699
Commingled Bonds	275,802,416	225,806,388
Other Investments	2,393,385	1,959,525
Commingled Real Estate Fund	92,695,849	75,892,428
Private Funds	52,968,175	43,366,380
Total Investments, at Fair Value	607,855,259	497,666,420
Cash and Cash Equivalents	5,654	4,629
Receivables for Securities Sold	417	341
Accrued Interest Receivable	159,142	130,294
Other Receivables	56	37
Total Assets	608,020,528	497,801,721
NET ASSETS	$ 608,020,528	$ 497,801,721

NOTE 5 MASTER TRUST (CONTINUED)

	September 30, 2023	
	Master Trust Balances	Plan's Interest in Master Trust
ASSETS		
Investments, at Fair Value:		
Commingled Equity Funds	$ 152,796,951	$ 128,738,857
Commingled Bonds	252,348,837	212,616,159
Other Investments	14,210,791	11,973,282
Commingled Real Estate Fund	96,056,248	80,932,057
Private Funds	34,981,232	29,473,388
Total Investments, at Fair Value	550,394,059	463,733,743
Cash and Cash Equivalents	2,095	1,765
Receivables for Securities Sold	14,578,515	12,283,107
Accrued Interest Receivable	228,588	192,596
Other Receivables	55	37
Total Assets	565,203,312	476,211,248
NET ASSETS	$ 565,203,312	$ 476,211,248

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

	2024	2023
Changes in Net Assets		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 95,236,707	$ 18,466,265
Interest and Dividends	845,617	605,796
Net Investment Income	96,082,324	19,072,061
Employer Contributions	23,222,220	-
Benefits Paid to Participants	(14,408,054)	(58,596,800)
Transfer to cash account*	(54,000,000)	-
Administrative Expenses	(8,079,274)	(7,591,559)
Increase (Decrease) in Net Assets	42,817,216	(47,116,298)
Net Assets		
Beginning of Year	565,203,312	612,319,610
End of Year	$ 608,020,528	$ 565,203,312

* Funds are transferred from the Master Trust to a cash account to use in processing benefits paid to participants

NOTE 6 FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

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

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

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

NOTE 6 FAIR VALUE MEASUREMENT (CONTINUED)

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

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

	2024			
	Level 1	Level 2	Level 3	Total
Commingled Equity Funds	$ -	$ 183,995,434	$ -	$ 183,995,434
Commingled Bonds	-	275,802,416	-	275,802,416
Other Investments	-	2,393,385	-	2,393,385
Total Investments at Fair Value	$ -	$ 462,191,235	$ -	462,191,235
Investments Measured at Net Asset Value				145,664,024
Total Investments at Fair Value				$ 607,855,259

	2023			
	Level 1	Level 2	Level 3	Total
Commingled Equity Funds	$ -	$ 152,796,951	$ -	$ 152,796,951
Commingled Bonds	-	252,348,837	-	252,348,837
Other Investments	-	14,210,791	-	14,210,791
Total Investments at Fair Value	$ -	$ 419,356,579	$ -	419,356,579
Investments Measured at Net Asset Value				131,037,480
Total Investments at Fair Value				$ 550,394,059

Fair Value of Investments in Entities that use NAV

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

	Fair Value		Unfunded	Redemption	Redemption
Investment Type	2024	2023	Commitments	Frequency	Notice Period
Commingled Real Estate Fund	$ 92,695,849	$ 96,056,248	$ -	Monthly	1 Business Day Prior to Trade Date
Private Funds	52,968,175	34,981,232	$ -	Quarterly	12 Business Day Prior to Trade Date
Total	$ 145,664,024	$ 131,037,480			

NOTE 6 FAIR VALUE MEASUREMENT (CONTINUED)

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

The Private Funds investment objective is to achieve capital preservation and steady growth of assets, targeting steady risk adjusted returns in excess of the return of United States Treasury Bills, with a low correlation to traditional equity and bond markets over a full market cycle.

NOTE 7 PLAN TERMINATION

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

1. Annuity benefits that former employees or their beneficiaries that have been receiving for at least three years, or annuity benefits that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. government agency) up to the applicable limitation (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

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

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

NOTE 8 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 9 TAX STATUS

The Plan obtained its latest determination letter on February 26, 2021, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this letter, however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 10 RISKS AND UNCERTAINTIES

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

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

CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of October 1, 2023

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	1	0	0	0	0	0	0	0	1
45-49	1	0	2	3	3	0	0	0	0	0	9
50-54	0	3	1	3	1	30	10	0	0	0	48
55-59	1	1	6	6	3	38	101	21	0	0	177
60-64	1	2	2	2	4	32	65	106	36	0	250
65-69	1	2	4	1	0	12	16	30	25	3	94
70 & over	1	0	0	0	1	3	4	5	3	1	18
Total	5	8	16	15	12	115	196	162	64	4	597

Average:	Age	61	Number of Participants:	Fully vested	597	Males	453
	Service	13		Partially vested	0	Females	144

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

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Not Reflecting Stabilization**	**Reflecting Stabilization**
• First segment rate (years 1 to 5)	3.82%	4.75%
• Second segment rate (years 6 to 20)	4.59%	5.00%
• Third segment rate (over 20 years)	4.63%	5.74%
• Effective interest rate	4.52%	5.13%

Annual rates of increase:

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

Accumulating interest on Raychem pension equity accounts	N/A

IRC Section 417(e) lump sums

Lump sums are determined based on July 2023 IRC §417(e) segment rates and current year IRC §417(e) unisex mortality.

SCHEDULE SB ATTACHMENTS

Converting Raychem PEP balances to annuity amounts (for benefit formula comparison purposes)

- Mortality table: 2023 PPA unisex mortality.
- Interest basis: July 2023 PPA lump sum segment rates.

Converting Raychem 1997 Grandfathered annuity amounts to lump sum distributions (for benefit formula comparison purposes)

- Mortality table: 1984 Uninsured Pensioners Unisex Mortality Table (UP-1984).
- Interest rate: 5%.
- July 2023 IRC §417(e) segment rates and current year IRC §417(e) unisex mortality table are used if the resulting lump sum distribution amount is greater.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

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

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, and then projected forward using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, then projected forward using Scale MP-2021).

Termination

Rates varying by age and plan are shown below:

Percentage leaving during the year		
Attained Age	AMP	Raychem
25	13.2%	10.0%
30	10.4%	10.0%
35	8.1%	10.0%
40	6.3%	9.0%
45	5.2%	8.0%
50	3.9%	6.0%
55	2.2%	5.0%

SCHEDULE SB ATTACHMENTS

Disability

None.

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age and plan are shown below:

Percentage retiring during the year		
Attained Age	AMP	Raychem
55	2%	2%
56	2%	3%
57	2%	4%
58	2%	5%
59	2%	5%
60	20%	5%
61	10%	5%
62	50%	30%
63	20%	20%
64	20%	20%
65 and above	100%	100%

Benefit commencement age

For AMP, age 62 for current and future deferred vested participants if participant is eligible for unreduced retirement (otherwise, age 65); age 65 for all other current and future deferred vested participants.

SCHEDULE SB ATTACHMENTS

Form of payment

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

AMP	Life annuity	50% J&S
Active retirements	75%	25%
Future terminations	75%	25%
Current vested deferred	75%	25%

Raychem	Lump sum	Life annuity	10 year C&L	50% J&S	75% J&S
Active retirements	100%	0%	0%	0%	0%
Future terminations	100%	0%	0%	0%	0%
Current vested deferred*	0%	60%	10%	0%	30%

* Current Raychem deferred vested participants who terminated during the year prior to the valuation date are assumed to elect 100% lump sum form of payment.

Percent married

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

Spouse age

Wife three years younger than husband.

Administrative expenses

The administrative expense assumption for the upcoming year is equal to the expenses paid in the prior year, excluding investment management fees paid from the trust, adjusted for expected changes in PBGC premiums, rounded to the nearest $1,000. For the current valuation, administrative expenses of $6,146,000 were included in the target normal cost.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month, and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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

Lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution" so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

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

Termination

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

Retirement

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

Benefit commencement date for deferred benefits:

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

SCHEDULE SB ATTACHMENTS

Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

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

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus administrative expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). 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. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Data / Asset sources

TE Connectivity Corporation and the plan administrator furnished the participant data, including previously calculated accrued benefits. Data was reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the Company, assumptions or estimates were made where data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our valuation.

WTW used asset data supplied by the trustee.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with TE Connectivity Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with TE Connectivity Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated from an applicable month of October 2022 to October 2023. ARPA interest rate corridors were applied for applicable minimum funding requirements and benefit restriction purposes.

The mortality projection scale used to calculate the funding target was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.

The Raychem annuity conversion interest rates were updated to July 2023 rates (from July 2022 rates) in accordance with PPA.

The assumption for administrative expenses to be added to the target normal cost was updated from $7,168,000 to $6,146,000.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TYCO ELECTRONICS PENSION PLAN

B Three-digit plan number (PN) ▶ 045

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TE CONNECTIVITY CORPORATION

D Employer Identification Number (EIN)
23-0332575

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:

a Market value	**2a**	489,240,939
b Actuarial value	**2b**	538,165,033

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4,059	465,218,376	465,218,376
b For terminated vested participants	1,839	108,739,110	108,739,110
c For active participants	597	40,180,182	40,368,509
d Total	6,495	614,137,668	614,325,995

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.13 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	6,146,000
c Target normal cost	**6c**	6,146,000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/16/2025
Date

Douglas B. Reymann
Type or print name of actuary

2305943
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

215-246-6000
Telephone number (including area code)

1900 Market Street
Floor 8
Philadelphia PA 19103-3527
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.25 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.60 %
15	Adjusted funding target attainment percentage	15	87.60 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/11/2024	3,093,469	0			
04/15/2024	2,916,445	0			
07/15/2024	3,006,376	0			
10/15/2024	3,006,376	0			
06/13/2025	1,881,771	0			
			Totals ► 18(b)	13,904,437	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	13,362,151

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	6,146,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	76,160,962	7,215,671
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	13,361,671

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	13,361,671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13,362,151

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	480
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	TE Connectivity Corporation
EIN/PN	23-0332575 / 045
Plan Name	Tyco Electronics Pension Plan
Valuation Date	October 1, 2023
Enrolled Actuary	Douglas B. Reymann
Enrollment Number	23-05943

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2023

AMP

Age	(1) Retirement Q_x	(2) P_x	(3) Cumulative P_x	(4) (1)*(3)*Age
55	0.02	0.98	1.000000	1.100000
56	0.02	0.98	0.980000	1.097600
57	0.02	0.98	0.960400	1.094856
58	0.02	0.98	0.941192	1.091783
59	0.02	0.98	0.922368	1.088394
60	0.20	0.80	0.903921	10.847050
61	0.10	0.90	0.723137	4.411133
62	0.50	0.50	0.650823	20.175512
63	0.20	0.80	0.325411	4.100185
64	0.20	0.80	0.260329	3.332214
65	1.00	0.00	0.208263	13.537118
Total/Average				61.875847

Weighted Average Retirement Age **62**

Employee Count **428**

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2023

Raychem

Age	(1) Retirement Q_x	(2) P_x	(3) Cumulative P_x	(4) (1)*(3)*Age
55	0.02	0.98	1.000000	1.100000
56	0.03	0.97	0.980000	1.646400
57	0.04	0.96	0.950600	2.167368
58	0.05	0.95	0.912576	2.646470
59	0.05	0.95	0.866947	2.557494
60	0.05	0.95	0.823600	2.470800
61	0.05	0.95	0.782420	2.386381
62	0.30	0.70	0.743299	13.825359
63	0.20	0.80	0.520309	6.555896
64	0.20	0.80	0.416247	5.327966
65	1.00	0.00	0.332998	21.644863
Total/Average				62.328997

Weighted Average Retirement Age	**62**
Employee Count	**169**
Average Retirement Age	**62**

Plan Name:	Tyco Electronics Pension Plan
EIN / PN:	23-0332575 / 045
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Not Reflecting Stabilization**	**Reflecting Stabilization**
• First segment rate (years 1 to 5)	3.82%	4.75%
• Second segment rate (years 6 to 20)	4.59%	5.00%
• Third segment rate (over 20 years)	4.63%	5.74%
• Effective interest rate	4.52%	5.13%

Annual rates of increase:

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

Accumulating interest on Raychem pension equity accounts	N/A

IRC Section 417(e) lump sums

Lump sums are determined based on July 2023 IRC §417(e) segment rates and current year IRC §417(e) unisex mortality.

SCHEDULE SB ATTACHMENTS

Converting Raychem PEP balances to annuity amounts (for benefit formula comparison purposes)

- Mortality table: 2023 PPA unisex mortality.
- Interest basis: July 2023 PPA lump sum segment rates.

Converting Raychem 1997 Grandfathered annuity amounts to lump sum distributions (for benefit formula comparison purposes)

- Mortality table: 1984 Uninsured Pensioners Unisex Mortality Table (UP-1984).
- Interest rate: 5%.
- July 2023 IRC §417(e) segment rates and current year IRC §417(e) unisex mortality table are used if the resulting lump sum distribution amount is greater.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

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

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, and then projected forward using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with Scale MP-2014, then projected forward using Scale MP-2021).

Termination

Rates varying by age and plan are shown below:

Percentage leaving during the year		
Attained Age	AMP	Raychem
25	13.2%	10.0%
30	10.4%	10.0%
35	8.1%	10.0%
40	6.3%	9.0%
45	5.2%	8.0%
50	3.9%	6.0%
55	2.2%	5.0%

SCHEDULE SB ATTACHMENTS

Disability

None.

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age and plan are shown below:

Percentage retiring during the year		
Attained Age	AMP	Raychem
55	2%	2%
56	2%	3%
57	2%	4%
58	2%	5%
59	2%	5%
60	20%	5%
61	10%	5%
62	50%	30%
63	20%	20%
64	20%	20%
65 and above	100%	100%

Benefit commencement age

For AMP, age 62 for current and future deferred vested participants if participant is eligible for unreduced retirement (otherwise, age 65); age 65 for all other current and future deferred vested participants.

SCHEDULE SB ATTACHMENTS

Form of payment

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

AMP	Life annuity	50% J&S
Active retirements	75%	25%
Future terminations	75%	25%
Current vested deferred	75%	25%

Raychem	Lump sum	Life annuity	10 year C&L	50% J&S	75% J&S
Active retirements	100%	0%	0%	0%	0%
Future terminations	100%	0%	0%	0%	0%
Current vested deferred*	0%	60%	10%	0%	30%

* Current Raychem deferred vested participants who terminated during the year prior to the valuation date are assumed to elect 100% lump sum form of payment.

Percent married

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

Spouse age

Wife three years younger than husband.

Administrative expenses

The administrative expense assumption for the upcoming year is equal to the expenses paid in the prior year, excluding investment management fees paid from the trust, adjusted for expected changes in PBGC premiums, rounded to the nearest $1,000. For the current valuation, administrative expenses of $6,146,000 were included in the target normal cost.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month, and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate

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

Lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution" so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

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

Termination

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

Retirement

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

Benefit commencement date for deferred benefits:

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

SCHEDULE SB ATTACHMENTS

Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

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

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus administrative expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). 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. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Data / Asset sources

TE Connectivity Corporation and the plan administrator furnished the participant data, including previously calculated accrued benefits. Data was reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the Company, assumptions or estimates were made where data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our valuation.

WTW used asset data supplied by the trustee.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with TE Connectivity Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with TE Connectivity Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated from an applicable month of October 2022 to October 2023. ARPA interest rate corridors were applied for applicable minimum funding requirements and benefit restriction purposes.

The mortality projection scale used to calculate the funding target was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.

The Raychem annuity conversion interest rates were updated to July 2023 rates (from July 2022 rates) in accordance with PPA.

The assumption for administrative expenses to be added to the target normal cost was updated from $7,168,000 to $6,146,000.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – AMP

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1976 and all benefits were frozen as of December 31, 1999. The plan was restated October 1, 2019 and the most recent amendment was effective September 30, 2021.

Plan Year

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

Coverage and Participation

Participation: Employees of AMP other than one who is:

In another defined benefit plan sponsored or controlled by the employer.

Subject to a bargaining agreement that does not provide for participation in this plan.

A non-resident alien with respect to the U.S. and has no compensation from sources within the U.S.

Hired after December 31, 1999.

Eligibility: Participation frozen as of January 1, 2000 to include:

Plan participants as of April 22, 1999, and

Other eligible employees hired before January 1, 2000 who attain age 21 with 1 year of continuous service.

Union employees and certain locations and divisions are excluded from participation.

SCHEDULE SB ATTACHMENTS

Definitions

Continuous Service

Elapsed time from hire date to termination date.

Credited Service

Credited service is frozen as of December 31, 1999. Same as continuous service, minus:

Continuous service before age 21.

Continuous service before January 1, 1976 that would not be recognized as accrual service under the prior or predecessor plan.

Periods when an employee failed to make required contributions.

Credited service shall not be greater than continuous service minus one year.

Pensionable Earnings

Annualized rate of base earnings in effect on the last day of the plan year.

Final Average Compensation

3 highest consecutive years out of the last 10 years.

Normal Retirement Date (NRD)

First day of the month coinciding with or next following the attainment of age 65.

Monthly Pension Benefit

Standard Benefit (benefits are frozen as of December 31, 1999):

Greater of:

(1% of final average compensation less than covered compensation, plus 1.5% of final average compensation in excess of covered compensation), multiplied by credited service (up to 35 years), plus 1.2% of final average compensation multiplied by credited service in excess of 35 years, divided by 12.

For active employees over age 60 before January 1, 1994, accrued benefit at December 31, 1993, plus 1.67% of total compensation from January 1, 1994 to December 31, 1999, divided by 12.

All benefits adjusted by the actuarial equivalent of any refunded employee contributions.

Plan Name:	Tyco Electronics Pension Plan
EIN / PN:	23-0332575 / 045
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Change-in-control Special Benefit: If active on April 22, 1999 change-in-control date:

(1.25% of final average compensation less than covered compensation, plus 1.75% of final average compensation in excess of covered compensation), multiplied by credited service (up to 35 years), plus 1.67% of final average compensation multiplied by credited service in excess of 35 years, with compensation and service measured as of the change-in-control date, divided by 12.

Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of continuous service. Effective April 22, 1999, age 54 with 9 years of continuous service, and employment is involuntarily terminated.
Late Retirement	After age 65.
Deferred Vested Benefit	5 years of continuous service, or Employee contributions were made before January 1, 1991, or After March 1, 1999, was a Signaling Conditioning Products Division employee whose employment with AMP Inc. is terminated in connection with Asset Purchase Agreement between AMP Inc. and Spectrum Control, Inc.
Disability Benefit	Participants who were receiving disability income benefits under the Tyco Electronics' short-term or long-term disability plan on December 31, 1999 and long-term disability plan on or after December 31, 1999.
Pre-Retirement Death Benefit	Spouse of vested participant. Domestic partner (on or after January 1, 2000). Unmarried, dependent child who is under age 18.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement Benefit

Monthly pension benefit determined as of normal retirement date.

Early Retirement Benefit

Accrued benefit, reduced as follows:

6% per year for each of the first five years that commencement precedes age 60, if retired from active status.

6% per year for each year that commencement precedes age 65, if retired from terminated vested status.

Commencement before age 55: actuarial equivalence.

Late Retirement Benefit

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

Vested Benefits upon Termination of Service

Accrued benefit payable as of normal retirement date, or as early as age 55, with the accrued benefit reduced as indicated under early retirement.

Disability Benefit

Continued credited service accruals until termination or retirement with the same rate of pensionable earnings immediately preceding the disability date.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefit

Benefit prior to early retirement:

Special In-Service Spouse benefit (replaces standard death benefit, when applicable): If a participant dies while in active service or while disabled, the spouse/domestic partner receives a benefit until death or remarriage equal to (50% plus 1% per year for each year spouse is more than 3 years older than deceased minus 1% per year for each year spouse is more than 3 years younger than deceased), multiplied by the normal age 65, straight life annuity benefit with service projected to the earlier of:

The later of normal retirement or date of death, or

The later of December 31, 1999 or date the participant ceases to have total and permanent disability.

Standard death benefit for spouse/domestic partner if not eligible for special benefit: 50% J&S benefit (REA).

Minor Child Benefit: Paid until the date the child dies, marries or attains 18th birthday; equal to 10% of normal age 65, straight life annuity benefit.

Special Death Benefit: Payable to survivors of participants who retired before January 1, 1976 and were eligible for the death benefit paid to beneficiaries under the Equity Annuity Plan.

Other Plan Provisions

Normal Form of Payment

Automatic form for unmarried participants is a Single Life Annuity.

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

Optional Forms of Payment

25%, 75% or 100% Joint & Survivor Annuity.

5-Year, 10-Year or 15-Year Certain & Life Annuity.

Social Security Level Income (prior to age 62).

Lump sum if employer-derived benefit is under $10,000.

If the total present value of benefits is under $1,000, then the benefit will be mandatorily paid as a lump sum.

SCHEDULE SB ATTACHMENTS

Optional Forms Conversion Basis

Option factors as set forth in Appendix A of the plan document. 5% interest and a blend of the GAM83 mortality for males (80%) and females (20%) for all other determinations.

Pension Increases

None scheduled.

Participant Contributions

Employee contributions were made to the plan before January 1, 1991, with interest thereon compounded annually at year end at:

For plan years ending before January 1, 1976: The rates in effect at that time.

For plan years ending after January 1, 1976 and before January 1, 1988: 5%.

For plan years ending after January 1, 1988: 120% of the Federal mid-term rate.

Employees can take contributions as a lump sum at retirement (with all benefits adjusted by the actuarial equivalent of refunded contributions).

Maximum Benefits

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

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior year.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Raychem

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1977 and all benefits were frozen as of July 31, 2000. The plan was restated as of October 1, 2019 and the most recent amendment was effective September 30, 2021.

Plan Year

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

Coverage and Participation

Participation: Non-Union Employees of Raychem Corporation on or before July 31, 2000.

Eligibility: Participation frozen as of July 31, 2000 to include only:

Plan participants as of December 31, 1999, and

New hires through July 31, 2000.

Union employees are excluded from participation.

Definitions

Continuous Service

Elapsed time from hire date to termination date.

Credited Service

Elapsed time offset by service while employed at a company that was acquired by a participating or affiliated company.

Pensionable Earnings

Base salary plus lead worker premium.

Final Average Compensation

3 highest consecutive years out of the last 10 years.

Normal Retirement Date (NRD)

First day of the month coinciding with or next following the attainment of age 65.

Plan Name:	Tyco Electronics Pension Plan
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Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Monthly Pension Benefit

Pension Equity Pay credit:

Actuarial equivalent of (cumulative base percentage multiplied by final average compensation), plus (cumulative excess percentage multiplied by (final average compensation minus covered compensation)) minus any prior cash-out or distribution of participant's accrued benefits. Cumulative base percentage and cumulative excess percentage are the sum of the base percentages and excess percentages accrued during a participant's credited service.

Age of Participant	Base Percentage	Excess Percentage
25 Under 30	1%	0%
30-34	2%	1%
35-39	4%	1%
40-44	6%	2%
45-49	10%	2%
50-54	10%	3%
55-59	10%	3%
60 or older	10%	4%

Interest credit:

Pension equity balances for participants active at the end of the plan year accrue interest for plan years ending after July 31, 2000. The annual crediting rate is the average at the one-year Treasury bill rate at the last business day of each quarter. The plan was amended to include interest credits on the pension equity balances through the earliest of the participant's termination of employment or December 31, 2017.

Minimum benefits for June 30, 1997 participants:

If service ended before July 1, 1997: Benefit will be calculated under the terms of the plan in effect on June 30, 1997.

If service ended after June 30, 1997 and not early retirement eligible on June 30, 1997: Better of June 30, 1997 accrued benefit or new pension equity benefit for all service.

If service ended after June 30, 1997 and early retirement eligible on June 30, 1997: Better of June 30, 1997 accrued benefit plus additional post-June 30, 1997 pension equity accruals or new pension equity benefit for all service.

SCHEDULE SB ATTACHMENTS

Eligibility

Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of continuous service, participating on or before June 30, 1997.
Late Retirement	After age 65.
Deferred Vested Benefit	5 years of continuous service.
Disability Benefit	Receiving benefits under employer's LTD plan.
Pre-Retirement Death Benefit	Payable to: Spouse of vested participant. Domestic partner (on or after January 1, 2000).

Benefits Paid Upon the Following Events

Normal Retirement Benefit

Monthly pension benefit determined as of NRD.

Early Retirement Benefit

Accrued benefit, reduced as follows:

For PEP formula; actuarial equivalence.

For June 30, 1997 accrued benefit: 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that benefit commencement date precedes age 65.

Late Retirement Benefit

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

Vested Benefits upon Termination of Service

Accrued benefit payable at normal retirement age or PEP balance.

SCHEDULE SB ATTACHMENTS

Disability Benefit

Same as deferred vested benefit.

Pre-Retirement Death Benefit

50% of the benefit which would have been payable to the deceased participant under the 50% Joint and Survivor annuity option, or an actuarially equivalent lump sum of this benefit.

Other Plan Provisions

Normal Form of Payment

Automatic form for unmarried participants is a Single Life Annuity.

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

Optional Forms of Payment

75% or 100% Joint & Survivor Annuity.

10-Year Certain & Life Annuity.

Lump sum if the participant was actively employed as of January 1, 1989.

If the total present value of benefits is under $1,000, then the benefit will be mandatorily paid as a lump sum.

Optional Forms Conversion Basis

Actuarial equivalent values for conversion of benefits as set forth in Appendix A of plan document. 7% interest and GAM71 male mortality for participants, and GAM71 female mortality for joint annuitants for all other determinations.

Pension Increases

None scheduled.

Contributions

Employer contributions: 100% employer funded.

SCHEDULE SB ATTACHMENTS

Participant contributions: Employee contributions from prior profit-sharing plan were transferred to this plan at January 1, 1977. Some employees may be entitled to a modified cash refund.

Maximum Benefits

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

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior plan year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of October 1, 2023

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	1	0	0	0	0	0	0	0	1
45-49	1	0	2	3	3	0	0	0	0	0	9
50-54	0	3	1	3	1	30	10	0	0	0	48
55-59	1	1	6	6	3	38	101	21	0	0	177
60-64	1	2	2	2	4	32	65	106	36	0	250
65-69	1	2	4	1	0	12	16	30	25	3	94
70 & over	1	0	0	0	1	3	4	5	3	1	18
Total	5	8	16	15	12	115	196	162	64	4	597

Average:	Age	61	Number of Participants:	Fully vested	597	Males	453
	Service	13		Partially vested	0	Females	144

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

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

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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
2023	4,483,463	4,377,806	46,270,005	55,131,274
2024	2,475,742	5,126,376	44,979,786	52,581,904
2025	2,835,318	6,024,090	43,676,525	52,535,933
2026	2,890,531	6,834,040	42,321,742	52,046,313
2027	3,034,369	7,492,481	40,917,007	51,443,857
2028	2,924,522	7,978,299	39,472,797	50,375,618
2029	2,994,498	8,328,539	37,967,044	49,290,081
2030	2,969,325	8,581,985	36,425,295	47,976,605
2031	2,841,384	8,715,308	34,861,309	46,418,001
2032	2,837,856	8,764,406	33,253,564	44,855,826
2033	2,758,793	8,741,802	31,608,342	43,108,937
2034	2,644,905	8,662,669	29,924,653	41,232,227
2035	2,616,455	8,519,969	28,198,251	39,334,675
2036	2,504,347	8,334,325	26,427,722	37,266,394
2037	2,431,212	8,118,544	24,620,002	35,169,758
2038	2,359,462	7,877,900	22,799,775	33,037,137
2039	2,278,629	7,615,721	20,982,400	30,876,750
2040	2,194,057	7,331,281	19,174,046	28,699,384
2041	2,102,156	7,025,946	17,390,133	26,518,235
2042	2,005,690	6,699,555	15,648,164	24,353,409
2043	1,905,148	6,351,816	13,964,923	22,221,887
2044	1,798,236	5,987,735	12,354,264	20,140,235
2045	1,688,089	5,606,664	10,829,424	18,124,177
2046	1,573,898	5,208,674	9,401,746	16,184,318
2047	1,456,475	4,799,949	8,080,442	14,336,866
2048	1,336,833	4,384,724	6,872,371	12,593,928
2049	1,216,200	3,967,913	5,781,859	10,965,972
2050	1,095,969	3,555,003	4,810,529	9,461,501
2051	977,641	3,151,711	3,957,283	8,086,635
2052	862,758	2,763,640	3,218,469	6,844,867
2053	752,808	2,395,969	2,588,152	5,736,929
2054	649,130	2,053,096	2,058,500	4,760,726
2055	552,842	1,739,450	1,620,274	3,912,566
2056	464,802	1,456,302	1,263,319	3,184,423
2057	385,572	1,203,818	977,055	2,566,445
2058	315,416	983,153	750,948	2,049,517
2059	254,316	793,465	574,924	1,622,705
2060	202,003	636,921	439,702	1,278,626
2061	157,988	511,530	337,009	1,006,527
2062	121,609	406,514	259,714	787,837
2063	92,083	318,595	201,857	612,535
2064	68,554	248,924	158,611	476,089
2065	50,151	194,542	126,173	370,866
2066	36,029	152,697	101,634	290,360

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	25,402	120,916	82,828	229,146
2068	17,565	97,050	68,181	182,796
2069	11,906	79,281	56,571	147,758
2070	7,906	66,114	47,213	121,233
2071	5,140	56,354	39,561	101,055
2072	3,272	49,063	33,236	85,571

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	10/01/2023	21,945,626	15.00000	21,945,626	2,009,796
2. Shortfall	10/01/2022	56,333,655	14.00000	54,215,336	5,205,875
Total				76,160,962	7,215,671

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	TE Connectivity Corporation
EIN/PN	23-0332575 / 045
Plan Name	Tyco Electronics Pension Plan
Valuation Date	October 1, 2023
Enrolled Actuary	Douglas B. Reymann
Enrollment Number	23-05943

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2023

AMP

Age	(1) Retirement Q_x	(2) P_x	(3) Cumulative P_x	(4) (1)*(3)*Age
55	0.02	0.98	1.000000	1.100000
56	0.02	0.98	0.980000	1.097600
57	0.02	0.98	0.960400	1.094856
58	0.02	0.98	0.941192	1.091783
59	0.02	0.98	0.922368	1.088394
60	0.20	0.80	0.903921	10.847050
61	0.10	0.90	0.723137	4.411133
62	0.50	0.50	0.650823	20.175512
63	0.20	0.80	0.325411	4.100185
64	0.20	0.80	0.260329	3.332214
65	1.00	0.00	0.208263	13.537118
Total/Average				61.875847

Weighted Average Retirement Age **62**

Employee Count **428**

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2023

Raychem

Age	(1) Retirement Q_x	(2) P_x	(3) Cumulative P_x	(4) (1)*(3)*Age
55	0.02	0.98	1.000000	1.100000
56	0.03	0.97	0.980000	1.646400
57	0.04	0.96	0.950600	2.167368
58	0.05	0.95	0.912576	2.646470
59	0.05	0.95	0.866947	2.557494
60	0.05	0.95	0.823600	2.470800
61	0.05	0.95	0.782420	2.386381
62	0.30	0.70	0.743299	13.825359
63	0.20	0.80	0.520309	6.555896
64	0.20	0.80	0.416247	5.327966
65	1.00	0.00	0.332998	21.644863
Total/Average				62.328997

Weighted Average Retirement Age	**62**
Employee Count	**169**
Average Retirement Age	**62**

Plan Name:	Tyco Electronics Pension Plan
EIN / PN:	23-0332575 / 045
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

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
2023	4,483,463	4,377,806	46,270,005	55,131,274
2024	2,475,742	5,126,376	44,979,786	52,581,904
2025	2,835,318	6,024,090	43,676,525	52,535,933
2026	2,890,531	6,834,040	42,321,742	52,046,313
2027	3,034,369	7,492,481	40,917,007	51,443,857
2028	2,924,522	7,978,299	39,472,797	50,375,618
2029	2,994,498	8,328,539	37,967,044	49,290,081
2030	2,969,325	8,581,985	36,425,295	47,976,605
2031	2,841,384	8,715,308	34,861,309	46,418,001
2032	2,837,856	8,764,406	33,253,564	44,855,826
2033	2,758,793	8,741,802	31,608,342	43,108,937
2034	2,644,905	8,662,669	29,924,653	41,232,227
2035	2,616,455	8,519,969	28,198,251	39,334,675
2036	2,504,347	8,334,325	26,427,722	37,266,394
2037	2,431,212	8,118,544	24,620,002	35,169,758
2038	2,359,462	7,877,900	22,799,775	33,037,137
2039	2,278,629	7,615,721	20,982,400	30,876,750
2040	2,194,057	7,331,281	19,174,046	28,699,384
2041	2,102,156	7,025,946	17,390,133	26,518,235
2042	2,005,690	6,699,555	15,648,164	24,353,409
2043	1,905,148	6,351,816	13,964,923	22,221,887
2044	1,798,236	5,987,735	12,354,264	20,140,235
2045	1,688,089	5,606,664	10,829,424	18,124,177
2046	1,573,898	5,208,674	9,401,746	16,184,318
2047	1,456,475	4,799,949	8,080,442	14,336,866
2048	1,336,833	4,384,724	6,872,371	12,593,928
2049	1,216,200	3,967,913	5,781,859	10,965,972
2050	1,095,969	3,555,003	4,810,529	9,461,501
2051	977,641	3,151,711	3,957,283	8,086,635
2052	862,758	2,763,640	3,218,469	6,844,867
2053	752,808	2,395,969	2,588,152	5,736,929
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2055	552,842	1,739,450	1,620,274	3,912,566
2056	464,802	1,456,302	1,263,319	3,184,423
2057	385,572	1,203,818	977,055	2,566,445
2058	315,416	983,153	750,948	2,049,517
2059	254,316	793,465	574,924	1,622,705
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2061	157,988	511,530	337,009	1,006,527
2062	121,609	406,514	259,714	787,837
2063	92,083	318,595	201,857	612,535
2064	68,554	248,924	158,611	476,089
2065	50,151	194,542	126,173	370,866
2066	36,029	152,697	101,634	290,360

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	25,402	120,916	82,828	229,146
2068	17,565	97,050	68,181	182,796
2069	11,906	79,281	56,571	147,758
2070	7,906	66,114	47,213	121,233
2071	5,140	56,354	39,561	101,055
2072	3,272	49,063	33,236	85,571

Plan Name: Tyco Electronics Pension Plan
EIN / PN: 23-0332575 / 045
Plan Sponsor: TE Connectivity Corporation
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – AMP

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1976 and all benefits were frozen as of December 31, 1999. The plan was restated October 1, 2019 and the most recent amendment was effective September 30, 2021.

Plan Year

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

Coverage and Participation

Participation: Employees of AMP other than one who is:

In another defined benefit plan sponsored or controlled by the employer.

Subject to a bargaining agreement that does not provide for participation in this plan.

A non-resident alien with respect to the U.S. and has no compensation from sources within the U.S.

Hired after December 31, 1999.

Eligibility: Participation frozen as of January 1, 2000 to include:

Plan participants as of April 22, 1999, and

Other eligible employees hired before January 1, 2000 who attain age 21 with 1 year of continuous service.

Union employees and certain locations and divisions are excluded from participation.

SCHEDULE SB ATTACHMENTS

Definitions

Continuous Service

Elapsed time from hire date to termination date.

Credited Service

Credited service is frozen as of December 31, 1999. Same as continuous service, minus:

Continuous service before age 21.

Continuous service before January 1, 1976 that would not be recognized as accrual service under the prior or predecessor plan.

Periods when an employee failed to make required contributions.

Credited service shall not be greater than continuous service minus one year.

Pensionable Earnings

Annualized rate of base earnings in effect on the last day of the plan year.

Final Average Compensation

3 highest consecutive years out of the last 10 years.

Normal Retirement Date (NRD)

First day of the month coinciding with or next following the attainment of age 65.

Monthly Pension Benefit

Standard Benefit (benefits are frozen as of December 31, 1999):

Greater of:

(1% of final average compensation less than covered compensation, plus 1.5% of final average compensation in excess of covered compensation), multiplied by credited service (up to 35 years), plus 1.2% of final average compensation multiplied by credited service in excess of 35 years, divided by 12.

For active employees over age 60 before January 1, 1994, accrued benefit at December 31, 1993, plus 1.67% of total compensation from January 1, 1994 to December 31, 1999, divided by 12.

All benefits adjusted by the actuarial equivalent of any refunded employee contributions.

Plan Name:	Tyco Electronics Pension Plan
EIN / PN:	23-0332575 / 045
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Change-in-control Special Benefit: If active on April 22, 1999 change-in-control date:

(1.25% of final average compensation less than covered compensation, plus 1.75% of final average compensation in excess of covered compensation), multiplied by credited service (up to 35 years), plus 1.67% of final average compensation multiplied by credited service in excess of 35 years, with compensation and service measured as of the change-in-control date, divided by 12.

Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of continuous service. Effective April 22, 1999, age 54 with 9 years of continuous service, and employment is involuntarily terminated.
Late Retirement	After age 65.
Deferred Vested Benefit	5 years of continuous service, or Employee contributions were made before January 1, 1991, or After March 1, 1999, was a Signaling Conditioning Products Division employee whose employment with AMP Inc. is terminated in connection with Asset Purchase Agreement between AMP Inc. and Spectrum Control, Inc.
Disability Benefit	Participants who were receiving disability income benefits under the Tyco Electronics' short-term or long-term disability plan on December 31, 1999 and long-term disability plan on or after December 31, 1999.
Pre-Retirement Death Benefit	Spouse of vested participant. Domestic partner (on or after January 1, 2000). Unmarried, dependent child who is under age 18.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement Benefit

Monthly pension benefit determined as of normal retirement date.

Early Retirement Benefit

Accrued benefit, reduced as follows:

6% per year for each of the first five years that commencement precedes age 60, if retired from active status.

6% per year for each year that commencement precedes age 65, if retired from terminated vested status.

Commencement before age 55: actuarial equivalence.

Late Retirement Benefit

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

Vested Benefits upon Termination of Service

Accrued benefit payable as of normal retirement date, or as early as age 55, with the accrued benefit reduced as indicated under early retirement.

Disability Benefit

Continued credited service accruals until termination or retirement with the same rate of pensionable earnings immediately preceding the disability date.

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefit

Benefit prior to early retirement:

Special In-Service Spouse benefit (replaces standard death benefit, when applicable): If a participant dies while in active service or while disabled, the spouse/domestic partner receives a benefit until death or remarriage equal to (50% plus 1% per year for each year spouse is more than 3 years older than deceased minus 1% per year for each year spouse is more than 3 years younger than deceased), multiplied by the normal age 65, straight life annuity benefit with service projected to the earlier of:

The later of normal retirement or date of death, or

The later of December 31, 1999 or date the participant ceases to have total and permanent disability.

Standard death benefit for spouse/domestic partner if not eligible for special benefit: 50% J&S benefit (REA).

Minor Child Benefit: Paid until the date the child dies, marries or attains 18th birthday; equal to 10% of normal age 65, straight life annuity benefit.

Special Death Benefit: Payable to survivors of participants who retired before January 1, 1976 and were eligible for the death benefit paid to beneficiaries under the Equity Annuity Plan.

Other Plan Provisions

Normal Form of Payment

Automatic form for unmarried participants is a Single Life Annuity.

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

Optional Forms of Payment

25%, 75% or 100% Joint & Survivor Annuity.

5-Year, 10-Year or 15-Year Certain & Life Annuity.

Social Security Level Income (prior to age 62).

Lump sum if employer-derived benefit is under $10,000.

If the total present value of benefits is under $1,000, then the benefit will be mandatorily paid as a lump sum.

SCHEDULE SB ATTACHMENTS

Optional Forms Conversion Basis

Option factors as set forth in Appendix A of the plan document. 5% interest and a blend of the GAM83 mortality for males (80%) and females (20%) for all other determinations.

Pension Increases

None scheduled.

Participant Contributions

Employee contributions were made to the plan before January 1, 1991, with interest thereon compounded annually at year end at:

For plan years ending before January 1, 1976: The rates in effect at that time.

For plan years ending after January 1, 1976 and before January 1, 1988: 5%.

For plan years ending after January 1, 1988: 120% of the Federal mid-term rate.

Employees can take contributions as a lump sum at retirement (with all benefits adjusted by the actuarial equivalent of refunded contributions).

Maximum Benefits

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

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior year.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Raychem

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1977 and all benefits were frozen as of July 31, 2000. The plan was restated as of October 1, 2019 and the most recent amendment was effective September 30, 2021.

Plan Year

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

Coverage and Participation

Participation: Non-Union Employees of Raychem Corporation on or before July 31, 2000.

Eligibility: Participation frozen as of July 31, 2000 to include only:

Plan participants as of December 31, 1999, and

New hires through July 31, 2000.

Union employees are excluded from participation.

Definitions

Continuous Service

Elapsed time from hire date to termination date.

Credited Service

Elapsed time offset by service while employed at a company that was acquired by a participating or affiliated company.

Pensionable Earnings

Base salary plus lead worker premium.

Final Average Compensation

3 highest consecutive years out of the last 10 years.

Normal Retirement Date (NRD)

First day of the month coinciding with or next following the attainment of age 65.

Plan Name:	Tyco Electronics Pension Plan
EIN / PN:	23-0332575 / 045
Plan Sponsor:	TE Connectivity Corporation
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Monthly Pension Benefit

Pension Equity Pay credit:

Actuarial equivalent of (cumulative base percentage multiplied by final average compensation), plus (cumulative excess percentage multiplied by (final average compensation minus covered compensation)) minus any prior cash-out or distribution of participant's accrued benefits. Cumulative base percentage and cumulative excess percentage are the sum of the base percentages and excess percentages accrued during a participant's credited service.

Age of Participant	Base Percentage	Excess Percentage
25 Under 30	1%	0%
30-34	2%	1%
35-39	4%	1%
40-44	6%	2%
45-49	10%	2%
50-54	10%	3%
55-59	10%	3%
60 or older	10%	4%

Interest credit:

Pension equity balances for participants active at the end of the plan year accrue interest for plan years ending after July 31, 2000. The annual crediting rate is the average at the one-year Treasury bill rate at the last business day of each quarter. The plan was amended to include interest credits on the pension equity balances through the earliest of the participant's termination of employment or December 31, 2017.

Minimum benefits for June 30, 1997 participants:

If service ended before July 1, 1997: Benefit will be calculated under the terms of the plan in effect on June 30, 1997.

If service ended after June 30, 1997 and not early retirement eligible on June 30, 1997: Better of June 30, 1997 accrued benefit or new pension equity benefit for all service.

If service ended after June 30, 1997 and early retirement eligible on June 30, 1997: Better of June 30, 1997 accrued benefit plus additional post-June 30, 1997 pension equity accruals or new pension equity benefit for all service.

SCHEDULE SB ATTACHMENTS

Eligibility

Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of continuous service, participating on or before June 30, 1997.
Late Retirement	After age 65.
Deferred Vested Benefit	5 years of continuous service.
Disability Benefit	Receiving benefits under employer's LTD plan.
Pre-Retirement Death Benefit	Payable to: Spouse of vested participant. Domestic partner (on or after January 1, 2000).

Benefits Paid Upon the Following Events

Normal Retirement Benefit

Monthly pension benefit determined as of NRD.

Early Retirement Benefit

Accrued benefit, reduced as follows:

For PEP formula; actuarial equivalence.

For June 30, 1997 accrued benefit: 1/15 per year for the first 5 years and 1/30 per year for the next 5 years that benefit commencement date precedes age 65.

Late Retirement Benefit

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

Vested Benefits upon Termination of Service

Accrued benefit payable at normal retirement age or PEP balance.

SCHEDULE SB ATTACHMENTS

Disability Benefit

Same as deferred vested benefit.

Pre-Retirement Death Benefit

50% of the benefit which would have been payable to the deceased participant under the 50% Joint and Survivor annuity option, or an actuarially equivalent lump sum of this benefit.

Other Plan Provisions

Normal Form of Payment

Automatic form for unmarried participants is a Single Life Annuity.

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

Optional Forms of Payment

75% or 100% Joint & Survivor Annuity.

10-Year Certain & Life Annuity.

Lump sum if the participant was actively employed as of January 1, 1989.

If the total present value of benefits is under $1,000, then the benefit will be mandatorily paid as a lump sum.

Optional Forms Conversion Basis

Actuarial equivalent values for conversion of benefits as set forth in Appendix A of plan document. 7% interest and GAM71 male mortality for participants, and GAM71 female mortality for joint annuitants for all other determinations.

Pension Increases

None scheduled.

Contributions

Employer contributions: 100% employer funded.

SCHEDULE SB ATTACHMENTS

Participant contributions: Employee contributions from prior profit-sharing plan were transferred to this plan at January 1, 1977. Some employees may be entitled to a modified cash refund.

Maximum Benefits

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

Changes in Plan Provisions since Last Actuarial Valuation

No changes since prior plan year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	10/01/2023	21,945,626	15.00000	21,945,626	2,009,796
2. Shortfall	10/01/2022	56,333,655	14.00000	54,215,336	5,205,875
Total				76,160,962	7,215,671

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