

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: INGREDION PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): INGREDION INCORPORATED
2b Employer Identification Number (EIN): 22-3514823
2c Plan Sponsor's telephone number: 708-551-2600
2d Business code (see instructions): 311200

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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>	2783
<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.....	<b>6a(1)</b>	741
	<b>6a(2)</b>	692
	<b>6b</b>	885
	<b>6c</b>	867
	<b>6d</b>	2444
	<b>6e</b>	262
	<b>6f</b>	2706
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (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 SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>INGREDION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INGREDION INCORPORATED</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3514823</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>324626322</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>350600903</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1133</u>	<u>142117236</u>
	<b>b</b> For terminated vested participants .....	<u>909</u>	<u>59897372</u>
	<b>c</b> For active participants .....	<u>741</u>	<u>88016815</u>
	<b>d</b> Total .....	<u>2783</u>	<u>290031423</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.09 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2688470</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>735865</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3424335</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>KEVIN QUINN, FSA, EA</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name  <small>MSC# 17755 P.O. BOX 551343 ATLANTA, GA 30355</small>  Address of the firm	<u>06/27/2025</u> Date  <u>23-07972</u> Most recent enrollment number  <u>312-381-1000</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	8613747	198624
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	8613747	198624
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.33</u> % .....	717525	16545
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	9331272	215169

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	116.36 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	119.62 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	119.39 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	3424335
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3424335

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

**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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

<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>INGREDION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INGREDION INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3514823</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

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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)

AON CORP

27-2436452

(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 16 28 50	NONE	427526	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST

77-1060936

(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?
16 27 28 50	NONE	356878	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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	109156	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"/>

**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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>INGREDION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INGREDION INCORPORATED</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3514823</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ALL COUNTRY WORLD IND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-039</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7547190</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 3000 INDEX FU</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14125492</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE GOVT BOND INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-043</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>98723403</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG GOVERNMENT BOND INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-042</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>918475</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON ENHANCED LIABILITY DRIVEN INVES</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-048</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62838290</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6009524</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-040</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>125460967</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFB NT COLL MSCI EMERGING NL FUND**

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

<b>c</b> EIN-PN <b>45-6138589-085</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFB NT COLL EAFE INDEX FUND NL**

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

<b>c</b> EIN-PN <b>45-6138589-024</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFB NT COLL RUSSELL 2000 IND FD NL**

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

<b>c</b> EIN-PN <b>45-6138589-096</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFB NT COLL S&P 500 INDEX FD NL**

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

<b>c</b> EIN-PN <b>45-6138589-003</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **20+YEAR US TREASURY STRIPS INDEX FD**

**b** Name of sponsor of entity listed in (a): **AON HEWITT INVESTMENT CONSULTANT, INC.**

<b>c</b> EIN-PN <b>27-2436452-012</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **U.S. LONG GOVT BOND INDEX FD**

**b** Name of sponsor of entity listed in (a): **AON HEWITT INVESTMENT CONSULTANT, INC.**

<b>c</b> EIN-PN <b>27-2436452-014</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **US INTERMEDIAT GOVT BOND INDEX FD**

**b** Name of sponsor of entity listed in (a): **AON HEWITT INVESTMENT CONSULTANT, INC.**

<b>c</b> EIN-PN <b>27-2436452-015</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>0</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<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>INGREDION PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INGREDION INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3514823</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>	24676	22624
<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>	324601646	315623341
<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>		
<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>	324626322	315645965
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	324626322	315645965

**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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<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>		0
<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>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		11331232
(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>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		11331232

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	19136946	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		19136946
<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>	784404	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	109156	
(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>	281083	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1174643
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		20311589

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-8980357
<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		10000000
<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.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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 550047.

<b>SCHEDULE R</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>Retirement Plan Information</b>  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).  ▶ <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>
--	---	---

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

<b>A</b> Name of plan <u>INGREDION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INGREDION INCORPORATED</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3514823</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 36-1561860

**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		34
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

**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: 7.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 87.0 %  
 High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

**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 \_\_\_\_\_.

**INGREDION PENSION PLAN**  
Westchester, Illinois

**FINANCIAL STATEMENTS**  
December 31, 2024 and 2023

INGREDION PENSION PLAN  
Westchester, Illinois

FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

Benefits Committee  
Ingredion Incorporated  
Ingredion Pension Plan  
Westchester, Illinois

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

We have performed audits of the financial statements of Ingredion Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, 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 and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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(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.

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(Continued)

- 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 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 as of and 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.

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(Continued)

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

*Crowe LLP*

Crowe LLP

Oakbrook Terrace, Illinois  
September 24, 2025

INGREDION PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

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	2024	2023
<b>ASSETS</b>		
Investments, at estimated fair value		
Collective trust funds	\$315,623,341	\$324,601,646
Receivables		
Accrued interest	22,624	24,676
Total receivables	<u>22,624</u>	<u>24,676</u>
Total assets	<u>315,645,965</u>	<u>324,626,322</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$315,645,965</u></b>	<b><u>\$324,626,322</u></b>

INGREDION PENSION PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 Years ended December 31, 2024 and 2023

	2024	2023
<b>Additions to net assets attributed to:</b>		
Net appreciation in fair value of investments in collective trust funds	\$ 10,993,567	\$ 25,674,397
Dividends and interest in collective trust funds	337,665	260,023
Total additions	11,331,232	25,934,420
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	19,136,946	17,261,176
Administrative expenses	1,174,643	1,008,769
Total deductions	20,311,589	18,269,945
<b>Net (decrease) increase</b>	(8,980,357)	7,664,475
<b>Net assets available for benefits:</b>		
Beginning of year	324,626,322	316,961,847
End of year	<u>\$ 315,645,965</u>	<u>\$ 324,626,322</u>

INGREDION PENSION PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
December 31, 2023

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**Accumulated plan benefits:**

Actuarial present value of vested benefits:

Participants currently receiving benefits	\$ 136,745,268
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Other participants	143,264,366
--------------------	-------------

	<u>280,009,634</u>
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Actuarial present value of non-vested benefits	<u>2,958,060</u>
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<b>Total actuarial present value of accumulated plan benefits</b>	<b><u><u>\$ 282,967,694</u></u></b>
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INGREDION PENSION PLAN  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
Year Ended December 31, 2023

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<b>Actuarial present value of accumulated plan benefits as of December 31, 2022</b>	<b>\$ 283,542,790</b>
Increase (decrease) during the plan year attributed to:	
Additional benefits earned, including experience gains and losses	1,559,547
Interest Accumulation	15,126,524
Benefits paid	(17,261,176)
Change in actuarial assumptions	<u>9</u>
<b>Net (decrease)</b>	<u>(575,096)</u>
<b>Actuarial present value of accumulated plan benefits as of December 31, 2023</b>	<b><u><u>282,967,694</u></u></b>

## NOTE 1 - DESCRIPTION OF PLAN

**General:** The Ingreption Pension Plan (“the Plan”) was formed on December 31, 2016 through a merger of five pension plans (Ingreption Incorporated Hourly Employees Retirement Income Plan, National Starch LLC Pension Plan, Penford Corporation Retirement Plan, Pension Plan for Hourly Rated Employees of Penford Products Co. at Cedar Rapids, Iowa, and Ingreption Incorporated Cash Balance Plan for Salaried Employees).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the plan agreement or the summary plan description for more complete information. The Plan is a noncontributory defined benefit pension plan covering eligible employees of Ingreption Incorporated (the “Company”), as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

The Company maintains the Plan for the benefit of its eligible employees and those eligible employees of its affiliates who adopt the Plan.

The provisions of the Plan apply only to eligible employees who have at least one hour of service on or after January 1, 1998. The Northern Trust Company (the “Trustee”) holds the Plan’s investments and executes investment transactions through the trust established under the Plan.

Effective January 1, 2015, new or rehired employees are ineligible to join the Plan.

Effective September 1, 2016, the Plan’s assets included an undivided interest in an investment account of the Ingreption Incorporated Master Pension Trust (“Master Trust”). The Master Trust included the combined assets of the Plan as well as several other employee benefit plans sponsored by the Company and its subsidiaries (collectively the “Participating Plans”).

Use of the Master Trust permits the commingling of Plan assets with the assets of other Participating Plans for investment and administrative purposes. Although Plan assets were commingled in the Master Trust, the Trustee maintained supporting records for the purpose of allocating the net income or losses of the Master Trust to the Participating Plans. The net investment income or losses of the investment account were allocated by the Trustee to each Participating Plan based on the relationship of the interest of each Participating Plan to the total of the interests of the Participating Plans.

For the years ended December 31, 2024 and 2023, the Plan was the only plan in the Master Trust. Therefore, all investments and income are reported as that of the Plan on the financial statements.

### Pension Benefits:

The Plan provides varying types of benefits under the multiple benefit structures as defined in the components of the plan document.

### Administrative Expenses:

The Company generally pays administrative expenses of the Plan. However, the Company is not obligated to pay these administrative expenses and any expenses not paid by the Company will be paid from the assets of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the net appreciation (depreciation) in fair value of investments reported by the Plan.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles (“U.S.GAAP”).

Estimates: The preparation of financial statements in conformity with U.S.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 at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: The Plan holds investments in various investment securities. The values of certain investment securities are exposed to risks from a variety of factors, such as changes in interest rates, fluctuations in market conditions, liquidity and changes in the credit standing of issuers of investment securities. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near and short term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

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 (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefit payments are recorded when paid.

## NOTE 3 - FUNDING POLICY

Contributions by the Company are calculated by the independent actuary each year and are at least equal to the minimum funding requirements of ERISA. Contributions are designed to fund the Plan’s current service costs on a current basis and to provide funding for a portion of the prior service costs.

The yield (interest, dividends and net realized and unrealized gains) on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined levels of benefits under the Plan. The Plan has met ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

## NOTE 4 - CERTIFICATION BY TRUSTEE

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 and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company as of December 31, 2024 and 2023 and for the years then ended.

## NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) 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. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities 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 assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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.

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

*Collective trust funds:* The fair value of the collective trust investments is determined using significant observable inputs other than level 1 prices (Level 2 inputs) or net asset value. Collective trust funds classified as Level 2 provide for daily redemptions by the Plan with no advance notice requirements.

*Investments measured at net asset value:* The fair value of the Aon Enhanced Liability Driven Investment Fund is determined by the custodian based on its net asset value and is supported by the value of underlying securities. This Fund provides for partial and full redemptions monthly. The partial redemption provides for 10% of the value or less with 10 days notification requirement, or 11-49% of the value with 35 days notification requirement. The full redemption provides for 50% of the value or higher with 95 days notification requirement (subject to up to a 10% holdback).

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.

INGREDION PENSION PLAN  
Notes to Financial Statements  
December 31, 2024 and 2023

Assets of the Plan that are measured at fair value on a recurring basis as of December 31, 2024 and 2023 are summarized below:

	Fair Value Measurements December 31, 2024			
	(Level 1)	(Level 2)	(Level 3)	Total
Collective trusts	\$ —	\$252,785,051	\$ —	\$252,785,051
Total assets in fair value hierarchy	—	252,785,051	—	252,785,051
Investments measured at net asset value <sup>a</sup>				62,838,290
Net assets available for benefits	\$ —	\$252,785,051	\$ —	\$315,623,341

	Fair Value Measurements December 31, 2023			
	(Level 1)	(Level 2)	(Level 3)	Total
Collective trusts	\$ —	\$267,165,872	\$ —	\$267,165,872
Total assets in fair value hierarchy	—	267,165,872	—	267,165,872
Investments measured at net asset value <sup>a</sup>				57,435,774
Net assets available for benefits	\$ —	\$267,165,872	\$ —	\$324,601,646

- (a) Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total net assets presented in the Statements of Net Assets Available for Benefits.

**NOTE 6 - 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 benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of the employees who have died and (c) present employees or their beneficiaries. All benefits payable 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 the 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023 are (a) the annual investment return on plan assets is 5.50% compounded annually (which is net of expenses paid from the Plan), (b) the life expectancy of participants is based on the Pri-2012 sex-distinct generational mortality table (healthy employee and annuitant) using Aon's MP 2021 with adjustments for the near term and long-term impact of COVID-19, (c) the retirement age assumptions are graded rates from age 55 to 70 and (d) the liabilities are determined based on the underlying annuity used by the Plan to determine the lump sum amount.

Changes in actuarial assumptions decreased the actuarial present value of accumulated benefits by a net amount of \$9 for plan year 2023 as a result of a change in the assumptions as follows: (a) the IRC section 417(e) cash balance conversion interest rates and mortality assumption (b) the cash balance crediting rate for

INGREDION PENSION PLAN  
Notes to Financial Statements  
December 31, 2024 and 2023

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benefits earned after January 1, 2015, from 4.31% for 2023, 3.35% for years after 2023 to 4.72% for 2024 and 3.85% for years after 2024 (c) the §415 and 401(a)17 benefits limits increase assumption from 2.40% to 2.30%.

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 might be applicable in determining the actuarial present value of accumulated plan benefits.

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2024 has been completed. Please refer to Note 11.

#### **NOTE 7 - TAX STATUS**

The IRS has determined and informed the Company by a letter issued May 19, 2020, that the Plan is qualified and the trust established under the Plan is tax exempt, under the appropriate section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. 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 Administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2024 and 2023, 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. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

#### **NOTE 8 - PLAN TERMINATION**

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time. In the event the Plan terminates, the net assets of the Plan will be liquidated as prescribed by ERISA and its related regulations. In the event of termination, each affected participant shall have a fully vested and non-forfeitable right to his/her benefits then accrued under the Plan. However, the actual amount of benefits a participant receives will depend on the sufficiency of existing trust assets and level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Participants should refer to the plan agreement for details regarding plan termination.

#### **NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others.

For the years ended December 31, 2024 and December 31, 2023, the Plan held units in collective trust funds which were managed and trustee by an affiliate of the Northern Trust Company, the custodian and trustee of the Plan. Therefore, these transactions qualified as exempt party-in-interest transactions.

Also, for the years ended December 31, 2024 and December 31, 2023, the Plan held units in collective trust funds which were managed by an affiliate of Aon Hewitt, the investment manager of the Plan. Therefore, these transactions also qualified as exempt party-in-interest transactions. Fees paid by the Plan to parties-in-interest included fees paid for investment management, actuarial services, and other professional and regulatory fees.

INGREDION PENSION PLAN  
Notes to Financial Statements  
December 31, 2024 and 2023

**NOTE 10 - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through September 24, 2025, which is the date the financial statements were available to be issued.

**NOTE 11 – DECEMBER 31, 2024 ACTUARIAL VALUATION (UNAUDITED)**

The December 31, 2024 actuarial valuation of the Plan was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for informational purposes.

The actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

**Actuarial present value of accumulated plan benefits**

<b>Vested benefits:</b>	
Participants currently receiving payments	\$ 134,410,779
Other participants	<u>145,043,412</u>
Total vested benefits	279,454,191
Nonvested benefits	<u>2,518,172</u>
<b>Total actuarial present value of accumulated plan benefits</b>	<b><u>\$ 281,972,363</u></b>

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

<b>Actuarial present value of accumulated plan benefits as of December 31, 2023</b>	<b>\$ 282,967,694</b>
Increase (decrease) during year attributable to:	
Additional benefits earned, including experience gains and losses	1,785,257
Interest accumulation	15,044,001
Benefits paid	(19,136,946)
Change in actuarial assumptions	<u>1,312,357</u>
<b>Net decrease</b>	<b><u>(995,331)</u></b>
<b>Actuarial present value of accumulated plan benefits as of December 31, 2024</b>	<b><u>\$ 281,972,363</u></b>

**SUPPLEMENTAL SCHEDULES**

INGREDION PENSION PLAN  
Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(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
		Collective Trust Funds		
*	Northern Trust Company	Collective All Country World - EX-US Fund-Lending – 344,448 units	\$ 7,563,157	\$ 7,547,190
*	Northern Trust Company	Collective Daily Russell 3000 Equity Index Fund Lending – 3,180 units	12,877,408	14,125,492
*	Aon Hewitt	Collective INVT TR US Intermediate Govt Bond Index FD - 10,230,404 units	99,191,842	98,723,403
*	Aon Hewitt	Collective INVT TR US Long Government Bond Index FD - 145,099 units	1,112,668	918,475
*	Aon Hewitt	AON Enhanced Liability Driven Investing Fund - CL I - 6,532,047 units	65,431,383	62,838,290
*	Aon Hewitt	Long Credit Bond Fund - 14,794,925 units	145,692,917	125,460,967
*	Northern Trust Company	Collective Short Term INVT FD – 6,009,524 units	6,009,524	6,009,524
				<u>\$ 315,623,341</u>

\* denotes party-in-interest

(See independent auditor's report)

INGREDION PENSION PLAN  
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost Of Asset	Current Value on Transaction Date	Net Gain/ Loss
<b>Category (i) – Single transactions in excess of 5% of the current value of Plan assets:</b>								
Northern Trust	Collective Short Term INVT FD	\$16,858,401	\$ —	\$ —	\$ —	\$16,858,401	\$16,858,401	\$ —

(See independent auditor's report)

INGREDION PENSION PLAN  
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(c) Acquisition Price	(d) Disposition Price	(e) Lease/ Rental	(f) Expenses Incurred	(g) Cost Of Asset	(h) Value of Asset On Transaction Date	(i) Net Gain Or (Loss)
<b>Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:</b>								
Northern Trust	Collective Daily Russell 3000 Equity Index Fund Lending	\$14,600,000	\$ —	\$ —	\$ —	\$14,600,000	\$ 14,600,000	\$ —
Northern Trust	Collective Daily Russell 3000 Equity Index Fund Lending	—	1,900,113	—	—	1,722,592	1,900,113	177,521
Northern Trust	Collective Daily S&P 500 Index Fund Non-Lending	—	23,737,055	—	—	9,386,842	23,737,055	14,350,213
Aon Hewitt	AON Collective INVT TR US Intermediate Govt Bond Index	23,000,000	—	—	—	23,000,000	23,000,000	—
Aon Hewitt	AON Collective INVT TR US Intermediate Govt Bond Index	—	2,000,000	—	—	2,058,819	2,000,000	(58,819)
Aon Hewitt	AON Long Credit Bond Fund	8,500,000	—	—	—	8,500,000	8,500,000	—
Aon Hewitt	AON Long Credit Bond Fund	—	14,900,000	—	—	17,473,161	14,900,000	(2,573,161)
Northern Trust	NT Collective Short Term INVT FD	44,069,732	—	—	—	44,069,732	44,069,732	—
Northern Trust	NT Collective Short Term INVT FD	—	43,744,121	—	—	43,744,121	43,744,121	—

(See independent auditor's report)

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		8	2							
35-39	1	25	21	1						
40-44		22	31	17						
45-49		18	33	22	20	3				
50-54		16	28	38	36	20	1	1		
55-59		18	31	41	43	32	27	1		
60-64	1	9	21	27	32	26	15	14	2	
65-69		2	8	6	9	4		2	2	
70+		1		1	1	1				

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

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

**For ERISA Requirements**

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Mortality Rates	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Disabled	
National Starch	
Pre-1995 Disability	Revenue Ruling 96-7 table for participants who became disabled before 1995
Post-1994 Disability	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits
Salary Increases—Cash Balance Component	See Table 1
Cash Balance Interest Crediting Rate	5.00% for benefits earned prior to January 1, 2015. For benefits earned after January 1, 2015, 4.72% for 2024 and 3.85% for years after 2024.
Cash Balance Annuity Conversion Rate	
Mortality	Published IRC section 417(e) table for lump sums for 2024 payment dates
Interest Rates	IRC Section 417(e) applicable interest rates for August 2023

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

Social Security Wage Base Increases	N/A
Optional Payment Form Election Percentage	See Table 2
Late Retirement Increase	Based on actuarial equivalence factors as defined in the plan provisions for each component.
Retirement Age	
Active Participants	See Table 3
Terminated Vested Participants	
Cash Balance	See Table 3 (Non-Union Rates)
Argo Union	Future and current vested: Age 65 Future and current disabled: 3 years after termination due to disability, immediate if later
Penford Salaried	Age 63
Cedar Rapids Union	Age 62 (immediate for future disabled if retirement eligible)
National Starch Components	Age 65 Immediate for lump sums
Withdrawal Rates	See Table 4
Disability Rates	See Table 5 (not applicable for cash balance component)
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	
Union	It is assumed that 70% of males and 40% of females have an eligible spouse, and that males are two years older than their spouses
Non-Union	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

Expense Load	Prior year non-PBGC related expenses plus expected current year PBGC premium.
Expected Return on Assets	
2022 Plan Year	4.10%
2023 Plan Year	5.50%
2024 Plan Year	5.50%
Actuarial Method	Traditional unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

**Table 1**

**Salary Merit Increase Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
20	10.00%
25	8.00%
30	6.30%
35	5.50%
40	5.00%
45	4.50%
50	4.00%
55	3.50%
60	3.00%
65	2.50%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

**Table 2**

**Optional Payment Form Election Percentage**

<b>Cash Balance</b>	<b>Active</b>	<b>Future Deferred</b>	<b>Current Deferred</b>	<b>Future Deaths</b>	
Lump Sum	90%	35%	0%	100%	
Lump Sum Deferred to 57	0%	65%	100%	0%	
100% J&S	10%	0%	0%	0%	

  

<b>Argo Union</b>	<b>Active</b>	<b>Future Deferred</b>	<b>Current Deferred</b>	<b>Future Deaths</b>	<b>Future Disabled</b>
Single Life	50%	50%	50%	0%	100%
50% J&S	30%	30%	30%	0%	0%
75% J&S	0%	0%	0%	0%	0%
100% J&S	20%	20%	20%	100%	0%

  

<b>National Starch</b>	<b>Active</b>	<b>Future Deferred</b>	<b>Current Deferred</b>	<b>Future Deaths</b>	<b>Future Disabled</b>
Salaried					
Lump Sum	75%	75%	75%	75%	75%
Single Life	5%	5%	5%	5%	5%
100% J&S	20%	20%	20%	20%	20%
Union					
Single Life	40%	40%	40%	40%	40%
50% J&S	15%	15%	15%	15%	15%
75% J&S	5%	5%	5%	5%	5%
100% J&S	40%	40%	40%	40%	40%

Schedule SB Attachment (Form 5500) –2024 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

<b>Penford Salaried</b>	<b>Active</b>	<b>Future Deferred</b>	<b>Current Deferred</b>	<b>Future Deaths</b>	<b>Future Disabled</b>
Single Life	30%	45%	45%	0%	30%
50% J&S	0%	10%	10%	100%	0%
66 <sup>2/3</sup> % J&S	35%	0%	0%	0%	35%
100% J&S	35%	45%	45%	0%	35%

  

<b>Cedar Rapids Union</b>	<b>Active</b>	<b>Future Deferred</b>	<b>Current Deferred</b>	<b>Future Deaths</b>	<b>Future Disabled</b>
Single Life	40%	40%	40%	0%	40%
50% J&S	20%	20%	20%	0%	20%
100% J&S	40%	40%	40%	100%	40%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

**Table 3**  
**Retirement Rates**

Age	Rate	
	Non-Union	Union
55	6.00%	6.00%
56	6.00%	7.00%
57	10.00%	7.00%
58	10.00%	7.00%
59	10.00%	7.00%
60	10.00%	7.00%
61	20.00%	10.00%
62	20.00%	20.00%
63	20.00%	20.00%
64	40.00%	30.00%
65	40.00%	30.00%
66	40.00%	30.00%
67	40.00%	30.00%
68	40.00%	30.00%
69	40.00%	30.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

**Table 4**

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>	
	<b>Union</b>	<b>Non-Union</b>
20	6.00%	20.00%
25	6.00%	20.00%
30	6.00%	10.00%
35	5.00%	10.00%
40	4.00%	10.00%
45	3.00%	9.00%
50+	3.00%	8.00%

INGREDION PENSION PLAN  
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost Of Asset	Current Value on Transaction Date	Net Gain/ Loss

**Category (i) – Single transactions in excess of 5% of the current value of Plan assets:**

Northern Trust	Collective Short Term INVT FD	\$16,858,401	\$ —	\$ —	\$ —	\$16,858,401	\$16,858,401	\$ —
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(See independent auditor's report)

INGREDION PENSION PLAN  
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(c) Acquisition Price	(d) Disposition Price	(e) Lease/ Rental	(f) Expenses Incurred	(g) Cost Of Asset	(h) Value of Asset On Transaction Date	(i) Net Gain Or (Loss)
<b>Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:</b>								
Northern Trust	Collective Daily Russell 3000 Equity Index Fund Lending	\$14,600,000	\$ —	\$ —	\$ —	\$14,600,000	\$ 14,600,000	\$ —
Northern Trust	Collective Daily Russell 3000 Equity Index Fund Lending	—	1,900,113	—	—	1,722,592	1,900,113	177,521
Northern Trust	Collective Daily S&P 500 Index Fund Non-Lending	—	23,737,055	—	—	9,386,842	23,737,055	14,350,213
Aon Hewitt	AON Collective INVT TR US Intermediate Govt Bond Index	23,000,000	—	—	—	23,000,000	23,000,000	—
Aon Hewitt	AON Collective INVT TR US Intermediate Govt Bond Index	—	2,000,000	—	—	2,058,819	2,000,000	(58,819)
Aon Hewitt	AON Long Credit Bond Fund	8,500,000	—	—	—	8,500,000	8,500,000	—
Aon Hewitt	AON Long Credit Bond Fund	—	14,900,000	—	—	17,473,161	14,900,000	(2,573,161)
Northern Trust	NT Collective Short Term INVT FD	44,069,732	—	—	—	44,069,732	44,069,732	—
Northern Trust	NT Collective Short Term INVT FD	—	43,744,121	—	—	43,744,121	43,744,121	—

(See independent auditor's report)

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan INGREDION PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INGREDION INCORPORATED	<b>D</b> Employer Identification Number (EIN) 22-3514823	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:		<b>2a</b>	324,626,322
<b>a</b> Market value .....		<b>2b</b>	350,600,903
<b>b</b> Actuarial value .....			
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,133	142,117,236	142,117,236
<b>b</b> For terminated vested participants .....	909	59,897,372	59,897,372
<b>c</b> For active participants .....	741	88,016,815	91,070,818
<b>d</b> Total .....	2,783	290,031,423	293,085,426
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....		<b>4b</b>	
<b>5</b> Effective interest rate .....		<b>5</b>	5.09%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....		<b>6a</b>	2,688,470
<b>b</b> Expected plan-related expenses .....		<b>6b</b>	735,865
<b>c</b> Target normal cost .....		<b>6c</b>	3,424,335

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

<b>SIGN HERE</b>	Kevin Quinn	06/27/2025
	Signature of actuary	Date
	Kevin Quinn, FSA, EA	2307972
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	312-381-1000
	Firm name	Telephone number (including area code)
	MSC# 17755 P.O. Box 551343 Atlanta GA 30355	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	8,613,747	198,624
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	8,613,747	198,624
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.33%</u> .....	717,525	16,545
<b>11</b>	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>5.22%</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
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	9,331,272	215,169

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	116.36%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	119.62%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	119.39%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	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 .....	<b>19a</b>	0
b Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3,424,335
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3,424,335

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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 .....

	<b>33</b>	
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**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

	<b>39</b>	0
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**40** Unpaid minimum required contributions for all years .....

	<b>40</b>	0
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**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

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

Schedule SB Attachment (Form 5500) –2024 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

**Non-Union**

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	10.00%	0.8836	5.08
58.5	10.00%	0.7952	4.65
59.5	10.00%	0.7157	4.26
60.5	10.00%	0.6441	3.90
61.5	20.00%	0.5797	7.13
62.5	20.00%	0.4638	5.80
63.5	20.00%	0.3710	4.71
64.5	40.00%	0.2968	7.66
65.5	40.00%	0.1781	4.67
66.5	40.00%	0.1069	2.84
67.5	40.00%	0.0641	1.73
68.5	40.00%	0.0385	1.05
69.5	40.00%	0.0231	0.64
70	100.00%	0.0138	0.97
	Weighted Average		61.61

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

**Union**

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	7.00%	0.9400	3.72
57.5	7.00%	0.8742	3.52
58.5	7.00%	0.8130	3.33
59.5	7.00%	0.7561	3.15
60.5	7.00%	0.7032	2.98
61.5	10.00%	0.6539	4.02
62.5	20.00%	0.5886	7.36
63.5	20.00%	0.4708	5.98
64.5	30.00%	0.3767	7.29
65.5	30.00%	0.2637	5.18
66.5	30.00%	0.1846	3.68
67.5	30.00%	0.1292	2.62
68.5	30.00%	0.0904	1.86
69.5	30.00%	0.0633	1.32
70	100.00%	0.0443	3.10
Weighted Average			62.44

	Count	Weight	Average Retirement Age
<b>Non-Union</b>	508	63%	61.61
<b>Union</b>	<u>303</u>	37%	62.44
<b>Total*</b>	811		

Weighted Average Retirement Age 61.92

\*Counts do not match total active count as some participants have benefits in multiple structures.

Schedule SB Attachment (Form 5500) –2024 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	7,899,215	7,294,108	13,467,892	28,661,215
2025	8,195,179	4,504,929	13,129,966	25,830,074
2026	7,984,243	4,062,552	12,738,751	24,785,546
2027	7,123,501	5,420,314	12,367,066	24,910,881
2028	7,024,063	2,722,517	11,999,321	21,745,901
2029	6,784,686	3,143,333	11,614,150	21,542,169
2030	6,369,784	4,230,811	11,214,895	21,815,490
2031	6,141,985	4,054,722	10,805,131	21,001,838
2032	5,715,819	3,421,981	10,382,064	19,519,864
2033	5,431,844	2,960,425	9,945,594	18,337,863
2034	5,338,449	3,156,955	9,498,717	17,994,121
2035	5,167,133	3,158,601	9,042,190	17,367,924
2036	5,006,938	3,169,008	8,577,465	16,753,411
2037	4,913,503	3,472,361	8,105,901	16,491,765
2038	4,660,062	3,745,986	7,624,395	16,030,443
2039	4,467,602	3,063,963	7,139,412	14,670,977
2040	4,449,478	3,195,971	6,659,131	14,304,580
2041	4,383,157	3,076,361	6,180,312	13,639,830
2042	4,219,518	3,040,901	5,706,467	12,966,886
2043	4,062,538	2,997,129	5,239,676	12,299,343
2044	3,893,193	3,062,761	4,782,574	11,738,528
2045	3,692,084	2,861,900	4,337,840	10,891,824
2046	3,505,379	2,761,842	3,908,090	10,175,311
2047	3,304,458	2,675,533	3,495,875	9,475,866
2048	3,175,119	2,533,168	3,103,646	8,811,933
2049	2,980,244	2,438,570	2,733,639	8,152,453
2050	2,807,130	2,340,338	2,387,812	7,535,280
2051	2,645,490	2,196,374	2,067,734	6,909,598
2052	2,407,774	2,043,407	1,774,564	6,225,745
2053	2,222,163	1,902,557	1,508,972	5,633,692
2054	2,021,600	1,742,492	1,271,105	5,035,197
2055	1,834,809	1,602,163	1,060,625	4,497,597
2056	1,660,920	1,464,224	876,684	4,001,828
2057	1,516,895	1,320,863	717,992	3,555,750
2058	1,351,896	1,203,321	582,871	3,138,088

Schedule SB Attachment (Form 5500) –2024 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	1,216,999	1,090,654	469,324	2,776,977
2060	1,082,738	984,646	375,170	2,442,554
2061	961,873	886,070	298,113	2,146,056
2062	849,484	791,692	235,829	1,877,005
2063	745,249	703,860	186,098	1,635,207
2064	648,310	622,607	146,819	1,417,736
2065	560,926	546,665	116,105	1,223,696
2066	481,977	476,472	92,286	1,050,735
2067	411,408	412,289	73,927	897,624
2068	348,959	354,205	59,826	762,990
2069	294,220	302,163	48,989	645,372
2070	246,661	255,974	40,637	543,272
2071	205,672	215,347	34,150	455,169
2072	170,606	179,917	29,047	379,570
2073	140,799	149,270	24,978	315,047

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

**Argo Union Component**

Effective Date January 1, 1998. Amended and restated effective January 1, 2020.

Eligibility for Participation A full-time hourly-paid employees represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied-Industrial, and Service Workers International Union (USW) Local 7-507 and the International Association of Machinists District No. 8 at the Argo, Illinois plant shall become participants in this plan automatically on their date of hire.

The plan is frozen to new hires after May 20, 2011.

Normal Retirement

Eligibility Age 65 and five years of vesting service.

Benefit A monthly amount equal to years of credited service multiplied by an amount determined in connection with the effective date as follows:

Effective Date	Amount
June 1, 1998	\$35
June 1, 1999	\$36
April 1, 2001	\$39
April 1, 2004	\$41
April 1, 2006	\$42
April 1, 2007	\$43
April 1, 2008	\$46

Benefit accruals were frozen effective December 31, 2011.

Early Retirement

Eligibility Age and vesting service total at least 80.

Benefit A monthly amount equal to the sum of (1) plus (2):

- (1) Effective April 1, 2008, \$21 multiplied by years of credited service.
- (2) The difference between the normal retirement benefit and \$21 multiplied by years of credited service, reduced by ½ of 1% for each month the early retirement proceeds the normal retirement.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Effective April 1, 2011, the normal retirement benefit is unreduced if a participant attains age 55 with at least 30 years of vesting service.

### Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after the sum of age plus vesting service equals 80. Reduction factors can be found in Table 1 of Appendix A of the plan document. An unreduced benefit is payable to participants who age plus vesting service is greater than or equal to 85.

### Disability

Eligibility

Totally and permanently disabled with five years of vesting service.

Benefit

The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

### Preretirement Surviving Spouse

Eligibility

Married with five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

For participants who die while actively employed, the survivor benefit shall be the greater of the amount described above or 60% of the accrued benefit counting only years of service to the date of death and assuming a single life annuity was elected with no other reductions applied.

### Postretirement Surviving Spouse

Eligibility

Death after commencement of retirement benefit

Benefit

A lump sum benefit is payable as follows:

- (1) Single without dependent children under age 18 at time of death: \$10,000 (\$11,000 effective April 1, 2001, \$12,000 effective April 1, 2004, and \$15,000 effective April 1, 2008).
- (2) Married without dependent children under age 18 at time of death: \$11,000 (\$12,000 effective April 1, 2001, \$13,000 effective April 1, 2004, and \$16,000 effective April 1, 2008).

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

- (3) Married with dependent children under age 18 at time of death: \$12,000 (\$13,000 effective April 1, 2001, \$14,000 effective April 1, 2004, and \$17,000 effective April 1, 2008).

### Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

### Optional Forms of Annuity

Single life annuity

100% joint and survivor annuity

75% joint and survivor annuity

66 $\frac{2}{3}$ % joint and survivor annuity

50% joint and survivor annuity

### Actuarial Equivalence

Optional forms of payment are calculated as per the provisions stated in section 5.3 of the plan document.

### Definitions

Credited Service

For plan year commencing on or after January 1, 1998, a full year of credited service is earned if the employee works 2,000 or more hours in one plan year. Partial credit is granted if the employee works more than 1,000 hours but less than 2,000 hours. Prior to January 1, 1998, years of credited service credited under the terms of the prior plan are included. No credited service may be earned after December 31, 2011.

Vesting Service

For plan year commencing on or after January 1, 1998, a full year of vesting service is earned if the employee works 1,000 or more hours in one plan year. Prior to January 1, 1998, years of vesting service credited under the terms of the prior plan are included.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Cash Balance Component

Effective Date	January 1, 1998. Amended and restated effective January 1, 2020.
Eligibility for Participation	<p>A salaried U.S. employee shall become a participant in the plan on their employment commencement date.</p> <p>The plan is frozen to new hires after December 31, 2014.</p>
Credited Service	<p>1/12th of a year of credited service is earned for each calendar month that one hour of service is performed. Prior to January 1, 1998, years of credited service credited under plans sponsored by Ingredion Incorporated are included. No credited service may be earned after January 1, 2017.</p>
Vesting Service	<p>For plan year commencing on or after January 1, 1998, a full year of vesting service is earned for any 12-month period the employee has worked at least 1,000 hours. Prior to January 1, 1998, years of vesting service credited under plans sponsored by Ingredion Incorporated are included.</p>
Compensation	<p>W-2 compensation plus pre-tax contributions to any company-sponsored benefit plan. Compensation excludes reimbursements, expense allowances, fringe benefits, moving expenses, deferred compensation or welfare benefits, income attributable to the exercise of stock option and long-term incentive compensation.</p>
Opening Balance	<p>The present value of the accrued benefit earned under the CPC Retirement Income Plan for Salaried Employees as of December 31, 1997.</p>

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Pay Credits

Pay credits are credited to the account on the last day of the plan year. They are determined by multiplying the participant's compensation for the year by a percentage based on the participant's years of credited service through 2017. The percentages are as follows:

<b>Credited Service as of January 1</b>	<b>Pay Credit Percentage</b>
0	3.00%
1	3.00%
2	3.25%
3	3.25%
4	3.50%
5	3.50%
6	3.75%
7	3.75%
8	4.00%
9	4.00%
10	4.25%
11	4.50%
12	4.50%
13	4.75%
14	4.75%
15	5.00%
16	5.25%
17	5.50%
18	5.50%
19	5.75%
20	6.00%
21	6.25%
22	6.50%
23	6.50%
24	6.75%
25	7.00%
26	7.25%
27	7.50%
28	7.75%
29	8.25%
30	8.50%
31	8.75%
32	9.00%
33	9.25%
34	9.75%
35 or more	10.00%

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Interest Credits	Interest credits are determined by multiplying the account balance at the beginning of the year by the 5-year Treasury rate for November of the prior year, plus 0.25%, not to exceed a maximum of 10.00% or a minimum of 5.00% (3.00% for benefits earned after December 31, 2014).
Accrued Benefit	The sum of the opening balance, interest credits and pay credits.
Normal Retirement	
Eligibility	Age 65.
Benefit	The accrued benefit as of the date of retirement.
Vested Termination	
Eligibility	Three years of vesting service or age 65.
Benefit	The accrued benefit, payable at any time after termination of employment.
Disability	
Eligibility	Eligible for benefits under the long-term disability plan.
Benefit	The accrued benefit, payable at the earlier of age 65 or the cessation of the LTD benefits.
Surviving Spouse	
Eligibility	Three years of vesting service.
Benefit	Spouse beneficiaries are entitled to a single life annuity equal to the actuarially equivalent value of the participant's account balance on the date of death. Non-spouse beneficiaries will have the benefit paid as a lump sum.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Optional Forms of Annuity

Single life annuity

100% joint and survivor annuity

75% joint and survivor annuity

50% joint and survivor annuity

33 $\frac{1}{3}$ % joint and survivor annuity

10-year certain and 33 $\frac{1}{3}$ % joint and survivor annuity

15-year certain and 33 $\frac{1}{3}$ % joint and survivor annuity

20-year certain and 33 $\frac{1}{3}$ % joint and survivor annuity

Level income and 33 $\frac{1}{3}$ % joint and survivor annuity

Cash refund annuity

Lump sum

### Actuarial Equivalence

Applicable 417(e)(3) mortality table using the 417(e)(3) interest rates for the fifth month preceding the first day of the month in which the benefit commencement date occurs.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

**Cedar Rapids Union Component**

Effective Date October 1, 1951. Amended and restated effective January 1, 2020.

Eligibility for Participation An hourly rated employee at the Cedar Rapids, Iowa plant of Ingredion Incorporated that is represented by Bakery, Confectionery, Tobacco Workers and Grain Millers, Local 100G shall become participants in this plan automatically on their date of hire.

The plan is frozen to new hires after August 1, 2004.

Normal Retirement

Eligibility Age 62 and five years of service.

Benefit A monthly amount equal to years of credited service multiplied by an amount determined in connection with the effective date as follows:

Effective Date	Amount
August 1, 1988	\$20
August 1, 1991	\$23
August 1, 1992	\$24
August 1, 1993	\$25
August 1, 1994	\$28
August 1, 1997	\$30
August 1, 1998	\$31
August 1, 1999	\$32
August 1, 2000	\$33
August 1, 2001	\$35
August 1, 2002	\$36
August 1, 2003	\$37
August 1, 2004	\$38
August 1, 2005	\$39
August 1, 2006	\$41
August 1, 2007	\$43
August 1, 2008	\$44
August 1, 2009	\$46
August 1, 2010	\$48
August 1, 2011	\$50
August 1, 2012	\$51

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Retirements on or after August 1, 1997 but before August 1, 2000 were increased to the \$33 benefit rate.

Retirements on or after August 1, 2001 but before August 1, 2002 were increased to the \$36 benefit rate.

Retirements on or after August 1, 2004 but before August 1, 2008 were increased to the \$44 benefit rate.

Retirements on or after August 1, 2009 but before August 1, 2011 were increased to the \$50 benefit rate.

Benefit accruals were frozen effective December 31, 2015.

### Early Retirement

Eligibility

Age and service total at least 80.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by  $\frac{1}{3}$  of 1% for each month between ages 60 and 62 plus  $\frac{1}{2}$  of 1% for each month between ages 55 and 60. Participants that retire prior to age 55 shall have their benefit reduced by the reduction factor used for retirements at age 55.

### Vested Termination

Eligibility

Five years of service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

### Disability

Eligibility

Totally and permanently disabled with five years of service and receiving Social Security disability payments.

Benefit

The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

### Surviving Spouse

Eligibility

Married for one year with five years of service.

Benefit

A monthly benefit payable to the surviving spouse equal to the amount that would have been payable to the participant if the participant commenced benefit on the date the surviving spouse's benefit commences, reduced for early retirement but without reduction for optional forms of benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity

100% joint and survivor annuity

75% joint and survivor annuity

66 $\frac{2}{3}$ % joint and survivor annuity

50% joint and survivor annuity

Retirements on or after August 1, 1997 will convert the joint and survivor annuity back to the single life annuity benefit amount if the spouse predeceases the participant.

Actuarial Equivalence

1983 Group Annuity Mortality Table for males and 6% interest rate.

Definitions

Credited Service

A year of credited service is granted for each full 12 consecutive month period worked. 1/12th of one year is granted for each additional month worked. No credited service may be earned after December 31, 2015.

Year of Service

A year of service is a 12-month consecutive period commencing with the participant's date of hire.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

**Indianapolis Union Component**

Effective Date	April 1, 1951. Amended and restated effective January 1, 2020.
Eligibility for Participation	An hourly rated employee at the Indianapolis, Indiana location that is represented by the United Steel, Paper and Forestry, Energy, Applied Industrial and Service Workers International Union, Local No. 7-0706 shall become participants in this plan on the January 1 or July 1 coincident with or next following reaching age 21 and completing six months of vesting service.  The plan is frozen to new hires after January 1, 2012.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to years of credited service multiplied by \$49.50.  Benefit accruals were frozen effective December 31, 2011.
Early Retirement	
Eligibility	Age 60 and 10 years of credited service or age 55 with age plus credited service greater than or equal to 85.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by ½ of 1% for each month the early retirement precedes the normal retirement. Participants meeting the Rule of 85 are eligible to commence their normal retirement benefit without reduction.  Participants eligible for the unreduced benefit that retire before age 62 shall receive a supplementary monthly benefit of \$400 payable until age 62 or death, if earlier.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

Vested Termination

Eligibility	Five years of service.
Benefit	The accrued benefit at the date of termination. Payments are reduced on an actuarial equivalent basis for early retirement.

Disability

Eligibility	Totally and permanently disabled with 10 years of credited service.
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Married with five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity  
 100% joint and survivor annuity  
 75% joint and survivor annuity  
 50% joint and survivor annuity  
 5-year certain and life annuity  
 10-year certain and life annuity  
 15-year certain and life annuity  
 Pop-up joint and survivor annuity

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

# Schedule SB Attachment (Form 5500) –2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Definitions

#### Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after December 31, 2011.

#### Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

**Island Falls Union Component**

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	<p>An hourly rated employee at the Island Falls, Maine location that is represented by the Bakery, Confectionary, Tobacco Workers and Grain Millers AFL-CIO Local No. 334 union shall become participants in this plan on the January 1 or July 1 coincident with or next following reaching age 21 and completing six months of vesting service.</p> <p>The plan closed to new entrants with the closure of the plant that occurred in August 2009.</p>
Normal Retirement	
Eligibility	Age 65 or five years of vesting service.
Benefit	<p>A monthly amount equal to years of credited service multiplied by \$34.00 plus an additional \$4.00 multiplied by Stein Hall service (service earned prior to September 1, 1976).</p> <p>Benefit accruals were frozen with the plant closure in August 2009.</p>
Early Retirement	
Eligibility	Age 60 and 10 years of credited service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes age 62. Participants over the age of 62 at retirement are eligible to commence their normal retirement benefit without reduction.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

Vested Termination

Eligibility	Five years of service.
Benefit	The accrued benefit at the date of termination. Participants with 10 years of credited service may commence their benefits as early as age 60. The benefit shall be reduced by 8% for each year early retirement precedes age 65.

Disability

Eligibility	Totally and permanently disabled with 10 years of credited service.
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Married with five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
50% joint and survivor annuity  
5-year certain and life annuity  
10-year certain and life annuity  
15-year certain and life annuity

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Definitions

#### Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after August 2009.

#### Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

**National Starch Salaried Component**

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	An regular employee of National Starch LLC that was hired before March 2, 2001 or rehired before April 1, 2002.  The plan is frozen to new hires after December 31, 2010.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1) and (2):  (1) 1.25% of final average earnings up to covered compensation multiplied by credited service  (2) 1.50% of final average earnings in excess of covered compensation multiplied by credited service  Benefit accruals were frozen effective December 31, 2010. Compensation and service earned after December 31, 2010 are not considered.
Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 4% for each year the early retirement precedes age 60. Participants meeting the Rule of 85 (age 55 with age and vesting service totaling 85 or greater) are eligible to commence their normal retirement benefit without reduction.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Payments are reduced on an actuarial equivalent basis for early retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

Disability

Eligibility

Eligible for long term disability

Benefit

The accrued benefit with final average earnings and covered compensation determined as of the date of disability, payable at the normal retirement date.

Surviving Spouse

Eligibility

Married and five years of vesting service.

Benefit

For deaths that occur after age 55, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the accrued benefit reduced by 2% for each full year that the spouse was more than 10 years younger than the participant.

For deaths that occur prior to age 55, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the accrued benefit reduced on actuarially equivalent basis for early retirement.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity  
5-year certain and life annuity  
10-year certain and life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
50% joint and survivor annuity  
Lump sum

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions. Lump sum optional forms use the applicable 417(e)(3) mortality table and the 417(e)(3) interest rates for the month of September of the plan year which immediately precedes the plan year of distribution.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

Definitions

Final Average Earnings	The average of the highest consecutive 60 months of compensation during the last 120 consecutive months as a participant in the National Starch Salaried Component.
Compensation	Includes salary, wages, overtime, shift differential, payments under an ongoing short term incentive plan or other bonus program and sales commissions.
Covered Compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year a participant attains Social Security retirement age.
Credited Service	Continuous service counted in full and partial years from the date of participation to the date of termination. No credited service may be earned after December 31, 2010.
Vesting Service	Continuous service from the date of hire to the date of termination.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### North Kansas City Union Component

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	<p>An hourly rated, full-time employee at the North Kansas City, Missouri location that is represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Applied Industrial and Service Workers International Union, Local No. 11-617 shall become participants in this plan on the January 1 or July 1 coincident with or next following the later of reaching age 20½ or completing six months of vesting service.</p> <p>The plan is frozen to new hires after April 30, 2010.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to years of credited service multiplied by \$50.50 plus an additional \$12.00 multiplied by CPC service.</p> <p>Benefit accruals were frozen effective April 30, 2010.</p>
Early Retirement	
Eligibility	Age 62 and 10 years of credited service (including CPC service) or age 55 with age plus credited service greater than or equal to 85.
Benefit	<p>A monthly benefit equal to the normal retirement benefit reduced by ½ of 1% for each month the early retirement precedes the normal retirement. Participants meeting the Rule of 85 are eligible to commence their normal retirement benefit without reduction.</p> <p>For commencements occurring on or after March 7, 2013, participants eligible for the unreduced benefit that retire before age 62 shall receive a supplementary monthly benefit of \$550 payable until age 62 or death, if earlier.</p>
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Ingredion Pension Plan  
 EIN: 22-3514823 PN: 001

Vested Termination

Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Payments are reduced by 8% for each year between ages 65 and 60 plus 4% for each year between ages 60 and 55.

Disability

Eligibility	Totally and permanently disabled with 10 years of credited service (including CPC service).
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Married with five years of vesting service.
Benefit	For deaths that occur while in active service, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.  For deaths that occur after separation from service, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity  
 100% joint and survivor annuity  
 75% joint and survivor annuity  
 50% joint and survivor annuity  
 5-year certain and life annuity  
 10-year certain and life annuity  
 15-year certain and life annuity  
 Pop-up joint and survivor annuity

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Definitions

#### Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after April 30, 2010.

#### Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

#### CPC Service

Service with CPC International, Inc. prior to December 1, 1985 that was recognized for purposes of benefit accrual under the CPC International Inc. Hourly Plan.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

**Penford Salaried Component**

Effective Date	March 1, 1984. Amended and restated effective January 1, 2020.
Eligibility for Participation	An employee of Penford Corporation that was hired before January 1, 2005 and at least 21 years of age.  The plan is frozen to new hires after January 1, 2005.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the greater of (1), (2) or (3):  (1) The sum of (a) plus (b): <ul style="list-style-type: none"><li>a. 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings and service are determined as of December 31, 1993.</li><li>b. 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings are determined as of February 28, 2014 and service for the period earned after December 31, 1993 but before March 1, 2014.</li></ul> (2) 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings and service are determined as of February 28, 2014.  (3) \$20.00 multiplied by credited service as of February 28, 2014.  Benefit accruals were frozen February 28, 2014. Compensation and service earned after February 28, 2014 are not considered.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Former Alpha Biochemical Corporation Employees:

A monthly amount equal to the greater of (1) or (2):

- (1) Accrued benefit under the ABC plan as of March 31, 1990.
- (2) Accrued benefit under the Penford Retirement Plan as of February 28, 2014, including years of service with ABC as credited service under the Penford Retirement Plan.

Mendell Employees:

A monthly amount equal to the Penford Retirement Plan using credited service earned after June 1, 1991 plus the benefit accrued under the Mendell Plan as of May 31, 1991.

### Early Retirement

Eligibility

Age 55 and 20 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 1/6 of 1% for each month between ages 65 and 62 plus 1/3 of 1% for each month between ages 62 and 60 plus 1/2 of 1% for each month between ages 60 and 55.

### Late Retirement

Eligibility

Retirement after normal retirement age.

Benefit

The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

### Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

### Disability

Eligibility

Eligible for long term disability

Benefit

The accrued benefit continues to accrue credited service up to a maximum of 10 years while the participant is receiving company disability benefits.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Surviving Spouse

Eligibility

Married for one year and five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

### Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

### Optional Forms of Annuity

Single life annuity  
5-year certain and life annuity  
10-year certain and life annuity  
15-year certain and life annuity  
20-year certain and life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
66<sup>2</sup>/<sub>3</sub>% joint and survivor annuity  
50% joint and survivor annuity  
Level income annuity

### Actuarial Equivalence

UP-1984 Mortality Table set back 1½ years and 7% interest rate.

### Definitions

Final Average Monthly Earnings

The highest average monthly earnings received during any five consecutive calendar years.

Earnings

Includes gross wages including bonuses and commissions provided for on a regular basis, discretionary bonuses, overtime, extraordinary payments, foreign earned income and any pre-tax employee contributions made by the employer on behalf of the employee to a qualified retirement plan, cafeteria plan or for qualified transportation fringe benefits. Earnings paid after February 28, 2014 are not included in the determination of the final average monthly earnings.

Covered Compensation

The average of the Social Security taxable wage bases for the 35-year period ending in the year a participant attains Social Security retirement age.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## Ingredion Pension Plan

EIN: 22-3514823 PN: 001

### Credited Service

Continuous service counted in full and partial years from the date of participation to the date of termination. No credited service may be earned after February 28, 2014.

### Vesting Service

Continuous service from the date of hire to the date of termination.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

INGREDION PENSION PLAN  
Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024

Name of Plan Sponsor: Ingredion Incorporated  
Employee Identification Number: 22-3514823  
Three-Digit Plan Number: 001

(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
		Collective Trust Funds		
*	Northern Trust Company	Collective All Country World - EX-US Fund-Lending – 344,448 units	\$ 7,563,157	\$ 7,547,190
*	Northern Trust Company	Collective Daily Russell 3000 Equity Index Fund Lending – 3,180 units	12,877,408	14,125,492
*	Aon Hewitt	Collective INVT TR US Intermediate Govt Bond Index FD - 10,230,404 units	99,191,842	98,723,403
*	Aon Hewitt	Collective INVT TR US Long Government Bond Index FD - 145,099 units	1,112,668	918,475
*	Aon Hewitt	AON Enhanced Liability Driven Investing Fund - CL I - 6,532,047 units	65,431,383	62,838,290
*	Aon Hewitt	Long Credit Bond Fund - 14,794,925 units	145,692,917	125,460,967
*	Northern Trust Company	Collective Short Term INVT FD – 6,009,524 units	6,009,524	6,009,524
				<u>\$ 315,623,341</u>

\* denotes party-in-interest

(See independent auditor's report)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Ingredion Pension Plan  
EIN: 22-3514823 PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the lump sum conversion factors interest and mortality from the published IRC section 417(e) table for lump sums for 2023 payment dates and IRC Section 417(e) applicable interest rates for August 2022 to the published IRC 417(e) table for lump sums for 2024 payment dates and IRC Section 417(e) applicable interest rates for August 2023.
- A change in the cash balance crediting rate for benefits earned after January 1, 2015, from 4.31% for 2023 and 3.35% for years after 2023 to 4.72% for 2024 and 3.85% for years after 2024.

### **Rationale for Assumptions**

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes were based on prescribed assumption changes for the plan year or to reflect the best estimate for future demographic experience based on historical data. Demographic assumptions except for mortality were developed by Aon based on a 2022 assumption study. The non-prescribed financial assumptions were developed by Aon and reflect a best estimate of future experience.