

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**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.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>WACHOVIA CORPORATION LONG TERM DISABILITY PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>521</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WELLS FARGO &amp; COMPANY</u></p> <p><u>MAC N9310-110</u> <u>550 S. 4TH STREET</u> <u>MINNEAPOLIS, MN 55415</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1978</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>41-0449260</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>877-479-3557</u></p> <p><b>2d</b> Business code (see instructions) <u>551111</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	DANIELA NESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	LEE KEEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  HEAD OF HR, HEAD OF TOTAL REWARDS, AND HEAD OF BENEFITS WELLS FARGO & COMPANY MAC N9310-110 550 S. 4TH STREET MINNEAPOLIS, MN 55415	<b>3b</b> Administrator's EIN 41-0449260  <b>3c</b> Administrator's telephone number 877-479-3557																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 266																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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:100px;"><b>6a(1)</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">238</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">238</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	0	<b>6a(2)</b>	0	<b>6b</b>	238	<b>6c</b>	0	<b>6d</b>	238	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	0																				
<b>6a(2)</b>	0																				
<b>6b</b>	238																				
<b>6c</b>	0																				
<b>6d</b>	238																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4H

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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

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

<b>A</b> Name of plan <b>WACHOVIA CORPORATION LONG TERM DISABILITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>521</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WELLS FARGO &amp; COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0449260</b>	

**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

**BLACKROCK ADVISORS, LLC**

**23-2784752**

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

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

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

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

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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.

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>WACHOVIA CORPORATION LONG TERM DISABILITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>521</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WELLS FARGO &amp; COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0449260</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	693707	1940690
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4216468	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	4910175	1940690
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	275925	230856
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	1709834
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	275925	1940690
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	4634250	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	131135	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		131135
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		2798
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		133933

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3055599	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	1709834	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4765433
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	2750	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2750
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4768183

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-4634250
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CROWE LLP

(2) EIN: 35-0921680

**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
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		100000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**WACHOVIA CORPORATION LONG TERM DISABILITY PLAN**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

## INDEPENDENT AUDITOR'S REPORT

The Plan Administrator and Plan Participants  
Wachovia Corporation Long Term Disability Plan

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

We have performed audits of the financial statements of Wachovia Corporation Long Term Disability Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from an agent on behalf of the qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**

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

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

(Continued)

### ***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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### ***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.

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 Department of Labor'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 Department of Labor'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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by a qualified institution and certified to by an agent on behalf of a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an agent of an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Crowe LLP*  
Crowe LLP

Oakbrook Terrace, Illinois  
June 13, 2025

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

### Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ —	4,216,468
Prepaid insurance	1,560,139	—
Deposit with third-party provider	346,892	600,000
Benefit overpayments receivable, net	33,659	74,260
Accrued income	—	19,075
Fee rebate receivable	—	372
	<u>1,940,690</u>	<u>4,910,175</u>
Total assets	<u>1,940,690</u>	<u>4,910,175</u>
Net assets available for benefits	<u>\$ 1,940,690</u>	<u>4,910,175</u>

See accompanying notes to financial statements.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

### Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to plan assets attributed to:	
Interest and dividends	\$ 131,135
Fee rebates, net	2,798
Total additions	<u>133,933</u>
Deductions from plan assets attributed to:	
Benefit payments, net	3,100,668
Administrative expenses	2,750
Total deductions	<u>3,103,418</u>
Net decrease in net assets available for benefits	(2,969,485)
Net assets available for benefits:	
Beginning of year	<u>4,910,175</u>
End of year	<u><u>\$ 1,940,690</u></u>

See accompanying notes to financial statements.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### **(1) Description of the Plan**

The following description of the Wachovia Corporation Long Term Disability Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### **(a) General**

Wells Fargo & Company (the “Company” or “Plan Sponsor”) provides long-term disability benefits for eligible former employees through the Plan, a long-term disability welfare plan. The Company provides the funding for the payment of the long-term disability benefit coverage under the Plan by contributing to a trust. The Company intends that the trust, taken together with the Plan, constitute a voluntary employees’ beneficiary association (“VEBA”) under Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (the “Code”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Plan Administrator of the Plan for purposes of ERISA §3(16)(A) is the Company’s: Head of Human Resources (or the functional equivalent title of the most senior position in Human Resources), Head of Total Rewards (or the functional equivalent title of the most senior position in Human Resources over compensation and benefit plans or programs other than the Head of Human Resources), and Head of Benefits (or the functional equivalent title of the most senior position in Human Resources over benefit plans and programs other than the Head of Human Resources and the Head of Total Rewards), each of whom, acting individually or jointly, may take action as the Plan Administrator, or its or their authorized delegate.

The Plan was restated effective January 1, 2023 to incorporate prior amendments. Benefits under the Plan are limited only to those participants who, prior to January 1, 2010, both commenced and continued participation in accordance with the applicable Plan terms and suffered a disability under the terms of the Plan while a participant. Benefits under the Plan are not available to participants who subsequently return to work on or after January 1, 2010 after being absent due to a disability for which they received disability benefits and suffer a disability that is unrelated to the disability for which they received disability benefits.

#### **(b) Eligibility and Benefits**

Eligibility for the Plan was frozen as of December 31, 2009. No new entrants are eligible for the Plan. Coverage under the Plan continues until the participant no longer meets the definition of disability, dies, reaches the end of the maximum benefit period, or other scenarios as outlined in the Plan, whichever happens first. However, if a participant became disabled on or after age 60, long-term disability benefits may be continued according to a schedule based upon the age at which the participant becomes disabled.

If a covered employee became disabled as a result of injury or sickness while covered under the Plan, and if disability continues without interruption for a period longer than a calculated elimination period, the Plan will pay specified benefits to the employee. However, for eligible employees hired on or after January 1, 2006, no such participant shall be eligible to receive a disability benefit or partial disability benefit if such benefit is caused or contributed to by, or results from, a preexisting condition, as defined by the Plan, if such

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

disability or partial disability begins in the first 12 months after the employee becomes eligible to participate in the Plan.

The benefit payable to a covered employee is equal to the lesser of 60% of the covered employee's monthly benefits eligible compensation or 66 2/3% of the covered employee's monthly benefits eligible compensation reduced by income received from other sources outlined in the Plan document.

### **(c) Administration and Funding**

The general administration of the Plan is performed by the Plan Administrator or its delegate. An actuary has been engaged to make an actuarial evaluation of the funding required to pay both claims, which are incurred and unpaid, and certain administrative expenses such as tax preparation fees associated with the claims. Claims processing is performed by The Lincoln National Life Insurance Company ("Lincoln"). The funding requirements are actuarially estimated within the Code's limits, as required by the Tax Reform Act of 1986. Although the Company has frozen the Plan, the Company has not expressed any intent to terminate the Plan; however, the Company may terminate the Plan at any time, subject to the provisions of ERISA. If there were a deficit in net assets at the time of Plan termination, the Company would fund the deficit.

The Plan Sponsor evaluates the sufficiency of net assets on a regular basis. No contributions were made to the Plan during 2024.

The Wachovia Corporation Long Term Disability Plan Trust (the "Trust") is used to fund benefits under the Plan. Delaware Charter Guarantee & Trust Company, conducting business under the trade name "Principal Trust Company", is the trustee of the Trust (the "Trustee"). Principal Bank, an affiliate of Principal Trust Company, serves as an agent for Principal Trust Company, and is the qualified certifying institution of the financial information for the Plan. The Trustee executes purchases and sales of investments in the Trust pursuant to the direction of the Employee Benefit Review Committee or its agent. The investments of the Trust and the changes therein have been reported to the Plan by the Trustee.

## **(2) Summary of Significant Accounting Policies**

### **(a) Basis of Presentation**

The Plan prepares its financial statements on an accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP").

### **(b) Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### **(c) Investments and Income Recognition**

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

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

### **(d) Fair Value – Definition and Hierarchy**

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is based on an exit price notion maximizing the use of observable inputs and minimizes the use of unobservable inputs.

The Plan classifies its assets and liabilities at fair value based upon a three-level hierarchy that assigns the highest priority to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs. The three levels are as follows:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.
- Level 3 – Valuation is generated from techniques that use significant assumptions not observable in the market. These unobservable assumptions reflect estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of discounted cash flow models, market comparable pricing, option models, and similar techniques.

### **(e) Risks and Uncertainties**

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, social security offset 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 will occur in the near term and could be material to the financial statements.

Liabilities for loss contingencies arising from claims, assessments, litigation, and other sources are recorded when it is probable that a liability representing Plan benefits has been incurred and the amount can be reasonably estimated. If such liabilities are not representative of Plan benefits, the settlement and related costs are paid for by the Company and have no effect on the Plan's net assets as reported in the statements of net assets available for benefits.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

**(f) Expenses**

The Plan allows for all legally permissible fees, taxes, and reasonable expenses related to plan administration to be paid out of the assets of the Plan. The Company may, but is not required to, pay such fees and expenses directly. The Company may also advance amounts properly payable by the Plan or trust fund and then obtain reimbursement from the Plan or trust fund for such advances provided that such reimbursement is consistent with the requirements of Prohibited Transaction Exemption 80-26 as subsequently amended, or does not otherwise result in a prohibited transaction under ERISA.

**(g) Benefit Payments**

Benefit payments are recorded when paid.

**(3) Plan Benefits**

The Plan's obligation for participants with disabilities, as defined in the Plan document, is determined by the Plan's actuary using various assumptions and a measurement date of December 31 for each plan year. The obligation represents the income replacement benefits for employees who have become disabled prior to January 1, 2010.

For measurement purposes, the following actuarial assumptions were utilized for the postemployment benefit obligation as of December 31:

	<b>2024</b>	<b>2023</b>
Discount rate	5.25%	4.75%
Mortality/recovery rates	2012 Group Long-Term Disability Basic table (six-month elimination period) with select and ultimate rates based on duration of disability and indexed gross monthly benefit.	2012 Group Long-Term Disability Basic table (six-month elimination period) with select and ultimate rates based on duration of disability and indexed gross monthly benefit.
Future social security benefit offsets	The net reported income replacement benefit is assumed to be the ongoing benefit for the duration of disability.	The net reported income replacement benefit is assumed to be the ongoing benefit for the duration of disability.
Actuarial cost method-liability	The liability shown is equal to the present value of projected income benefits for reported disabled employees.	The liability shown is equal to the present value of projected income benefits for reported disabled employees.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following table provides additional information regarding the Plan's benefit obligations as of December 31:

	<b>2024</b>	<b>2023</b>
Amounts currently payable to or for participants:		
Disability benefits payable	\$ 230,856	275,925
Postemployment benefit obligations, net of amounts currently payable:		
Estimated liability for disabled participants	12,301,945	14,662,977
Total benefit obligations, end of year	\$ 12,532,801	14,938,902

The following provides additional information regarding the Plan's changes in the benefit obligations for the year ended December 31:

	<b>2024</b>
Amounts currently payable to or for participants:	
Balance, beginning of year	\$ 275,925
Benefits reclassified from postemployment benefit obligations	3,055,599
Disability benefits paid, net	(3,100,668)
Balance, end of year	230,856
Postemployment benefit obligations, net of amounts currently payable:	
Balance, beginning of year	14,662,977
Increase (decrease) in postemployment benefits attributable to:	
Benefits reclassified to amounts currently payable	(3,055,599)
Interest	624,763
Changes in actuarial assumptions and other actuarial gains and losses	69,804
Balance, end of year	12,301,945
Total benefit obligations, end of year	\$ 12,532,801

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following table details the changes in actuarial assumptions and other actuarial gains and losses for the year ended December 31:

	<b>2024</b>
Actuarial losses:	
Loss due to termination experience	\$ 61,351
Loss due to net benefit changes	211,820
Loss from the difference in expected and actual benefit payments	22,403
Total actuarial losses	295,574
Changes in actuarial assumptions:	
Gain from change in discount rate	(225,770)
Total assumption gain	(225,770)
Total change in actuarial assumptions and other actuarial losses	\$ 69,804

#### (4) Information Certified

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications as of December 31, 2024 and 2023, and for the year ended December 31, 2024, from the Trustee and/or its agent (Principal Bank), that all investment information provided by the Trustee or Principal Bank is complete and accurate. Investment information included in the accompanying financial statements and notes to the financial statements as to the investment assets held, accrued income, interest and dividends, and all investment information in the supplemental schedules is presented in reliance solely upon those certifications.

#### (5) Fair Value Measurements

The Plan classifies its investments recorded at fair value as either Level 1, 2, or 3 in the fair value hierarchy. The highest priority (Level 1) is assigned to valuations based on unadjusted quoted prices in active markets and the lowest priority (Level 3) is assigned to valuations based on significant unobservable inputs.

In the determination of the classification of financial instruments in Level 2 or Level 3 of the fair value hierarchy, the Plan considers all available information, including observable market data, indications of market liquidity and orderliness, and its understanding of the valuation techniques and significant inputs used. Judgments are made regarding the significance of the Level 3 inputs to the instruments' fair value measurement to its entirety. If unobservable inputs are considered significant, the instrument is classified as Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Investments in *registered investment companies* are valued at fair value based upon quoted prices in an active market. *Registered investment companies* include money market funds, which are priced at \$1.00 per share.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Registered investment companies:				
Money market fund	\$ 4,216,468	—	—	4,216,468
Total investments	\$ 4,216,468	—	—	4,216,468

### (6) Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Code, and accordingly, the Trust's net investment income is ordinarily exempt from income taxes. The Trust has obtained a favorable tax determination letter dated February 24, 1988 from the Internal Revenue Service (the "IRS"), and the Plan Sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### (7) Deposit with Third-Party Provider

Certain payments to a third-party provider represent deposits that may be used for the funding of benefits. These deposits were \$346,892 and \$600,000 at December 31, 2024 and December 31, 2023, respectively, and are included in net assets available for benefits until such amounts are used to pay for benefits.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### (8) Reconciliation of Financial Statements to Form 5500

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

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the accompanying financial statements	\$ 1,940,690	4,910,175
Less other liabilities	(1,709,834)	—
Less disability benefits payable	(230,856)	(275,925)
Net assets available for benefits per Form 5500	\$ —	4,634,250

The following is a reconciliation of the benefit payments per the financial statements to Form 5500 for the year ended December 31:

	<b>2024</b>
Disability benefits paid to participants reported in the statement of changes in net assets available for benefits	\$ 3,100,668
Add other benefit payments accrued at the end of the year	1,709,834
Add disability benefits payable at end of year	230,856
Less disability benefits payable at beginning of year	(275,925)
Benefits paid per Form 5500	\$ 4,765,433

### (9) Benefit Overpayments Receivable

Certain Plan participants have received advanced benefits, principally as a result of being awarded retroactive Social Security Disability Insurance Benefits. These advanced benefits represent overpayments by the Plan and are due back to the Plan from the participants. Overpayments are collected from the participants by Lincoln either as a deduction from a participant's benefit payment or paid back as a refund from the participant. Not all of the overpayments will be ultimately collected. As such, the Plan has included an allowance for losses that is the Plan's estimate of the amount of the current overpayments receivable that will become uncollectible. The estimate is developed utilizing the collection history of past overpayment receivables. At December 31, 2024 and 2023, the benefit overpayments receivable was \$33,659 and \$74,260, respectively, net of an allowance for losses of \$3,740 and \$8,251, respectively.

## WACHOVIA CORPORATION LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

### **(10) Subsequent Events**

The Plan has evaluated subsequent events from December 31, 2024 through June 13, 2025, the date on which the financial statements were available to be issued. Except as noted below, there have been no material events that would require additional recognition in the financial statements or disclosures to the financial statements.

Beginning January 1, 2025, the Plan is fully insured and administered by Lincoln for the payment of long-term disability benefits to covered participants under the Plan. On December 26, 2024, \$1,560,139 was distributed from the Trust to Lincoln to be used as partial payment for the insurance premium to be paid in January 2025. As of January 1, 2025, Lincoln assumed responsibility for the payment of long-term disability benefits under the Plan and the Company no longer incurs ongoing administrative and other costs for the Plan's benefit obligations.

Effective January 1, 2025, the Trust was terminated pursuant to a resolution by the Company. There were no assets in the Trust as of December 31, 2024.

**WACHOVIA CORPORATION LONG TERM DISABILITY PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<b>Identity of issuer, borrower, lessor, or similar party</b>	<b>Description of investment</b>	<b>Cost</b>	<b>Current value</b>
Registered investment companies:			
Money market fund:			
BlackRock Institutional Funds	Treasury Trust Fund #10	\$ —	—
Total investments		\$ —	—

See accompanying independent auditor’s report.

**WACHOVIA CORPORATION LONG TERM DISABILITY PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of asset	Purchase price	Selling price	Cost of asset	Current value of assets on transaction date	Net gain or (loss)
<b>Single Transactions in Same Security Exceeding 5% of Value</b>					
BlackRock Institutional Funds Treasury Trust Fund #10	\$ —	275,925	275,925	275,925	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	540,591	540,591	540,591	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	262,821	262,821	262,821	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	257,020	257,020	257,020	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	248,601	248,601	248,601	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	258,936	258,936	258,936	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	253,178	253,178	253,178	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	248,452	248,452	248,452	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	1,557,652	1,557,652	1,557,652	—
<b>Series of Transactions in Same Security Exceeding 5% of Value</b>					
BlackRock Institutional Funds Treasury Trust Fund #10					
22 purchases	\$ 148,142	—	148,142	148,142	—
11 sales	—	4,364,610	4,364,610	4,364,610	—

See accompanying independent auditor's report.

**WACHOVIA CORPORATION LONG TERM DISABILITY PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2024

Description of asset	Purchase price	Selling price	Cost of asset	Current value of assets on transaction date	Net gain or (loss)
<b>Single Transactions in Same Security Exceeding 5% of Value</b>					
BlackRock Institutional Funds Treasury Trust Fund #10	\$ —	275,925	275,925	275,925	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	540,591	540,591	540,591	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	262,821	262,821	262,821	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	257,020	257,020	257,020	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	248,601	248,601	248,601	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	258,936	258,936	258,936	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	253,178	253,178	253,178	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	248,452	248,452	248,452	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	1,557,652	1,557,652	1,557,652	—
<b>Series of Transactions in Same Security Exceeding 5% of Value</b>					
BlackRock Institutional Funds Treasury Trust Fund #10					
22 purchases	\$ 148,142	—	148,142	148,142	—
11 sales	—	4,364,610	4,364,610	4,364,610	—

See accompanying independent auditor's report.

**WACHOVIA CORPORATION LONG TERM DISABILITY PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<b>Identity of issuer, borrower, lessor, or similar party</b>	<b>Description of investment</b>	<b>Cost</b>	<b>Current value</b>
Registered investment companies:			
Money market fund:			
BlackRock Institutional Funds	Treasury Trust Fund #10	\$ —	—
Total investments		\$ —	—

See accompanying independent auditor’s report.