

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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 [] 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: FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): FULTON FINANCIAL CORPORATION
2b Employer Identification Number (EIN): 23-2195389
2c Plan Sponsor's telephone number: 717-291-2565
2d Business code (see instructions): 522110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor FULTON FINANCIAL CORPORATION P.O. BOX 4887 LANCASTER, PA 17604	3b Administrator's EIN 23-2195389 3c Administrator's telephone number 717-291-2565																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 756																				
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">79</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">76</td></tr> <tr><td>6b</td><td style="text-align: right;">483</td></tr> <tr><td>6c</td><td style="text-align: right;">94</td></tr> <tr><td>6d</td><td style="text-align: right;">653</td></tr> <tr><td>6e</td><td style="text-align: right;">48</td></tr> <tr><td>6f</td><td style="text-align: right;">701</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	79	6a(2)	76	6b	483	6c	94	6d	653	6e	48	6f	701	6g(1)		6g(2)		6h	0
6a(1)	79																				
6a(2)	76																				
6b	483																				
6c	94																				
6d	653																				
6e	48																				
6f	701																				
6g(1)																					
6g(2)																					
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 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FULTON FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2195389</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>84658929</u>
	b Actuarial value	2b	<u>84658929</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>527</u>	<u>46495745</u>
	b For terminated vested participants	<u>154</u>	<u>11308487</u>
	c For active participants	<u>79</u>	<u>6928987</u>
	d Total	<u>760</u>	<u>64733219</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>193000</u>
	c Target normal cost	6c	<u>193000</u>

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

SIGN HERE Signature of actuary <u>JOHN W. JEFFREY, FSA, EA, MAAA</u> Type or print name of actuary <u>CONRAD SIEGEL</u> Firm name <u>P.O. BOX 5900, 501 CORPORATE CIRCLE</u> <u>HARRISBURG, PA 17110-0900</u> Address of the firm	<u>09/08/2025</u> Date <u>23-05688</u> Most recent enrollment number <u>717-652-5633</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.29</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	130.78 %
15	Adjusted funding target attainment percentage	15	130.78 %
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	118.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	193000
b Excess assets, if applicable, but not greater than line 31a			31b	193000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 FULTON FINANCIAL CORPORATION	D Employer Identification Number (EIN) 23-2195389	

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

VANGUARD GROUP INC

23-1945930

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

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

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

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 38 49 50	NONE	93339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FULTON FINANCIAL ADVISORS

23-3037647

(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?
25 51 52 62	NONE	35522	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BDO USA, LLP

1801 MARKET STREET, SUITE 1700
PHILADELPHIA, PA 19103

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17302	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

DODGE & COX

94-1441976

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS ASSET MANAGEMENT, L.P

13-4019460

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

JOHCM (USA) INC.

1055 WESTLAKES DRIVE, SUITE 310
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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

JOHN HANCOCK INVESTMENT MANAGEMENT

04-3483032

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

J.P. MORGAN INVESTMENT MANAGEMENT,

13-2624428

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HARRIS ASSOCIATES L.P.

04-3276558

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL GLOBAL INVESTORS LLC

42-1520346

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SMEAD CAPITAL MANAGEMENT INC

600 UNIVERSITY STREET SUITE 2412
SEATTLE, WA 98101

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FEDERATED INVESTMENT MANAGEMENT COM

25-1111467

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

PACIFIC INVESTMENT MANAGEMENT COMPA

95-2632339

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

T. ROWE PRICE ASSOCIATES, INC.

52-2264646

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CALAMOS ADVISORS LLC

2020 CALAMOS COURT
NAPERVILLE, IL 60563

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

FIRST PACIFIC ADVISORS, LP

111400 W. OLYMPIC BLVD. SUITE 1200
LOS ANGELES, CA 90064

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK FUND ADVISORS

51-0318674

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FIRST TRUST PORTFOLIOS LP

120 E LIBERTY DRIVE, SUITE 400
WHEATON, IL 60187

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

SSGA FUNDS MANAGEMENT, INC.

1 IRON ST
BOSTON, MA 02210

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	28 52	0
(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.	
DODGE & COX INTERNATIONAL STOCK I 94-1441976	0.62% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT, L.P	28 52	0
(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.	
GOLDMAN SACHS GQG PTNRS INTL OPPS I 13-4019460	0.75% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT, L.P	28 52	0
(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.	
GQG PARTNERS EMERGING MARKETS EQUIT 13-4019460	0.98% OF ASSETS	

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
GOLDMAN SACHS ASSET MANAGEMENT, L.P	28 52	0
(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.	
GOLDMAN SACHS INTL SM CP INSGHTS IN 13-4019460	0.87% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT LP	28 52	0
(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.	
GS FINANCIAL SQ TREAS OBLIG 13-4019460	0.20% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOHCM (USA) INC.	28 52	0
(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.	
JOHCM INTERNATIONAL SELECT INSTITUT 1055 WESTLAKES DRIVE, SUITE 310 BERWYN, PA 19312	0.98% OF ASSETS	

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
JOHN HANCOCK INVESTMENT MANAGEMENT	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation JHANCOCK DISCIPLINED VALUE MID CAP 601 CONGRESS STREET BOSTON, MA 02210 04-3483032	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.87% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation JPMORGAN GROWTH ADVANTAGE A 270 PARK AVENUE NEW YORK, NY 10017-2070 13-2624428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.99% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS ASSOCIATES L.P.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation OAKMARK INTERNATIONAL INVESTOR 04-3276558	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 1.05% OF ASSETS	

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
PRINCIPAL GLOBAL INVESTORS LLC	28 52	0
(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.	
PRINCIPAL MIDCAP INSTITUTIONAL 42-1520346	0.68% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SMEAD CAPITAL MANAGEMENT INC	28 52	0
(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.	
SMEAD VALUE INVESTOR 600 UNIVERSITY STREET SUITE 2412 SEATTLE, WA 98101	1.23% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 52	0
(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.	
UNDISCOVERED MANAGERS BEHAVIORAL VA 270 PARK AVENUE NEW YORK, NY 10017-2070 13-2624428	0.9% OF ASSETS	

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
FEDERATED INVESTMENT MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation FEDERATED HERMES MUNICIPAL ULTRASHO 25-1111467	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.36% OF ASSETS	
(a) Enter service provider name as it appears on line 2 PACIFIC INVESTMENT MANAGEMENT COMPA	(b) Service Codes (see instructions) 28 52	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation PIMCO INCOME C 95-2632339	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 1.98% OF ASSETS	
(a) Enter service provider name as it appears on line 2 PACIFIC INVESTMENT MANAGEMENT COMPA	(b) Service Codes (see instructions) 28 52	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation PIMCO INVESTMENT GRADE CREDIT BOND 95-2632339	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 1.09% OF ASSETS	

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
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(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.	
PIMCO TOTAL RETURN C 95-2632339	1.6% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE ASSOCIATES, INC.	28 52	0
(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.	
T. ROWE PRICE INSTL FLOATING RATE 52-2264646	0.57% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CALAMOS ADVISORS LLC	28 52	0
(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.	
CALAMOS MARKET NEUTRAL INCOME I 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.97% OF ASSETS	

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
FIRST PACIFIC ADVISORS, LP	28 52	0
(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.	
FPA CRESCENT 111400 W. OLYMPIC BLVD. SUITE 1200 LOS ANGELES, CA 90064	1.06% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 52	0
(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.	
JPMORGAN HEDGED EQUITY I 270 PARK AVENUE NEW YORK, NY 10017-2070 13-2624428	0.58% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(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.	
ISHARES RUSSELL 1000 LARGE-CAP IDX 51-0318674	0.13% OF ASSETS	

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
BLACKROCK FUND ADVISORS	28 52	0
(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.	
ISHARES SEMICONDUCTOR ETF 51-0318674	0.35% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(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.	
ISHARES 7-10 YEAR TREASURY BOND ETF 51-0318674	0.15% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST TRUST PORTFOLIOS LP	28 52	0
(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.	
FIRST TRUST CLOUD COMPUTING ETF 120 E LIBERTY DRIVE, SUITE 400 WHEATON, IL 60187	0.60% OF ASSETS	

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
FIRST TRUST PORTFOLIOS LP	28 52	0
(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.	
FIRST TRUST NASDAQ CYBERSECURITY ET 120 E LIBERTY DRIVE, SUITE 400 WHEATON, IL 60187	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SSGA FUNDS MANAGEMENT, INC.	28 52	0
(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.	
ENERGY SELECT SECTOR SPDR ETF 1 IRON ST BOSTON, MA 02210	0.08% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SSGA FUNDS MANAGEMENT, INC.	28 52	0
(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.	
MATERIALS SELECT SECTOR SPDR ETF 1 IRON ST BOSTON, MA 02210	0.08% OF ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 FULTON FINANCIAL CORPORATION	D Employer Identification Number (EIN) 23-2195389

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	185823	181501
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	7206594	6037429
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	2620853	4050948
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	14503589	12570071
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	60142070	62755005
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	84658929	85594954
Liabilities			
g Benefit claims payable.....	1g	0	62762
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	62762
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	84658929	85532192

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	337322	
(B) U.S. Government securities.....	2b(1)(B)	227220	
(C) Corporate debt instruments.....	2b(1)(C)	136923	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		701465
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	345074	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2617144	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2962218
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	35062496	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31429449	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3633047
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	-707365	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-707365

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3395761
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		9985126

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8891988	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8891988
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17302	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	33080	
(7) Actuarial fees	2i(7)	93339	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76154	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		219875
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9111863

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		873263
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** 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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556571.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FULTON FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>23-2195389</u>	

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): 23-2775471

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		43
---	--	----

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
FINANCIAL STATEMENTS
December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator
Fulton Financial Affiliates' Defined Benefit Pension Plan
Lancaster, Pennsylvania

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

We have performed audits of the financial statements of Fulton Financial Affiliates' Defined Benefit 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 GAAP.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

Philadelphia, Pennsylvania
September 3, 2025

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Common stocks	\$ 12,570,071	\$ 14,503,589
Mutual funds	62,755,005	60,142,070
U.S. Government and agency obligations	6,037,429	7,206,594
Corporate obligations	4,050,948	2,620,853
Total investments	85,413,453	84,473,106
Receivables		
Due from broker	388,465	—
Accrued interest and dividends	180,692	185,823
Total receivables	569,157	185,823
Total assets	85,982,610	84,658,929
LIABILITIES		
Due to broker	387,656	—
Total liabilities	387,656	—
Net assets available for benefits	\$ 85,594,954	\$ 84,658,929

See accompanying notes to financial statements.

FULTON FINANCIAL AFFILIATES'
 DEFINED BENEFIT PENSION PLAN
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Year ended December 31, 2024

Additions to net assets attributed to:

Investment income

Net appreciation in fair value of investments	\$ 6,321,443
Interest and dividends	<u>3,663,683</u>

Total additions	9,985,126
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Deductions from net assets attributed to:

Benefits paid directly to participants	8,829,226
Pension Benefit Guaranty Corp premiums ("PBGC")	76,154
Administrative expenses	<u>143,721</u>

Total deductions	9,049,101
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Net increase	936,025
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Net assets available for benefits:

Beginning of year	84,658,929
End of year	<u><u>\$ 85,594,954</u></u>

See accompanying notes to financial statements.

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Fulton Financial Affiliates' Defined Benefit Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a noncontributory defined benefit pension plan which covers eligible employees of merged bank subsidiaries of Fulton Financial Corporation (the "Company") that had defined benefit plans at the time of merger. The Plan was established in 1972 and restated in 2015 and provides pension, death, and disability benefits. Effective December 31, 2007, the Plan was amended to freeze benefit accruals and was closed to new participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Pension Benefits: Participants are entitled to pension benefits beginning at age 65 and five years of service. Participants may elect early retirement between the ages of 55 and 65 with 10 years of service. The amount of the participant's normal retirement benefit payable under the Plan is calculated by the Plan's actuary. The formula used to calculate the benefit varies based upon the affiliate bank where the employee worked. Effective December 31, 2007, the Plan was amended to 100% vest all active participants and former participants who had not yet incurred a five year break in service as of that date. Participants may elect to receive their benefits in the form of (a) a joint and survivor annuity; (b) payment of equal installments payable over a period not more than the participant's life expectancy; or, (c) a single lump-sum payment. The type of benefit payment a participant may elect is dependent on the affiliate bank where the employee worked. All vested accrued pensions which are less than \$5,000 are automatically paid in the form of a lump sum.

Effective September 1, 2024, the Plan has been amended to include a lump sum window payment option beginning September 1, 2024 and continuing through October 31, 2024, which makes certain benefit payments available to terminated and vested participants who have not commenced receipt of benefit payments under the terms of the Plan as of November 1, 2024. During 2024, lump sum payments totaling \$4,305,704 were made as a result of the amendment.

Death and Disability Benefits: If a vested participant dies, a death benefit equal to the present value of the participant's accrued benefit may be paid to the participant's beneficiary subject to a length of marriage requirement. A participant who becomes disabled and has completed 5 years of service may be entitled to the same benefits as a participant who terminated employment subject to the length of disability. The type of death and disability benefits a participant is entitled to varies based on the affiliate bank where the participant was employed.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in accordance with generally accepted accounting principles in the United States ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimate of actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

Due From/To Brokers: Due from brokers and due to brokers balance include the balances for unsettled securities sale and purchase transactions. As of December 31, 2024, the Plan's due from/to brokers was \$388,465 and \$387,656, respectively. There were no amounts due from/to broker as of December 31, 2023.

Benefit Payments: Benefits are recorded when paid.

Expenses: Investment management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

expenses are reflected as a reduction of investment return for such investments. Certain professional fees for the administration of the Plan were paid by the Plan or the Company as appropriate. Expenses that are paid by the Company are excluded from these financial statements.

NOTE 3 - RISKS AND UNCERTAINTIES

The Plan invests in a variety of investments including mutual funds, U.S. government and agency obligations, corporate obligations and common stocks. The underlying investment securities are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and, (c) present employees or their beneficiaries. Benefits under the Plan were based on employees' average monthly compensation and years of service prior to December 31, 2007, the benefit accrual freeze date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for retirement, death, disability, or termination of employment) between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term, and that the effect of such change could be significant.

The significant actuarial assumptions used in the valuations were:

Interest rate:	5.00% as of December 31, 2024 and 2023
Normal retirement age:	Age 65
Mortality basis:	Pri-2012 White Collar Mortality Table
Disability:	SOA 1987 Group LTD Table-Male rates 6-month elimination

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

The actuary performed the valuations as of December 31, 2024 and 2023. The accumulated plan benefits information as of these valuation dates is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits:	2024	2023
Participants currently receiving payments	\$ 48,012,824	\$ 48,223,213
Other participants	13,751,409	19,445,392
	61,764,233	67,668,605
Nonvested benefits	1,124	1,350
	61,765,357	67,669,955
Total actuarial present value of accumulated plan benefits	\$ 61,765,357	\$ 67,669,955

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2024 consist of the following:

	2024
Actuarial present value of accumulated plan benefits at beginning of year	\$ 67,669,955
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	3,142,658
Benefits accumulated including actuarial gain	(155,268)
Benefits paid / payable	(8,891,988)
	61,765,357
Actuarial present value of accumulated plan benefits at end of year	\$ 61,765,357

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 5 - FUNDING POLICY

Employer contributions are determined based on an actuarial calculation. The Plan has met the ERISA minimum funding requirements. The investment policy of the Plan is to optimize the total return of the assets of the Plan through a policy of balanced investments, structured to achieve the maximum returns possible, as measured on the total portfolio, consistent with a policy that emphasizes the prudent management of risk.

NOTE 6 - RIGHTS UPON PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. 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 have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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 ("PBGC") (a U.S. government agency) up to the applicable limitations.
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 if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE 7 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, investment transactions, interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fulton Financial Advisors, the trustee of the Plan and a qualified institution..

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

NOTE 8 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and gives the lowest priority to unobservable inputs (level 3). The three levels of inputs within the fair value hierarchy under ASC 820 are defined as follows:

Level 1: Quoted prices for identical instruments in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar instruments; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. 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: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an instrument.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

There have been no changes in the methodologies used at December 31, 2024 or 2023.

The following descriptions of the valuation method and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Common Stocks and Mutual Funds: The fair values of common stocks and mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

U.S. Government and Agency Obligations: The U.S. government securities are valued at the closing price reported in the active market in which the bond is traded (Level 1 inputs).

Corporate Obligations: Corporate obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings (Level 2 inputs).

Investments measured at fair value on a recurring basis are summarized below:

	Assets at Fair Value			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Common stocks	\$ 12,570,071	\$ —	\$ —	\$ 12,570,071
Mutual funds	62,755,005	—	—	62,755,005
U.S. Government and agency obligations	6,037,429	—	—	6,037,429
Corporate obligations	—	4,050,948	—	4,050,948
Total	<u>\$ 81,362,505</u>	<u>\$ 4,050,948</u>	<u>\$ —</u>	<u>\$ 85,413,453</u>
<u>December 31, 2023</u>				
Common stocks	\$ 14,503,589	\$ —	\$ —	\$ 14,503,589
Mutual funds	60,142,070	—	—	60,142,070
U.S. Government and agency obligations	7,206,594	—	—	7,206,594
Corporate obligations	—	2,620,853	—	2,620,853
Total	<u>\$ 81,852,253</u>	<u>\$ 2,620,853</u>	<u>\$ —</u>	<u>\$ 84,473,106</u>

NOTE 9 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company, by a letter dated December 4, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan sponsor is responsible for reviewing the annual Required Amendments List ("RAL") issued by the IRS for individually designed plans to retain qualified tax status. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - RELATED PARTY AND PARTY-IN-INTEREST

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain other expenses paid by the Company were excluded from these financial statements.

Fulton Financial Advisors is the trustee as defined by the Plan and is a wholly-owned subsidiary of the Company, and therefore, is a related party. Fees paid by the Plan to Fulton Financial Advisors for investment advisory services totaled \$35,522 for 2024.

Fees paid by the Plan to Conrad Siegel for administrative services totaled \$93,339 for 2024. Fees paid to BDO for auditing services totaled \$17,302 for 2024. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

FULTON FINANCIAL AFFILIATES'
 DEFINED BENEFIT PENSION PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 85,594,954	\$ 84,658,929
Benefits payable	(62,762)	—
Net Assets Available for Benefits Per the Form 5500	<u>\$ 85,532,192</u>	<u>\$ 84,658,929</u>

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the year ended December 31, 2024:

	2024
Net increase in net assets available for benefits	\$ 936,025
Benefits payable	(62,762)
Net Income Per the Form 5500	<u>\$ 873,263</u>

NOTE 12 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through September 3, 2025, which is the date the financial statements were available to be issued and there have been no material events that would require recognition in the financial statements or disclosures to the financial statements.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Fulton Financial Corporation
EIN: 23-2195389
Plan number: 004

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Common Stock</u>			
	Amcors PLC	7,661 Shares	\$ 92,179	\$ 72,090
	Johnson Controls Intl PLC ADR	425 Shares	26,169	33,545
	Lyondellbasell Industries Class A	2,148 Shares	198,753	159,532
	Chevron Corp	1,505 Shares	235,264	217,984
	Enbridge Inc	5,886 Shares	224,362	249,743
	Exxon Mobil Corp	835 Shares	100,320	89,821
	National Grid PLC ADR Spon	3,321 Shares	208,044	197,334
	Tc Energy Corp	4,092 Shares	166,658	190,401
	Totalenergies SE Spon	3,995 Shares	221,249	217,728
	Williams Cos Inc	1,534 Shares	45,668	83,020
	Accenture PLC ADR Class A Spon	167 Shares	55,182	58,749
	Adobe Inc	142 Shares	64,613	63,145
	Apple Inc	3,234 Shares	316,089	809,858
	Broadcom Inc	1,020 Shares	148,030	236,477
	Datadog Inc	325 Shares	22,534	46,439
	Dell Technologies Inc	329 Shares	23,079	37,914
	Lam Research Corporation	319 Shares	25,287	23,041
	Mastercard Inc Class A	230 Shares	83,914	121,111
	Microsoft Corp	1,545 Shares	338,344	651,218
	Monday.Com LTD	128 Shares	27,773	30,136
	Nvidia Corp	5,303 Shares	128,621	712,140
	Paychex Inc	700 Shares	92,057	98,154
	Salesforce.Com Inc	228 Shares	47,778	76,227
	Servicenow Inc	53 Shares	33,746	56,186
	Visa Inc	395 Shares	72,292	124,836
	Workday Inc	101 Shares	16,680	26,061
	Amazon.Com Inc	1,773 Shares	265,556	388,978
	Booking Holdings Inc	7 Shares	9,688	34,779
	Home Depot Inc	461 Shares	149,978	179,324
	Match Grp Inc	409 Shares	14,378	13,378
	O'Reilly Automotive Inc	62 Shares	51,726	73,520
	Royal Caribbean Cruises LTD	179 Shares	27,842	41,294
	Target Corp Com	245 Shares	41,477	33,119
	Tesla Inc	543 Shares	149,844	219,285
	TJX Cos Inc	285 Shares	20,600	34,431

See Report of Independent Auditors

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Coca-Cola Co	1,928 Shares	\$ 116,292	\$ 120,037
	Constellation Brands Inc	103 Shares	24,514	22,763
	Costco Wholesale Corp	116 Shares	65,978	106,287
	Diageo PLC ADR Spon	989 Shares	129,331	125,732
	Kenvue Inc	5,274 Shares	108,479	112,600
	Kimberly-Clark Corp	109 Shares	14,045	14,283
	Pepsico Inc	1,132 Shares	199,785	172,132
	Philip Morris International Inc	1,869 Shares	159,532	224,934
	Zoetis Inc	331 Shares	54,252	53,930
	Cintas Corp	324 Shares	38,141	59,195
	Deere & Co	67 Shares	26,685	28,388
	Fedex Corp	198 Shares	47,782	55,703
	Honeywell International Inc	209 Shares	44,609	47,211
	Lockheed Martin Corp	31 Shares	12,139	15,064
	Rtx Corp	135 Shares	11,483	15,622
	Textron Inc	280 Shares	19,320	21,417
	United Parcel Service Inc Class B	705 Shares	126,681	88,901
	United Rentals Inc	59 Shares	21,819	41,562
	Waste Management Inc	132 Shares	22,075	26,636
	Alexandria Real Estate Equities Inc	1,308 Shares	155,936	127,595
	Ally Finl Inc	709 Shares	27,847	25,531
	Bank of Montreal	1,432 Shares	134,382	138,976
	Blackrock Inc	68 Shares	47,776	69,707
	Canadian Imperial Bank of Commerce Spon	1,084 Shares	50,273	68,541
	Huntington Bancshares Inc OH	9,633 Shares	128,845	156,729
	Jefferies Financial Group Inc	613 Shares	27,260	48,059
	Morgan Stanley	1,096 Shares	110,276	137,789
	PNC Financial Services Group Inc.	976 Shares	164,479	188,222
	Prologis Inc	1,509 Shares	186,421	159,501
	Realty Income Corp REIT	2,839 Shares	169,780	151,631
	Truist Financial Corp	3,766 Shares	186,468	163,369
	US Bancorp	4,707 Shares	217,921	225,136
	Abbvie Inc	1,543 Shares	245,821	274,191
	Amgen Inc	728 Shares	201,250	189,746
	Boston Scientific Corp	801 Shares	32,636	71,545
	Bristol-Myers Squibb Co	4,445 Shares	226,381	251,409
	Gilead Sciences Inc	2,783 Shares	197,490	257,066
	Johnson & Johnson	1,197 Shares	192,786	173,110

See Report of Independent Auditors

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Eli Lilly & Co	177 Shares	\$ 92,577	\$ 136,644
	Merck & Co Inc	541 Shares	49,784	53,819
	Pfizer Inc	5,291 Shares	218,982	140,370
	Sanofi ADR Spon	4,132 Shares	206,523	199,286
	Thermo Fisher Scientific Inc	95 Shares	54,712	49,422
	American Electric Power Co Inc	1,458 Shares	133,274	134,471
	Duke Energy Corp	1,472 Shares	133,587	158,593
	Entergy Corp	1,594 Shares	84,738	120,857
	PPL Corp	3,151 Shares	99,202	102,281
	Southern Company	1,338 Shares	81,496	110,144
	Wec Energy Group Inc	805 Shares	70,039	75,702
	Xcel Energy Inc	3,116 Shares	180,455	210,392
	Alphabet Inc Class C	955 Shares	64,908	181,870
	Alphabet Inc Class A	1,226 Shares	141,158	232,082
	AT&T Inc	5,897 Shares	118,719	134,275
	Meta Platforms Inc Class A	450 Shares	195,815	263,480
	Netflix Inc	88 Shares	40,463	78,436
	Verizon Communications	6,419 Shares	312,879	256,699
	Total Common Stock		9,972,055	12,570,071
	<u>Mutual Funds</u>			
	Dodge & Cox	Dodge & Cox Intl Stock Fund -1048	427,607	480,135
	Goldman Sachs	Goldman Sachs Gqg Partners Intl Opport Instl Shs	1,452,158	1,808,849
	Gqg Partners	Gqg Partners Emerging Markets Eq Fd Instl Shs	832,044	1,068,479
	Goldman Sachs	GS Intl Sm Cap Insight Fd Instl Shs	446,202	449,265
	Johcm Intr	Johcm International Select Fd CI I	954,279	952,078
	John Hancock	John Hancock III Disep Val Mid Cap Fd CI I	1,476,573	1,806,801
	JP Morgan	JP Morgan Growth Advantage Fnd I Shs	1,800,000	2,834,701
	Oakmark	Oakmark Intl Fd R6 Shs	1,458,630	1,416,419
	Principal	Principal Midcap Fd R-6 Shs	1,331,625	2,082,930
	Smead	Smead Value Fund Y Shs	1,998,340	3,021,171
	UMB	UMB Value Fd CI L -1368	1,592,475	2,100,891
	Vanguard	Vanguard Dividend Grth Fd Inv CI -57	3,654,116	4,792,109
	Vanguard	Vanguard Growth Index Fd Adm CI	2,195,594	6,127,597
	Vanguard	Vanguard Instl Index Fd -94	2,400,000	2,427,607

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Energy Select	Energy Select Sector Spdr ETF	\$ 23,891	\$ 23,985
	First Trust	First Trust Cloud Computing ETF	65,257	85,171
	First Trust	First Trust Nasdaq Cybersecurity ETF	49,849	78,044
	Ishares	Ishares Russell 1000 Value ETF	2,354,447	3,409,724
	Ishares	Ishares Semiconductor ETF	176,016	266,130
	Materials Select	Materials Select Sector Spdr Fd ETF	36,296	37,442
	Federal Government	Federated Govt Ultrashort Dur Fd Instl CI Fund# 626	4,145,473	4,097,078
	PIMCO	PIMCO Income Fd Instl Shs	2,665,066	2,375,950
	PIMCO	PIMCO Invt Grade Credit Bd Fd Inst CI-56	2,600,000	2,670,885
	PIMCO	PIMCO Total Return Fund Instl CI -35	1,928,987	1,529,345
	T Rowe	T Rowe Price Instl Floating Rate Fd	2,914,709	2,851,336
	Ishares	Ishares 7-10 Yr Treasury Bd ETF	3,455,789	3,411,403
	Goldman Sachs	GS Financial Sq Treas Oblig MMF #468 Fst Shs	5,516,819	5,516,819
	Calamos	Calamos Market Neutral Inc Fd I Shares	802,791	880,114
	FPA Crescent	Fpa Crescent Fund Instl CI	838,464	979,717
	JP Morgan	Jpmorgan Hedged Eq Fd I Shs	1,629,528	2,220,745
	Vanguard	Vanguard Market Neutral Fd Inv CI	836,397	952,085
	Total Mutual Funds		52,059,422	62,755,005
	<u>U.S. Government and Agency Obligations</u>			
	US Government	US Treas Notes 3.750% 04/15/26	292,506	293,177
	US Government	US Treas Notes 0.625% 07/31/26	616,165	588,866
	US Government	US Treas Notes 0.875% 09/30/26	174,438	167,061
	US Government	US Treas Notes 3.500% 09/30/26	124,649	124,433
	US Government	US Treas Notes 4.250% 11/30/26	84,210	83,990
	US Government	US Treas Notes 4.250% 03/15/27	450,846	453,955
	US Government	US Treas Notes 4.500% 04/15/27	384,153	389,005
	US Government	US Treas Notes 4.125% 10/31/27	135,765	134,488
	US Government	US Treas Notes 4.125% 11/15/27	713,390	711,961
	US Government	US Treas Notes 3.500% 01/31/28	289,908	288,292
	US Government	US Treas Notes 3.625% 03/31/28	252,753	246,874
	US Government	US Treas Notes 3.500% 04/30/28	148,764	147,227
	US Government	US Treas Notes 4.125% 07/31/28	216,466	217,528
	US Government	US Treas Notes 4.625% 09/30/28	199,624	203,937
	US Government	US Treas Notes 4.375% 11/30/28	425,814	421,269
	US Government	US Treas Notes 3.500% 09/30/29	236,417	233,965
	US Government	US Treas Notes 4.125% 10/31/29	787,893	782,078
	US Government	US Treas Notes 4.125% 11/30/31	387,655	386,662
	US Government	US Treas Notes 4.250% 11/15/34	167,705	162,661
	Total U.S. Government and Agency Obligations		6,089,121	6,037,429

See Report of Independent Auditors

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	<u>Corporate Obligations (Domestic)</u>			
	Jpmorgan Chase & Co	2.083% due 04/22/26	\$ 132,134	\$ 140,780
	Jpmorgan Chase	1.040% due 02/04/27	82,706	79,741
	Bank of America Corp	1.658% due 03/11/27	350,601	339,184
	Jpmorgan Chase	1.578% due 04/22/27	141,303	136,353
	US Bancorp	2.215% due 01/27/28	367,670	349,860
	Philip Morris Intl	4.875% due 02/15/28	99,288	100,240
	Abbvie Inc	4.800% due 03/15/29	276,509	276,789
	Accenture Cap Inc	4.050% due 10/04/29	309,435	300,895
	BP Cap Mkts Amer Inc	4.970% due 10/17/29	277,013	278,305
	Philip Morris Intl	4.625% due 11/01/29	103,213	102,578
	Conocophillips Co	4.700% due 01/15/30	276,632	273,947
	Shell Finance US Inc	2.750% due 04/06/30	328,173	272,190
	Blackrock Inc	1.900% due 01/28/31	242,055	205,602
	Comcast Corp	1.500% due 02/15/31	148,679	122,902
	Lockheed Martin Corp	4.700% due 12/15/31	120,927	119,089
	Blackrock Inc	2.100% due 02/25/32	107,750	89,762
	Philip Morris Intl	5.750% due 11/17/32	95,914	98,712
	Auto Data Processing	4.450% due 09/09/34	159,423	152,323
	President & Fellows Harvard Clg	4.609% due 02/15/35	394,107	382,464
	Trustees of Columbia University in the City of NY	4.355% due 10/01/35	242,964	229,232
	Total Corporate Obligations (Domestic)		<u>4,256,496</u>	<u>4,050,948</u>
	Total Investments		<u>\$72,377,094</u>	<u>\$85,413,453</u>

FULTON FINANCIAL AFFILIATES'
DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

Name of Plan Sponsor: Fulton Financial Corporation
 EIN: 23-2195389
 Plan number: 004

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Transaction Date</u>	<u>Current Value of Transaction</u> Net Gain or <u>(Loss)</u>

Category (i): A single transaction in excess of 5% of the current value of plan assets. (These transactions are included in the series of transactions in category (iii) below):

None

Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:

Financial	GS Financial Sq Treas Oblig MMF #468	\$ 12,294,900	\$ —	\$ 12,294,900	\$12,294,900	\$ —
Financial	GS Financial Sq Treas Oblig MMF #468	—	13,079,602	13,079,602	13,079,602	—

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

EIN: 23-2195389

PLAN NUMBER: 004

FULTON FINANCIAL AFFILIATES' DEFINED BENEFIT PENSION PLAN

DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 01/01/2024

Attained Age	Years of Credited Service to Date											Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	3	3	0	0	0	0	0	0	0	6
50-54	0	0	2	8	5	1	0	0	0	0	0	16
55-59	0	0	4	10	6	6	0	0	0	0	0	26
60-64	0	1	0	5	6	4	3	0	0	0	0	19
65-69	0	0	0	0	1	0	2	0	0	0	0	3
70+	0	0	0	0	0	0	0	1	0	0	0	1
Total	0	1	9	26	18	11	5	1	0	0	0	71

Average Age: 56.9 Years Average Service to Date: 15.4 Years

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

Name of Plan: Fulton Financial Affiliates' Defined Benefit Pension Plan

EIN: 23-2195389

PN: 004

Plan Year: 1/1/2024 - 12/31/2024

Actuarial Assumptions and Methods

Interest Rates

	ARPA	Pre MAP-21
First Segment (1 to 60 months):	4.75%	3.62%
Second Segment (61 to 240 months):	4.87%	4.46%
Third Segment (Beyond 240 months):	5.59%	4.52%
Effective Interest Rate:	5.06%	4.41%

Salary

Not Applicable

Withdrawal

70% of 2003 Society of Actuaries Small Plan Age Turnover Table. Sample rates are shown below:

Age	Rate	Age	Rate	Age	Rate
20	17.0100%	35	8.4700%	50	3.9200%
25	13.6500%	40	6.5800%	55	2.9400%
30	10.8500%	45	5.1100%	60	2.1000%

Mortality

IRS 2024 Generational Table

Incorporated into the table are rates projected using the methodology in regulation 1.430(h)(3)-1 and the 2024 Adjusted Scale MP-2021 to reflect mortality improvement.

Disability

50% of SOA 1987 Group LTD Table - Male rates, 6-month elimination. Sample rates are shown below.

Age	Rate	Age	Rate	Age	Rate
20	0.0382%	35	0.0621%	50	0.2698%
25	0.0427%	40	0.0880%	55	0.4885%
30	0.0493%	45	0.1472%	60	0.7387%

Retirement

Normal Retirement Age, or age on valuation date, if greater.

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

Name of Plan: Fulton Financial Affiliates' Defined Benefit Pension Plan

EIN: 23-2195389

PN: 004

Plan Year: 1/1/2024 - 12/31/2024

Preretirement Survivor Death Benefit

Liabilities computed on the assumption that 75% of participants will have spouses of the same age at the date of eligibility for the benefit.

Expenses

Plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial Value of Assets

Market value as determined by the trustee, adjusted for discounted employer contributions receivable.

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Fulton Financial Affiliates' Defined Benefit Pension Plan
Employer I.D. #: 23-2195389
Plan Number: 004

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Schedule of Reportable Transactions is contained in the attached audit report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 FULTON FINANCIAL AFFILIATES DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FULTON FINANCIAL CORPORATION	D Employer Identification Number (EIN) 23-2195389	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	84,658,929
	b Actuarial value	2b	84,658,929
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	527	46,495,745
	b For terminated vested participants	154	11,308,487
	c For active participants	79	6,928,987
	d Total	760	64,733,219
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	5.06%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	193,000
	c Target normal cost	6c	193,000

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	<i>John W. Jeffrey</i> Signature of actuary John W. Jeffrey, FSA, EA, MAAA Type or print name of actuary Conrad Siegel Firm name P.O. Box 5900, 501 Corporate Circle Harrisburg PA 17110-0900 Address of the firm	<u>09/08/2025</u> Date 2305688 Most recent enrollment number 717-652-5633 Telephone number (including area code)
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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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 193,000
b Excess assets, if applicable, but not greater than line 31a				31b 193,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule C, line 2(h) – Formula Description

Plan Name: Fulton Financial Affiliates' Defined Benefit Pension Plan
Employer I.D. #: 23-2195389
Plan Number: 004

<u>(a) Name of Investment Fund (Source of Compensation)</u>	<u>(b) Name of Investment Adviser (Service Provider)</u>	<u>(c) Formula as Percentage of Assets</u>	<u>(d) Other Formula, if any</u>
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Fulton Financial Affiliates' Defined Benefit Pension Plan
Employer I.D. #: 23-2195389
Plan Number: 004

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

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

Name of Plan: Fulton Financial Affiliates' Defined Benefit Pension Plan

EIN: 23-2195389

PN: 004

Plan Year: 1/1/2024 - 12/31/2024

The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

Schedule SB, Part V - Summary of Plan Provisions
Fulton Financial Affiliates' Defined Benefit Pension Plan
EIN: 23-2195389
Plan Number: 004

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For All Participants Except Those Formerly in the
Lebanon Valley National Bank Pension Plan and The Drivers & Mechanics Pension Plan
Summary of Plan Provisions**

Eligibility

An employee becomes a participant in the Plan on the January 1 or July 1 after completion of one year of service and attainment of age 21.

Effective January 1, 1999, there will be no new entrants into the Plan.

Normal Retirement Benefits (Note: Benefit accruals were frozen as of December 31, 2007)

A participant is eligible for normal retirement after attainment of age 65 and completion of five years of vesting service, but no later than the fifth anniversary of participation.

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

The amount of monthly pension is equal to the sum of:

- (a) 45.0% of average monthly compensation, plus
- (b) 22.75% of average monthly compensation over the Social Security Integration Level,

with a proportionate reduction in part (a) of the pension for fewer than 25 years of benefit service at retirement and a proportionate reduction in part (b) of the pension for fewer than 35 years of benefit service at retirement.

The Social Security Integration Level is 50% of the covered compensation amount for an individual who attains age 65 during the plan year. However, the minimum Social Security Integration Level will be equal to \$833.33 and the maximum will be equal to \$1,400.00.

Compensation

Average monthly compensation is based upon the five consecutive calendar years of highest compensation out of the last ten years preceding retirement.

Compensation means the participant's total earnings reportable as W-2 wages for the year. By law, compensation in excess of \$255,000 (as indexed upward by Federal law) cannot be counted.

Grandfather Provision for Certain Employees of Swineford National Bank – The minimum amount of monthly pension for non highly-compensated participants who were employed by Swineford National Bank before January 1, 1989, is equal to the sum of:

- (a) 27.0% of average monthly compensation, plus
- (b) 22.75% of average monthly compensation over \$750.00,

with a proportionate reduction in part (b) of the pension for fewer than 35 years of vesting service at retirement.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For All Participants Except Those Formerly in the
Lebanon Valley National Bank Pension Plan and The Drovers & Mechanics Pension Plan
Summary of Plan Provisions**

Grandfather Provision for Certain Employees of the First National Bank of Danville – The minimum amount of monthly pension for non highly-compensated participants who were employed by the First National Bank of Danville before September 30, 1990, is equal to 60% of average monthly compensation with a proportionate reduction for fewer than 20 years of vesting service at retirement.

Average monthly compensation for the First National Bank of Danville minimum is based upon the three consecutive calendar years of highest compensation out of the last ten years preceding retirement. The normal form of payment of this minimum retirement benefit is payable monthly for the life of the participant with payments continuing to her beneficiary if she dies before at least 120 monthly payments have been made. If she lives beyond the 120-month certain period, payments will continue as long as she lives.

Grandfather Provision for Certain Employees of Great Valley Savings Association – Notwithstanding the above, if a participant is or was an employee of Great Valley Savings Association, then the amount of the participant's normal retirement benefit shall not exceed the sum of:

- (a) The participant's normal retirement benefit determined in accordance with the benefit formula under the Great Valley Savings Association Pension Plan as in effect on July 31, 1991, based on years of service completed through July 31, 1991, and based on all compensation taken into account under this Plan.
- (b) The participant's normal retirement benefit determined under this Plan as in effect on July 31, 1991, based on years of service completed after July 31, 1991, and based on all compensation taken into account under this Plan. The number of years of service taken into account under the Social Security integrated portion of this part shall be limited to 35 minus the number of years of service completed by the participant as of July 31, 1991.

Grandfather Provision for Certain Former Employees of Denver National Bank – Notwithstanding the above, if a participant was an employee of Denver National Bank prior to September 30, 1993, then the amount of the participant's normal retirement benefit shall be such participant's accrued benefit under the Denver National Bank Pension Plan as of September 30, 1993.

Grandfather Provision for Certain Employees of Hagerstown Trust Company – Notwithstanding the above, if a participant is an employee of Hagerstown Trust Company, then the amount of the participant's normal retirement benefit shall not exceed the sum of (a) plus (b) subject to (c):

- (a) The participant's normal retirement benefit determined in accordance with the benefit formula under the Hagerstown Trust Company Pension Plan as in effect on December 31, 1994, based on years of service completed through December 31, 1994, and based on compensation taken into account under that plan.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For All Participants Except Those Formerly in the
Lebanon Valley National Bank Pension Plan and The Drovers & Mechanics Pension Plan
Summary of Plan Provisions**

- (b) The participant's normal retirement benefit determined under this Plan as in effect on December 31, 1994, and based on years of service completed after December 31, 1994, and based on all compensation taken into account under this Plan. The number of years of service taken into account under the Social Security integrated portion of this part shall be limited to 35 minus the number of years of service completed by the participant as of December 31, 1994.
- (c) The minimum amount of monthly pension for participants who were employed as of December 31, 1994, is equal to 2% of average monthly compensation plus 0.5% of average monthly compensation in excess of the participant's normal retirement covered compensation amount (Table I) multiplied by the number of years of service at normal retirement up to a maximum of 15.

Payment Options

A participant may elect to receive her monthly pension in one of these optional forms of payment:

- Lifetime Pension.
- Joint and Survivor Pension with a 100%, 75%, or 50% survivor annuity.
- Lifetime Pension with Certain Period with guaranteed payments for 60, 120, or 180 months.

If the value of the benefit does not exceed \$5,000, the benefit will automatically be paid as a lump sum. The participant may request that the taxable portion of the lump sum payment be transferred directly to an individual retirement account (IRA). If the former participant is a member of another qualified retirement plan which accepts rollover contributions, she may elect to have this distribution transferred to that plan.

Late Retirement

If a participant continues working after her normal retirement date, her pension will not commence until she actually retires, subject to the minimum distribution rule requirement that pension payments begin after attainment of age 70 1/2. The late retirement benefit is the greater of:

- The retirement benefit accrued as of the end of the preceding plan year as actuarially increased; or
- The normal retirement benefit determined under the pension formula using current service and compensation.

The normal retirement pension payment options are all available at late retirement; however, if payments are required to commence as of the required beginning date for age 70 1/2 minimum distributions, the lump sum payment option will not be available.

Early Retirement

A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of service. The early retirement benefit is the actuarial equivalent of the pension accrued to the date of early retirement.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For All Participants Except Those Formerly in the
Lebanon Valley National Bank Pension Plan and The Drovers & Mechanics Pension Plan
Summary of Plan Provisions**

Disability Retirement

If a participant who has completed five years of service becomes totally and permanently disabled, she is eligible for disability retirement after six months of disability. The disability retirement benefit is the early retirement actuarial equivalent of the pension accrued to date.

Accrued Pension

(Note: Benefit accruals were frozen as of December 31, 2007)

The benefit accrued at any date other than the normal retirement date is equal to the projected normal retirement benefit multiplied by the ratio of the number of years of benefit service to date to the projected years of benefit service at normal retirement.

Notwithstanding the above, if a participant was an employee of Denver National Bank prior to September 30, 1993, then the amount of the participant's accrued benefit shall be such participant's accrued benefit under the Denver National Bank Pension Plan as of September 30, 1993. No additional benefits shall accrue to the former employees of Denver National Bank after September 30, 1993.

Notwithstanding the above, the minimum accrued benefit for participants who were employed by Hagerstown Trust Company as of December 31, 1994, is equal to 2% of average monthly compensation plus 0.5% of average monthly compensation in excess of the participant's normal retirement covered compensation amount (Table I) multiplied by the number of years of service to date up to a maximum of 15.

Death Benefits

The death benefit for a vested participant who has been married at least one year is a 50% survivor pension for her spouse. Payment of the survivor benefit would begin on the date on which the participant would first have been eligible for retirement. The amount of survivor benefit would be the 50% survivor benefit payable under a joint and 50% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable.

Any excess of the actuarial value of the accrued benefit over the actuarial value of the survivor benefit will be fully vested and payable to the named beneficiary, regardless of whether or not the participant was vested or married at the time of death.

For former employees of Denver National Bank, only the qualified preretirement survivor's death benefit will be payable with respect to their accrued benefit as of September 30, 1993.

Termination of Employment Benefits

Vesting

A participant's benefits vest according to the vesting schedule shown below. The vested benefit is a deferred pension beginning at normal retirement equal to the accrued pension multiplied by the vesting percentage determined from the following table:

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For All Participants Except Those Formerly in the
Lebanon Valley National Bank Pension Plan and The Drovers & Mechanics Pension Plan
Summary of Plan Provisions**

Years of Service	Vesting Percentage
0-4 Years	0%
5 or More Years	100%

Time of Payment

No pension payment is available under the Plan prior to retirement or death with one exception. If the present value of the vested accrued benefit is no more than \$5,000 at the time of termination, the lump sum value will be paid as soon as administratively possible.

Contributions

The employer pays the full cost of the Plan. Employee contributions are not required or permitted.

Service Rules

Eligibility Service Rules

An employee is credited with a year of eligibility service when she completes at least 1,000 hours of service in the 12-month period beginning on her date of employment. Additional eligibility service periods are measured using the plan year beginning with the plan year that commences after the date of employment.

Vesting Service Rules

An employee is credited with a year of vesting service for each vesting computation period during which she has at least 1,000 hours of service. The vesting computation period is the 12-month period coinciding with the plan year.

Benefit Service Rules

An employee is credited with a year of benefit service for each benefit computation period during which she completes at least 1,000 hours of service.

If the employee terminates and receives a distribution of her vested accrued pension, upon reemployment the Plan will not take into account service credited before the termination, unless she repays the distribution with interest.

A benefit computation period is the 12-month period of the plan year.

Changes in Plan Provisions Since the Last Valuation

None

Significant Event That Occurred During the Year (Across all Affiliates)

None

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants in the Lebanon Valley National Bank Pension Plan
Summary of Plan Provisions

Eligibility to Participate

An employee becomes a participant in the Plan on the April 1 or October 1 following the date she satisfies the following conditions:

- Completion of one year of service.
- Attainment of age 21.

There will be no new entrants into the Plan, except for any former Lebanon Valley National Bank employees as of March 31, 1998, who have not yet met the eligibility requirements.

Normal Retirement Benefits (Note: Benefit accruals were frozen as of December 31, 2007)

Normal Retirement Date

A participant is eligible for her normal retirement pension after attainment of age 65 and participation in the Plan for five years.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments continuing to the beneficiary for the remainder of the Certain Period if the participant dies before at least 60 monthly payments have been made.

Normal Retirement Pension Formula

If the participant retires as of her normal retirement date, her monthly pension will be equal to 1/12 of the sum of:

1.50% of average annual compensation up to the Social Security Integration Level; plus

2.15% of average annual compensation in excess of the Social Security Integration Level

both multiplied by years of benefit service up to 35 years; plus

1.50% of average annual compensation multiplied by years of benefit service after the first 35 years.

"Year of benefit service" is explained under Service Rules.

Social Security Integration Level – The Social Security Integration Level is equal to the average of the taxable wage bases over the 35-year period ending with the year the participant is entitled to full Social Security benefits.

Average Annual Compensation – "Average annual compensation" means the participant's annual compensation averaged over the five consecutive year period which produces the highest average in the last ten consecutive years including the current plan year.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For Former Participants in the Lebanon Valley National Bank Pension Plan
Summary of Plan Provisions**

For the purpose of determining average annual compensation, the Plan does not take into account:

- A year in which less than 1,000 hours of service are credited.

Compensation – For the purposes of the Plan, "compensation" means the participant's total earnings reportable as W-2 wages for the year. By law, compensation in excess of \$255,000 (as indexed upward by Federal law) cannot be counted.

Accrued Benefit_(Note: Benefit accruals were frozen as of December 31, 2007)

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula, but based upon compensation and benefit service to date.

Payment Options

A participant may elect to receive her monthly pension in one of these optional forms of payment:

- Lifetime Pension.
- Joint and Survivor Pension with a 100%, 75%, or 50% survivor annuity.
- Lifetime Pension with Certain Period with guaranteed payments for 60, 120, or 180 months.

If the value of the benefit does not exceed \$5,000, the benefit will automatically be paid as a lump sum. The participant may request that the taxable portion of the lump sum payment be transferred directly to an individual retirement account (IRA). If the former participant is a member of another qualified retirement plan which accepts rollover contributions, she may elect to have this distribution transferred to that plan.

Other Retirement Benefits

Late Retirement

If a participant continues working after her normal retirement date, her pension will not commence until she actually retires, subject to the minimum distribution rule requirement that pension payments begin after attainment of age 70 1/2. The late retirement benefit is the greater of:

- The retirement benefit accrued as of the end of the preceding plan year as actuarially increased; or
- The normal retirement benefit determined under the pension formula using current service and compensation.

The normal retirement pension payment options are all available at late retirement; however, if payments are required to commence as of the required beginning date for age 70 1/2 minimum distributions, the lump sum payment option will not be available.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For Former Participants in the Lebanon Valley National Bank Pension Plan
Summary of Plan Provisions**

Early Retirement

A participant is eligible for early retirement after attainment of age 55 and completion of ten years of vesting service. The early retirement benefit is the actuarial equivalent of the pension accrued to the date of early retirement.

Disability Benefit

If a participant is actively employed, she will be entitled to receive a disability benefit if she has been totally and permanently disabled for six months. The disability benefit will be payable as of her normal retirement date. The monthly disability benefit will be equal to the projected normal retirement pension.

Death Benefit

If a vested participant dies before beginning to receive a retirement pension benefit, her surviving spouse will receive a 50% survivor benefit, but only if they have been married at least one year. Payment will begin on the date on which the participant first would have been eligible for retirement. The amount of the survivor benefit is equal to the 50% survivor benefit payable under the joint and 50% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a complete year at the time of death, no benefit will be paid.

Termination of Employment Benefits

Vesting in Accrued Benefit

If employment terminates other than by retirement, disability, or death, the amount payable from the Plan is based upon the following vesting schedule:

Years of Service	Vesting Percentage
0–4 Years	0%
5 or More Years	100%

Time of Payment

No pension payment is available under the Plan prior to retirement or death with one exception. If the present value of the vested accrued benefit is no more than \$5,000 at the time of termination, the lump sum value will be paid as soon as administratively possible.

Employee Contributions

Voluntary Employee Contribution

Effective October 1, 1974, voluntary nondeductible employee contributions are not permitted under the Plan.

Mandatory Employee Contribution

Mandatory employee contributions have never been required under the Plan.

Rollover Accounts

Rollover or transfer contributions are not permitted.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024

**For Former Participants in the Lebanon Valley National Bank Pension Plan
Summary of Plan Provisions**

Service Rules

Eligibility Service Rules

An employee is credited with a year of eligibility service when she completes at least 1,000 hours of service in the 12-month period beginning on her date of employment. Additional eligibility service periods are measured using the plan year beginning with the plan year that commences after the date of employment.

Vesting Service Rules

An employee is credited with a year of vesting service for each vesting computation period during which she has at least 1,000 hours of service. The vesting computation period is the 12-month period coinciding with the plan year.

Benefit Service Rules

An employee is credited with a year of benefit service for each benefit computation period during which she completes at least 1,000 hours of service.

If the employee terminates and receives a distribution of her vested accrued pension, upon reemployment the Plan will not take into account service credited before the termination, unless she repays the distribution with interest.

For the purpose of determining years of benefit service, the Plan does not take into account:

- Years of service not counted for the purpose of vesting.

A benefit computation period is the 12-month period of the plan year.

Changes in Plan Provisions Since the Last Valuation

None

Significant Event That Occurred During the Year (Across all Affiliates)

None

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants of The Drivers & Mechanics Pension Plan
Summary of Plan Provisions

Eligibility to Participate

An employee becomes a participant in the Plan on the January 1 or July 1 following the date he satisfies the following conditions:

- Completion of one year of service.
- Attainment of age 21.

Employees hired after July 2, 2001, will not be eligible to participate in this plan.

Normal Retirement Benefits (Note: Benefit accruals were frozen as of December 31, 2007)

Normal Retirement Date

A participant is eligible for his normal retirement pension after attainment of age 65 and participation in the Plan for five years.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments continuing to the beneficiary for the remainder of the Certain Period if the participant dies before at least 120 monthly payments have been made.

Normal Retirement Pension Formula

If the participant retires as of his normal retirement date, his monthly pension will be equal to:

33% of average monthly compensation multiplied by a fraction (not exceeding 1), the numerator of which is the number of years of benefit service to his normal retirement date and the denominator of which is 15; plus

0.58% of average monthly compensation which is in excess of the Social Security Integration Level multiplied by the number of years of benefit service to his normal retirement date, up to 25 years.

"Year of benefit service" is explained under Service Rules.

Social Security Integration Level – The Social Security Integration Level is equal to the average of the taxable wage bases over the 35-year period ending with the year the participant is entitled to full Social Security benefits.

Average Annual Compensation – "Average annual compensation" means the participant's annual compensation averaged over the five consecutive year period which produces the highest average in the last ten consecutive years including the current plan year.

For the purpose of determining average annual compensation, the Plan does not take into account a year in which less than 1,000 hours of service are credited.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants of The Drivers & Mechanics Pension Plan
Summary of Plan Provisions

Compensation – For the purposes of the Plan, "compensation" means the participant's total earnings reportable as W-2 wages for the plan year. By law, compensation in excess of \$255,000 (as indexed upward under Federal law) cannot be counted.

Accrued Benefit (Note: Benefit accruals were frozen as of December 31, 2007)

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula multiplied by the ratio of years of benefit service to date to the projected years of benefit service at normal retirement.

Payment Options

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- Lifetime Pension.
- Joint and Survivor Pension with a 100%, 75%, or 50% survivor annuity.
- Lifetime Pension with Certain Period with guaranteed payments for 60, 120, or 180 months.
- Lump Sum.

A lump sum payment is the only option if the value of the vested benefit does not exceed \$5,000. If the participant elects to receive the distribution in a lump sum, the participant may request that the taxable portion of the payment be transferred directly to an individual retirement account (IRA). If the former participant is a member of another qualified retirement plan which accepts rollover contributions, he may elect to have the distribution transferred to that plan.

If the participant is married at the time payments are to begin, the automatic form of payment for him will be a joint and 50% survivor pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a lifetime pension with a certain period of 120 months.

Employment after Retirement – If a participant in pay status returns to employment, retirement benefits will not be suspended.

Distributions under Qualified Domestic Relations Order

With respect to a participant, no distribution will be made before the earlier of: (1) the earliest time as of which the participant qualifies for a distribution, or (2) the later of his attainment of age 50 or the date he could receive distribution if he terminated employment.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants of The Drivers & Mechanics Pension Plan
Summary of Plan Provisions

Other Retirement Benefits

Late Retirement

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires, subject to the minimum distribution rule requirement that pension payments begin after attainment of age 70 1/2. The late retirement benefit is the greater of:

- The retirement benefit accrued as of the end of the preceding plan year as actuarially increased; or
- The normal retirement benefit determined under the pension formula using current service and compensation.

The normal retirement pension payment options are all available at late retirement; however, if payments are required to commence as of the required beginning date for age 70 1/2 minimum distributions, the lump sum payment option will not be available.

If the present value of the accrued late retirement benefit exceeds \$5,000 and the participant retires after age 70 1/2, at the time of the participant's actual retirement, he may elect to receive the value of the remaining benefit in one lump sum with spousal consent.

Early Retirement

A participant is eligible for early retirement after attainment of age 55 and completion of five years of vesting service. The early retirement benefit is the actuarial equivalent of the pension accrued to the date of early retirement.

Death Benefit

If a vested participant dies before beginning to receive a retirement pension benefit, his surviving spouse will receive a 50% survivor benefit. Payment will begin on the date on which the participant first would have been eligible for retirement. The amount of the survivor benefit is equal to the 50% survivor benefit payable under the joint and 50% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable. The spouse may elect to receive the benefit in an immediate lump sum.

For a married participant, the excess of 50% of the lump sum value of the vested accrued benefit over the actuarial value of the above survivor annuity shall be payable to the named beneficiary. The beneficiary may elect a lump sum payment or other optional forms of payment.

For a participant who is not married, the 50% of the lump sum value of the vested accrued benefit shall be payable to the named beneficiary, who may elect another optional form of payment.

Termination of Employment Benefits

Vesting in Accrued Benefit

If employment terminates other than by retirement, disability, or death, the amount payable from the Plan is based upon the following vesting schedule:

Years of Service	Vesting Percentage
0–4 Years	0%

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants of The Drivers & Mechanics Pension Plan
Summary of Plan Provisions

5 or More Years

100%

Time of Payment

After termination of employment, a participant may elect to receive his vested accrued benefit as soon as administratively possible after the date of severance. The form of payment may be a lifetime pension, with a 120-month period certain, a joint and 50% survivor pension (if the participant is married), or a lump sum. However, if the present value of the vested accrued benefit is no more than \$5,000 at the time of termination, the lump sum value will be paid as soon as administratively possible.

Forfeiture

Any portion of a participant's accrued benefit that is not vested when his employment terminates will be forfeited if he does not return to employment before incurring a forfeiture break-in-service.

A forfeiture break-in-service is a period of five consecutive vesting years of service in which the participant is credited with 500 or fewer hours of service.

Employee Contributions

Voluntary Employee Contribution

Voluntary nondeductible employee contributions are not permitted.

Mandatory Employee Contribution

Mandatory employee contributions have never been required under the Plan.

Rollover Accounts

Rollover or transfer contributions are not permitted.

Service Rules

Eligibility Service Rules

An employee is credited with a year of eligibility service when he completes at least 1,000 hours of service in the 12-month period beginning on his date of employment. Additional eligibility service periods are measured using the plan year beginning with the plan year that commences after the date of employment.

Vesting Service Rules

An employee is credited with a year of vesting service for each vesting computation period during which he has at least 1,000 hours of service. The vesting computation period is the 12-month period coinciding with the plan year.

Benefit Service Rules

An employee is credited with a year of benefit service for each benefit computation period during which he completes at least 1,000 hours of service.

If the employee terminates and receives a distribution of his vested accrued pension, upon reemployment the Plan will not take into account service credited before the termination, unless he repays the distribution with interest.

Fulton Financial Affiliates' Defined Benefit Pension Plan
Actuarial Valuation as of January 1, 2024
For Former Participants of The Drivers & Mechanics Pension Plan
Summary of Plan Provisions

For the purpose of determining years of benefit service, the Plan does not take into account years of service not counted for the purpose of vesting.

A benefit computation period is the 12-month period of the plan year.

Actuarial Equivalent

Actuarial equivalence is determined as set forth below.

Late Retirement – As described in Appendix L of the Plan Document.

Early Retirement – As described in Appendix E of the Plan Document.

Monthly Pension – As described in Appendix O of the Plan Document. In the event no factor is specified for the difference between the ages of the joint and survivor annuitants, actuarial equivalence will be determined based on the following mortality and interest assumptions:

Mortality table: UP1984 (-2)

Interest rate: 7.0%

Lump Sum – Actuarial equivalence will be determined based on the following mortality and interest assumptions:

Mortality table: The Code section 417 mortality table

Interest rate: The Code section 417 interest rates

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Segment Rates for the second month preceding the first day of the plan year that contains the annuity starting date.

Changes in Plan Provisions Since the Last Valuation

None

Significant Event That Occurred During the Year (Across all Affiliates)

None

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Fulton Financial Affiliates' Defined Benefit Pension Plan
Employer I.D. #: 23-2195389
Plan Number: 004

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.