

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

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

1a Name of plan <u>CARRIER REPRESENTED EMPLOYEE PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CARRIER GLOBAL CORPORATION</u> <u>13995 PASTEUR BOULEVARD</u> <u>PALM BEACH GARDENS, FL 33418</u>	1c Effective date of plan <u>01/01/2020</u> 2b Employer Identification Number (EIN) <u>83-4051582</u> 2c Plan Sponsor's telephone number <u>561-365-2000</u> 2d Business code (see instructions) <u>333410</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	SARAH LALLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1937
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1307
	6a(2)	1209
	6b	418
	6c	291
	6d	1918
	6e	17
	6f	1935
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>CARRIER REPRESENTED EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CARRIER GLOBAL CORPORATION</u>	D Employer Identification Number (EIN) <u>83-4051582</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	<u>222829875</u>	
b Actuarial value	2b	<u>245112863</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>366</u>	<u>65965055</u>	<u>65965055</u>
b For terminated vested participants	<u>264</u>	<u>10542404</u>	<u>10542404</u>
c For active participants	<u>1307</u>	<u>135939169</u>	<u>150185177</u>
d Total	<u>1937</u>	<u>212446628</u>	<u>226692636</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.24 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>2497749</u>	
b Expected plan-related expenses	6b	<u>1000000</u>	
c Target normal cost	6c	<u>3497749</u>	

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

SIGN HERE <u>GEOFF ZARTARIAN</u> Signature of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>200 LIBERTY STREET</u> <u>FLOOR 6</u> <u>NEW YORK, NY 10281</u> Address of the firm	<u>09/03/2025</u> Date <u>23-08812</u> Most recent enrollment number <u>212-915-8888</u> Telephone number (including area code)
--	--

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.57</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6868823
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>5.38</u> %		369543
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		7238366
d	Portion of (c) to be added to prefunding balance		7238366
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	7238366

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.93 %
15	Adjusted funding target attainment percentage	15	108.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	3497749
b Excess assets, if applicable, but not greater than line 31a	31b	3497749

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

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

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

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

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

A Name of plan CARRIER REPRESENTED EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARRIER GLOBAL CORPORATION	D Employer Identification Number (EIN) 83-4051582	

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

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

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

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

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

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

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	413714	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)

CONDUENT HR SERVICES

200 PLAZA DRIVE
SECAUCUS, NJ 07094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	NONE	348343	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 BANK OF NEW YORK MELLON

13-5160382

(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?
18 52 50	NONE	62495	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"/>

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)

BLACKROCK INSTITUTIONAL TRUST COMP

94-3112180

(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 24 51 28	NONE	34380	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)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	29674	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)

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27000	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"/>

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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51	NONE	24997	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	GEOFF ZARTARIAN	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	200 LIBERTY ST NEW YORK, NY 10281	e Telephone:	212-309-3427

Explanation: REASSIGNMENT OF WORK WITHIN WTW

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>CARRIER REPRESENTED EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARRIER GLOBAL CORPORATION</u>	D Employer Identification Number (EIN) <u>83-4051582</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIS TOWERS GRP TRUST LONG CREDIT</u>		
b Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC.</u>		
c EIN-PN <u>82-6695738-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71536276</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TSY U.S. 15 YR NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4563349</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TSY U.S. 20 YR NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4680058</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TSY US 10 YR NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4521827</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY U.S. 25+ YR KEY RATE DUR NL FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3856224-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14049857</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST LONG US GOVT BOND INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-142</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21534668</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET MSCI ACWI INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-239</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24822319</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST DAILY MSCI USA INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-208	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49593549
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST INTERMED U.S. GOVT BOND IN

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-281	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7337646
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8849396
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TREAS US 5 YR KEY

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3405545
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CARRIER REPRESENTED EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CARRIER GLOBAL CORPORATION	D Employer Identification Number (EIN) 83-4051582

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12874	34461
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	213177174	214894490
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	223190048	214928951
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	136354	166302
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	136354	166302
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	223053694	214762649

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1366173
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1366173

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5779657	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5779657
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	378017	
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	405790	
(6) Bank or trust company trustee/custodial fees	2i(6)	62495	
(7) Actuarial fees	2i(7)	67300	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	204613	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1145215
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6924872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8291045
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549384.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>CARRIER REPRESENTED EMPLOYEE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARRIER GLOBAL CORPORATION</u>	D Employer Identification Number (EIN) <u>83-4051582</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-5160382

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		0
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 35.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 61.0 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 4.0 % Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Financial Statements and Report of
Independent Certified Public
Accountants

Carrier Represented Employee Pension Plan

December 31, 2024 and 2023

Contents

Page

Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9
Supplemental Schedules	
Schedule H, line 4i - schedule of assets (held at end of year)	17
Schedule H, line 4j - schedule of reportable transactions	18

GRANT THORNTON LLP

1100 Peachtree St., NE
Suite 1400
Atlanta, GA 30309

D +1 404 330 2000

F +1 404 475 0107

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Carrier Represented Employee Pension Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Carrier Represented Employee 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 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the financial statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 assets (held at end of year) as of December 31, 2024 and of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by 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).

Grant Thornton LLP

Atlanta, Georgia
September 25, 2025

Carrier Represented Employee Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value	\$ 214,894,490	\$ 213,177,174
Receivables		
Employer contribution receivable	-	2,278,859
Interest	34,461	12,874
	<u>34,461</u>	<u>2,291,733</u>
Total receivables	34,461	2,291,733
Total assets	214,928,951	215,468,907
LIABILITIES		
Accrued expenses	<u>166,302</u>	<u>136,354</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 214,762,649</u>	<u>\$ 215,332,553</u>

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

Carrier Represented Employee Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions to (deductions from) net assets attributed to		
Investment (loss) income		
Net (depreciation) appreciation in fair value of investments	\$ (1,639,317)	\$ 22,337,344
Interest income	273,144	123,119
	<u>(1,366,173)</u>	<u>22,460,463</u>
Employer contributions	7,721,141	2,278,859
Benefits paid to participants	(5,779,657)	(4,979,533)
Administrative expenses	<u>(1,145,215)</u>	<u>(1,667,167)</u>
NET (DECREASE) INCREASE	(569,904)	18,092,622
Net assets available for benefits, beginning of year	<u>215,332,553</u>	<u>197,239,931</u>
Net assets available for benefits, end of year	<u><u>\$ 214,762,649</u></u>	<u><u>\$ 215,332,553</u></u>

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

Carrier Represented Employee Pension Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Carrier Represented Employee Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

United Technologies Corporation (“UTC”) established the defined benefit Plan effective January 1, 2020, for the purposes of receiving and maintaining the assets and liabilities for certain grandfathered represented Carrier Global Corporation (“Carrier” or “Plan Sponsor”) employees in a spin-off transaction from the United Technologies Corporation Pension Plan. The assets and liabilities for Carrier active employees and beneficiaries were spun-off from the prior UTC plan into the Plan. The spin-off was in accordance with the requirements of sections 401(a)(12) and 414(l) of the Internal Revenue Code of 1986, as amended. The Plan sponsor is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended effective April 3, 2020, to transfer plan sponsorship from UTC to Carrier in connection with the spin-off of Carrier from UTC.

Pension Benefits

All participants in the Plan were active employees in the prior UTC plan. The Plan is closed to new entrants and has also been frozen to benefit accruals for certain populations. Current participants that are active employees of Carrier continue to accrue benefits under their respective benefit schedule as defined by the Plan. The Pension benefit normal retirement date is the first of the month following reaching 65 years of age. Benefits may commence prior to normal retirement date as early as 55 years old if the participant has attained the years of continuous service required per the Plan document. Early pension benefits are generally reduced by an early retirement factor.

Contributions and Funding

Contributions to provide benefits under the Plan are made solely by the Plan sponsor to satisfy the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Company has made contributions to meet the ERISA funding requirements during the years ended December 31, 2024 and 2023.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value as further described in Note 8. Purchases and sales of securities are recorded on a trade-date basis. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Expenses

Trustee, attorneys, advisors, actuaries, fiduciaries, service providers, and other such service providers involved in the administration of the Plan are to be paid by the Plan. Such expenses are recorded as plan expenses on the accompanying statements of changes in net assets available for benefits. Expenses paid by the Plan sponsor are excluded from these financial statements. Certain investment related expenses are included in investment income.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of New York Mellon/BNY Mellon, N.A. has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments at fair value and interest receivable as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment (loss) income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and participating surviving spouses, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the service life of their employment and a factor as defined in the plan documents. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Willis Towers Watson, 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, 2023 and 2022, there would be no material differences.

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022 are as follows:

	2023
Mortality	Pri-2012 blue-collar table with scale MP-2021 generational projection applied from 2012.
Retirement age assumptions	Gradually with 2% at age 55 up to 100% at age 70+
Discount rate	5.27%
	2022
Mortality	Pri-2012 blue-collar table with scale MP-2021 generational projection applied from 2012.
Retirement age assumptions	Gradually with 2% at age 55 up to 100% at age 70+
Discount rate	5.61%

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

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested benefits		
Participants and/or beneficiaries currently receiving benefits		\$ 63,923,530
Other vested benefits		144,694,686
Total vested benefits		208,618,216
Nonvested benefits		14,008,565
Total actuarial present value of accumulated plan benefits		\$ 222,626,781

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 was as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 201,103,521
Benefits accumulated	5,297,375
Increase for interest due to decrease in the discount period	11,441,320
Benefits paid	(4,979,533)
Change in actuarial assumptions (discount rate)	10,064,806
Actuarial (gains) losses	<u>(300,708)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 222,626,781</u>

NOTE 5 - TAX STATUS

Management has not applied for a determination letter with the Internal Revenue Service (“IRS”) as the Plan is a spin-off of the UTC Plan. However, the Plan Administration believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in process.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan’s investments are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

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

NOTE 7 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments in the Plan are issued by an affiliate of the actuary and the trustee. Therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. Also, Blackrock has a minority ownership interest in the Plan sponsor and the Plan invests in certain Blackrock funds.

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE 8 - 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.

Following is a description of the valuation methodologies used for the Plan's assets carried at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Collective Trust Funds

Collective trust funds measured at fair value based on net asset value as of December 31, 2024 and 2023 were \$214,894,490 and \$213,177,174, respectively.

The fair value of investments in collective trust funds has been estimated using the funds' Net Asset Value (NAV) per share, based on the fair value of the underlying investments held by the funds less their liabilities. The NAV per share is used as a practical expedient to estimate fair value. The funds allow redemptions of its units on a daily basis with no advance notice. There are no unfunded commitments for these investments.

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.

Since the collective trust funds are measured at fair value using net asset value per share (or its equivalent) as a practical expedient, they have not been classified in the fair value hierarchy.

NOTE 9 - PLAN TERMINATION

Although the Company has not expressed any intent to do so, the Plan Administrator has the right to terminate the Plan at any time.

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

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

- a. Benefits participants or their beneficiaries have been receiving for at least three years or benefits that employees who were eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of payment under the Plan. The priority amount is limited to the lowest benefit that was payable or would have been payable during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination;
- b. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations discussed below;
- c. All other vested benefits; and
- d. All nonvested benefits.

If Plan funds are not sufficient to provide benefits for all categories, benefits will be prorated to participants within the first group for which benefits cannot be provided in full. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivors' pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, if benefits have been increased within the five years before Plan termination, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. Also, there is a statutory ceiling (which varies depending on form of benefit payment elected by retired participants or active participants at Plan termination) on the amount of monthly benefit the PBGC guarantees, which is adjusted periodically. Whether all participants receive their benefits should the Plan terminate at some future date will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 is as follows:

Net assets available for benefits per the financial statements	\$ 215,332,553
Subsequent contributions allocated to current plan year funding	<u>7,721,141</u>
Net assets per Form 5500	<u>\$ 223,053,694</u>

For the year ended December 31, 2024 the following is a reconciliation of net decrease in assets available for benefits per the financial statements to the Form 5500:

Total decrease in net assets available for benefits per the financial statements	\$ (569,904)
Contributions allocated to prior plan year funding	<u>(7,721,141)</u>
Net loss per Form 5500	<u>\$ (8,291,045)</u>

Carrier Represented Employee Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE 11 - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024, financial statements for subsequent events through September 25, 2025, the date the financial statements were available to be issued.

In April 2025, the Collective Bargaining Agreement (“CBA”) was ratified for certain applicable employees which included the freeze of benefit accruals, effective December 31, 2025, for those covered by the CBA who are participants in the Plan

There are no other subsequent events that require adjustment or disclosure.

SUPPLEMENTAL SCHEDULE

Carrier Represented Employee Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 83-4051582, PLAN #: 002

(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		
*	Blackrock	Blackrock TSY U.S. 15 YR Key Rate Dur NL FD	\$ 9,384,338	\$ 4,563,349
*	Blackrock	Blackrock TSY U.S. 20 YR Key Rate Dur NL FD	9,202,849	4,680,058
*	Blackrock	Blackrock TSY U.S. 10 YR Key Rate Dur NL FD	8,210,409	4,521,827
*	Blackrock	TSY U.S. 25+ YR Key Rate Dur NL FD	38,120,328	14,049,857
*	Blackrock	BLACKROCK TREAS US 5 YR KEY	3,902,713	3,405,545
	State Street	Long U.S. Govt Bond INDX	32,971,399	21,534,668
*	Blackrock	MSCI ACWI EX USA INDX NL	19,039,346	24,822,319
*	Blackrock	MSCI USA INDX NL FUND	24,366,509	49,593,549
*	Willis Towers Watson	WILLIS TOWERS WATSON GT SUBS REDS CLEAR LCF	81,300,000	71,536,276
	State Street	INTERMED U.S. GOVT BOND INDX	7,381,476	7,337,646
*	Bank of New York Mellon	EB TEMP INV FD	8,849,396	8,849,396
		Total	<u>\$ 242,728,763</u>	<u>\$ 214,894,490</u>

* Denotes party-in-interest to the Plan.

Carrier Represented Employee Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EMPLOYER ID NO: 83-4051582, PLAN #: 002

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Category (iii): A series of transactions in excess of 5% of Plan net assets:							
Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	74	\$ -	\$ 11,588,116	\$ 11,588,116	\$ 11,588,116	\$ -
Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	16	17,643,144	-	17,643,144	-	-

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total	
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39			
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4
30-34	1	1	0	0	0	15	8	0	0	0	0	0	0	0	25
35-39	0	0	0	0	0	14	15	14	2	0	0	0	0	0	45
40-44	2	1	0	1	2	19	21	36	65	1	0	0	0	0	148
45-49	4	0	0	0	0	18	17	39	90	66	2	0	0	0	236
50-54	0	1	0	1	0	12	12	32	75	103	30	0	0	0	266
55-59	1	0	1	0	0	14	14	33	54	76	32	6	0	0	231
60-64	1	0	1	0	0	11	7	31	76	66	21	11	18	0	243
65-69	0	0	0	0	0	4	3	18	22	12	8	6	9	0	82
70 & over	0	1	0	0	0	0	3	2	4	2	1	3	11	0	27
Total	9	4	2	2	2	111	100	205	388	326	94	26	38	0	1,307
Average:	Age	54	Number of Participants:				Fully vested	1,305	Males				664		
	Service	22					Partially vested	0	Females				643		
Census data as of January 1, 2024															

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions		
Interest rate basis		
Applicable month	September 2023	
Interest rate basis	24-Month Average Segment Rates Ending 5th Month Preceding Valuation Date under ARPA (September 2023 applicable month)	
Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.24%	4.47%
Plan-related expenses	\$1,000,000	
Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.		
Rates not reflecting stabilization are to be used for purposes of determining the deductible limit.		
Demographic Assumptions		
Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.	
New or rehired employees	It was assumed there will be no new or rehired employees.	

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality																																					
Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).																																				
Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).																																				
Termination	Rates varying by age and service																																				
	<table border="1"> <thead> <tr> <th colspan="3">Representative Termination Rates</th> </tr> <tr> <th colspan="3">Percentage leaving during the year</th> </tr> <tr> <th></th> <th colspan="2">Years of Service</th> </tr> <tr> <th>Attained Age</th> <th><u>0-5</u></th> <th><u>5 and up</u></th> </tr> </thead> <tbody> <tr> <td>25</td> <td>12.04%</td> <td>8.05%</td> </tr> <tr> <td>30</td> <td>10.76</td> <td>8.05</td> </tr> <tr> <td>35</td> <td>9.82</td> <td>7.05</td> </tr> <tr> <td>40</td> <td>8.23</td> <td>5.75</td> </tr> <tr> <td>45</td> <td>7.87</td> <td>4.67</td> </tr> <tr> <td>50</td> <td>6.62</td> <td>3.70</td> </tr> <tr> <td>55</td> <td>6.62</td> <td>3.23</td> </tr> <tr> <td>60</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table>	Representative Termination Rates			Percentage leaving during the year				Years of Service		Attained Age	<u>0-5</u>	<u>5 and up</u>	25	12.04%	8.05%	30	10.76	8.05	35	9.82	7.05	40	8.23	5.75	45	7.87	4.67	50	6.62	3.70	55	6.62	3.23	60	0.00	0.00
Representative Termination Rates																																					
Percentage leaving during the year																																					
	Years of Service																																				
Attained Age	<u>0-5</u>	<u>5 and up</u>																																			
25	12.04%	8.05%																																			
30	10.76	8.05																																			
35	9.82	7.05																																			
40	8.23	5.75																																			
45	7.87	4.67																																			
50	6.62	3.70																																			
55	6.62	3.23																																			
60	0.00	0.00																																			

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability	The rates at which participants become disabled by age and gender are shown below:		
	Percentage becoming disabled during the year		
	Age	Males	Females
	25	0.03%	0.05%
	30	0.04	0.06
	35	0.05	0.08
	40	0.07	0.10
	45	0.10	0.15
	50	0.18	0.26
	55	0.36	0.49
60	0.90	1.21	
65	0.00	0.00	
Retirement	Rates varying by age		
	Percentage retiring during the year*		
	Age		
	55		2.00%
	56		2.00
	57		2.00
	58		3.00
	59		4.00
	60		6.00
	61		7.00
	62		20.00
	63		20.00
	64		20.00
	65		60.00
	66		60.00
67		60.00	
68		60.00	
69		60.00	
70+		100.00	
	* Carrier Indianapolis (BDP East) assumes 75% retirement at age 55 with 30 years of service		

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefit (UCEB) assumptions	10% of termination rates are assumed to be layoffs eligible for an additional year of service under certain plan formulas. These assumptions have been selected by the plan sponsor, and evaluation of the assumption(s) was outside the scope of WTW's assignment and would have required substantial additional work.
Benefit commencement date:	
Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55
Deferred vested benefit	The later of age 65 or termination of employment
Disability benefit	Upon disablement
Retirement benefit	Upon termination of employment
Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020. A long-term 5% rate of interest is assumed for valuation purposes.	
Form of payment	<p>If married, 50% of participants are assumed to elect a life annuity, 25% a 50% CA and 25% a 100% CA. If single, 100% of participants are assumed to elect a life annuity.</p> <p>Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis. An assumed long-term 5% rate of interest is utilized for valuation purposes.</p>
Percent married	<p>100% at age 55 for sub-plans with the 100% CA annuity that allows non-spouse beneficiaries;</p> <p>81% for all others</p>
Spouse age	Female three years younger than males.
Loads	None
At-risk assumptions	N/A

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.
Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the</p>

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

	method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.</p>

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Carrier Corporation and its third party administrator, missing or inconsistent data were reviewed, and certain data assumptions were reflected as documented in a data action plan. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Funding discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Annuity / Lump sum conversion rate	The assumed annuity conversion rate is equivalent to the discount rate; We believe that the selected assumption does not significantly conflict with what would be reasonable.

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in compensation, future Social Security Wage bases, and statutory limits on compensation	Assumed increases were chosen by the plan sponsor and, as required by U.S. GAAP they represent an estimate of future experience. We believe that the selected assumptions do not significantly conflict with what would be reasonable.
Assumptions Rationale - Significant Demographic Assumptions	
Healthy/Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination / Retirement / Disability	The decrement assumptions were selected by the plan sponsor based on prior reviews of participant experience data. An experience study prepared in 2015 is the basis for the termination / retirement / disability assumptions.
Benefit commencement date for deferred benefits:	The assumptions were selected by the plan sponsor based on an experience study prepared in 2015.
Form of payment	The form of payment was set by the plan sponsor based on reviews of actual participant elections.
Percent married	The assumed percentage married was set based on the plan sponsor's observations regarding its employee population. For plans that permit a non-spouse beneficiary, a 100% married assumption was selected to account for the additional benefits available for a non-spouse beneficiary.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefits (UCEBs)	<p>The assumptions used to value the UCEBs have been selected by the plan sponsor. WTW is unable to assess this information due to lack of information about the company's business plans.</p>
Prescribed Methods	
Funding methods	<p>The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.</p>
Changes in Assumptions and Methods	
Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$1,700,000 for the prior valuation to \$1,000,000 for the current valuation to account for expected PBGC variable premiums.</p>
Change in methods since prior valuation	<p>None.</p>

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

Plan Name	Carrier Represented Employee Pension Plan
Plan Sponsor EIN	83-4051582
ERISA Plan #	002
Plan Year Ending	2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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

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


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

A Name of plan CARRIER REPRESENTED EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CARRIER GLOBAL CORPORATION	D Employer Identification Number (EIN) 83-4051582	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	222,829,875
	b Actuarial value	2b	245,112,863
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	366	65,965,055
	b For terminated vested participants	264	10,542,404
	c For active participants	1,307	135,939,169
	d Total	1,937	212,446,628
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.24%
6	Target normal cost		
	a Present value of current plan year accruals	6a	2,497,749
	b Expected plan-related expenses	6b	1,000,000
	c Target normal cost	6c	3,497,749

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

SIGN HERE	 Signature of actuary	<u>9/3/2025</u> Date
	<u>Geoff Zartarian</u> Type or print name of actuary	<u>2308812</u> Most recent enrollment number
	<u>Willis Towers Watson US LLC</u> Firm name	<u>212-915-8888</u> Telephone number (including area code)
	<u>200 Liberty Street Floor 6 New York NY 10281</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.57%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6,868,823
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>5.38%</u>		369,543
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		7,238,366
d Portion of (c) to be added to prefunding balance		7,238,366
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,238,366

Part III	Funding Percentages	
14 Funding target attainment percentage	14	104.93%
15 Adjusted funding target attainment percentage	15	108.12%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls	
----------------	---	--

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? 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:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	3,497,749
b Excess assets, if applicable, but not greater than line 31a	31b	3,497,749

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Carrier Global Corporation
EIN/PN	83-4051582/002
Plan Name	Carrier Represented Employee Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Geoff Zartarian
Enrollment Number	23-08812

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11b1 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2024

The excess contribution of \$6,868,823 made for the 2023 plan year was not attributable to the use of prefunding and funding standard carryover balances.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual remain an active participant to each age and then retire at that age. The following retirement rates were applied

The plan's weighted average retirement age of 63 is the arithmetic average of the expected retirement ages of all such participants on 01/01/2024.

<u>Age</u>	<u>Retirement Rate</u>	<u>Weighting</u>	<u>Age x Weight</u>
55	2.00%	0.0200	1.100
56	2.00%	0.0196	1.098
57	2.00%	0.0192	1.095
58	3.00%	0.0282	1.638
59	4.00%	0.0365	2.155
60	6.00%	0.0526	3.155
61	7.00%	0.0577	3.518
62	20.00%	0.1532	9.501
63	20.00%	0.1226	7.723
64	20.00%	0.0981	6.277
65	60.00%	0.2354	15.299
66	60.00%	0.0941	6.214
67	60.00%	0.0377	2.523
68	60.00%	0.0151	1.024
69	60.00%	0.0060	0.416
70	100.00%	0.0040	0.281
		1.000	63.0155
Average age at retirement			63

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions		
Interest rate basis		
Applicable month	September 2023	
Interest rate basis	24-Month Average Segment Rates Ending 5th Month Preceding Valuation Date under ARPA (September 2023 applicable month)	
Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.24%	4.47%
Plan-related expenses	\$1,000,000	
Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.		
Rates not reflecting stabilization are to be used for purposes of determining the deductible limit.		
Demographic Assumptions		
Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.	
New or rehired employees	It was assumed there will be no new or rehired employees.	

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality																																					
Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).																																				
Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).																																				
Termination	Rates varying by age and service																																				
	<table border="1"> <thead> <tr> <th colspan="3">Representative Termination Rates</th> </tr> <tr> <th colspan="3">Percentage leaving during the year</th> </tr> <tr> <th></th> <th colspan="2">Years of Service</th> </tr> <tr> <th>Attained Age</th> <th><u>0-5</u></th> <th><u>5 and up</u></th> </tr> </thead> <tbody> <tr> <td>25</td> <td>12.04%</td> <td>8.05%</td> </tr> <tr> <td>30</td> <td>10.76</td> <td>8.05</td> </tr> <tr> <td>35</td> <td>9.82</td> <td>7.05</td> </tr> <tr> <td>40</td> <td>8.23</td> <td>5.75</td> </tr> <tr> <td>45</td> <td>7.87</td> <td>4.67</td> </tr> <tr> <td>50</td> <td>6.62</td> <td>3.70</td> </tr> <tr> <td>55</td> <td>6.62</td> <td>3.23</td> </tr> <tr> <td>60</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table>	Representative Termination Rates			Percentage leaving during the year				Years of Service		Attained Age	<u>0-5</u>	<u>5 and up</u>	25	12.04%	8.05%	30	10.76	8.05	35	9.82	7.05	40	8.23	5.75	45	7.87	4.67	50	6.62	3.70	55	6.62	3.23	60	0.00	0.00
Representative Termination Rates																																					
Percentage leaving during the year																																					
	Years of Service																																				
Attained Age	<u>0-5</u>	<u>5 and up</u>																																			
25	12.04%	8.05%																																			
30	10.76	8.05																																			
35	9.82	7.05																																			
40	8.23	5.75																																			
45	7.87	4.67																																			
50	6.62	3.70																																			
55	6.62	3.23																																			
60	0.00	0.00																																			

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability	The rates at which participants become disabled by age and gender are shown below:		
	Percentage becoming disabled during the year		
	Age	Males	Females
	25	0.03%	0.05%
	30	0.04	0.06
	35	0.05	0.08
	40	0.07	0.10
	45	0.10	0.15
	50	0.18	0.26
	55	0.36	0.49
60	0.90	1.21	
65	0.00	0.00	
Retirement	Rates varying by age		
	Percentage retiring during the year*		
	Age		
	55		2.00%
	56		2.00
	57		2.00
	58		3.00
	59		4.00
	60		6.00
	61		7.00
	62		20.00
	63		20.00
	64		20.00
	65		60.00
	66		60.00
67		60.00	
68		60.00	
69		60.00	
70+		100.00	
	* Carrier Indianapolis (BDP East) assumes 75% retirement at age 55 with 30 years of service		

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefit (UCEB) assumptions	10% of termination rates are assumed to be layoffs eligible for an additional year of service under certain plan formulas. These assumptions have been selected by the plan sponsor, and evaluation of the assumption(s) was outside the scope of WTW's assignment and would have required substantial additional work.
Benefit commencement date:	
Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55
Deferred vested benefit	The later of age 65 or termination of employment
Disability benefit	Upon disablement
Retirement benefit	Upon termination of employment
Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020. A long-term 5% rate of interest is assumed for valuation purposes.	
Form of payment	<p>If married, 50% of participants are assumed to elect a life annuity, 25% a 50% CA and 25% a 100% CA. If single, 100% of participants are assumed to elect a life annuity.</p> <p>Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis. An assumed long-term 5% rate of interest is utilized for valuation purposes.</p>
Percent married	<p>100% at age 55 for sub-plans with the 100% CA annuity that allows non-spouse beneficiaries;</p> <p>81% for all others</p>
Spouse age	Female three years younger than males.
Loads	None
At-risk assumptions	N/A

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.
Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the</p>

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

	method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.</p>

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Carrier Corporation and its third party administrator, missing or inconsistent data were reviewed, and certain data assumptions were reflected as documented in a data action plan. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Funding discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Annuity / Lump sum conversion rate	The assumed annuity conversion rate is equivalent to the discount rate; We believe that the selected assumption does not significantly conflict with what would be reasonable.

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in compensation, future Social Security Wage bases, and statutory limits on compensation	Assumed increases were chosen by the plan sponsor and, as required by U.S. GAAP they represent an estimate of future experience. We believe that the selected assumptions do not significantly conflict with what would be reasonable.
Assumptions Rationale - Significant Demographic Assumptions	
Healthy/Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination / Retirement / Disability	The decrement assumptions were selected by the plan sponsor based on prior reviews of participant experience data. An experience study prepared in 2015 is the basis for the termination / retirement / disability assumptions.
Benefit commencement date for deferred benefits:	The assumptions were selected by the plan sponsor based on an experience study prepared in 2015.
Form of payment	The form of payment was set by the plan sponsor based on reviews of actual participant elections.
Percent married	The assumed percentage married was set based on the plan sponsor's observations regarding its employee population. For plans that permit a non-spouse beneficiary, a 100% married assumption was selected to account for the additional benefits available for a non-spouse beneficiary.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefits (UCEBs)	<p>The assumptions used to value the UCEBs have been selected by the plan sponsor. WTW is unable to assess this information due to lack of information about the company's business plans.</p>
Prescribed Methods	
Funding methods	<p>The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.</p>
Changes in Assumptions and Methods	
Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$1,700,000 for the prior valuation to \$1,000,000 for the current valuation to account for expected PBGC variable premiums.</p>
Change in methods since prior valuation	<p>None.</p>

Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of principal plan provisions – Carrier B (Syracuse)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021 and effective October 1, 2021.

Eligible employees

Employees of the Carrier Group at Syracuse, New York, covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after October 1, 2012 are ineligible to participate.

Participation date

Eligible Employees become participants on the first day of the month following age 21 and one year of eligibility service.

Definitions

Continuous Service (service)

The total period of a participant's employment, including service after Normal Retirement Date.

Credited Service

Credited Service prior to January 1, 2003 is based on Continuous Service if the participant has 10 or more years of service, not in excess of 35 years. If the participant has less than 10 years of service, service coincident with or following the earlier of:

- (a) Age 21 and one year of service
- (b) Five years of service

Credited Service on or after January 1, 2003 is based on hours of service in each calendar year as follows:

<u>Hours of Service</u>	<u>Fractional Year of Credited Service Earned</u>
-------------------------	---

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Less than 400	0.0
400 – 799	0.5
800 or more	1.0

Normal Retirement Date First of the month following the date on which a participant attains age 65.

Accrued Benefit \$648 x years of Credited Service (max 35 years). Pension credits were discontinued as of October 1, 2021 through a rebadge event (with 1 additional year of credited service provided through September 2022).

Eligibility for Benefits

Normal Retirement First of the month following the date on which a participant attains age 65.

Early Retirement First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.

Postponed Retirement First of the month following retirement after the Normal Retirement Date.

Deferred Vested Termination Termination of employment after completing five years of service or attaining age 60, but before becoming eligible for early, normal or postponed retirement.

Disability Disability after completing five years of Credited Service.

Pre-retirement Death Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement The accrued benefit at retirement payable monthly.

Early Retirement The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 up to a maximum reduction of 50%. The benefit is unreduced if

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

the participant retires on or after the attainment of age 60 and the completion of 20 years of service, or after the attainment of age 55 and the completion of 30 years of service. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Postponed Retirement

The accrued benefit at retirement payable monthly.

Deferred Vested Termination

The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date, up to a maximum reduction of 50%. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Disablement

The accrued benefit at disability payable monthly commencing six months after disablement.

Pre-retirement Death

If the participant dies after becoming eligible for an early, normal or postponed retirement benefit, a 50% contingent annuitant's benefit is payable, and payment commences immediately, reduced as described under Early Retirement, or if the contingent annuitant is the spouse, as late as when the participant would have attained age 65.

If the participant dies after completing five years of service and is married, but is not eligible for an early, normal or postponed retirement benefit, a 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 if the participant had completed at least 10 years of service, but reduced as described under Deferred Vested Termination.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal Form of Payment	(a) Life annuity for unmarried participants (b) An actuarially reduced 50% joint and survivor annuity for married participants
Optional Forms of Payment	(a) 10 year certain and continuous annuity (b) 5 year certain and continuous annuity (c) 100% contingent annuity (with or without pop-up) (d) 75% contingent annuity (with or without pop-up) (e) 50% contingent annuity (with or without pop-up) (f) Life annuity for married participants (g) Lump sum payment based on the 417(e) basis for the month of November of the prior year, and the 417(e) government mandated mortality table. Not available to participants hired after December 31, 1993 and to participants with respect to Credited Service on or after July 1, 1995.
Actuarial Equivalence	The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.
Automatic Lump Sum Payment	For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

None.

Summary of principal pension plan provisions – Carrier BDP East (Indianapolis)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on April 25, 2021 and effective June 1, 2021.

Eligible employees	Hourly employees of the Carrier Group at the BDP Company, Indianapolis, Indiana, covered by the collective bargaining agreement with the United Steel Workers of America which provides for participation under this subplan. Employees hired after April 28, 2014 are ineligible to participate.
Participation date	Eligible Employees become participants on the first of the month coincident with or following their date of employment.

Definitions

Continuous Service (service)	The total period of a participant's employment, including service after Normal Retirement Date.
Credited Service	Continuous Service not in excess of 40 years.
Normal Retirement Date	First of the month following the date on which a participant attains age 65.
Accrued Benefit	The greater of (a) or (b) (a) \$660 x years of Credited Service (max 40 years) (b) August 31, 1987 accrued benefit

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal Retirement	First of the month following the date on which a participant attains age 65.
Early Retirement	First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.
Postponed Retirement	First of the month following retirement after the Normal Retirement Date.
Deferred Vested Termination	Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
Disability	Disability after completing ten years of service.
Pre-retirement Death	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement	The accrued benefit at retirement payable monthly.
Early Retirement	The accrued benefit at retirement payable monthly reduced 3% per year for each of the first five years benefit commencement precedes age 65 plus, if the participant retires before the attainment of age 60, 6% per year for each of the next five years benefit commencement precedes age 60. The benefit is unreduced if the participant retires after the attainment of age 55 and the completion of 30 years of service. The benefit is also unreduced if the participant retires on or after the attainment of age 60 and the completion of 15 years of Credited Service upon a permanent shutdown or a layoff with little likelihood of recall. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Postponed Retirement	The accrued benefit at retirement payable monthly.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred Vested Termination The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Disablement The greater of the accrued benefit at disability or \$1,800 a year payable monthly commencing six months after disablement.

Pre-retirement Death A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).

Other Plan Provisions

Normal Form of Payment

- (a) Life annuity for unmarried participants
- (b) A reduced 50% joint and survivor annuity with pop-up for married participants where reduction is based on the without pop-up factor

Optional Forms of Payment

- (a) 100% contingent annuity (with or without pop-up)
- (b) 75% contingent annuity (with or without pop-up)
- (c) 50% contingent annuity (with or without pop-up)
- (d) Life annuity for married participants

Actuarial Equivalence The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Summary of principal pension plan provisions – Carrier Collierville

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on November 19, 2023 and effective January 1, 2023.

Eligible employees	Employees of the Carrier Group at Collierville, Tennessee, covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after November 14, 2015 are ineligible to participate.
Participation date	Eligible Employees become participants on the date of employment.

Definitions

Continuous Service (service)	The total period of a participant's employment, including service after Normal Retirement Date.
Credited Service	Continuous Service. Credited Service is frozen effective December 31, 2023.
Normal Retirement Date	First of the month following the date on which a participant attains age 65.
Accrued Benefit	\$588 x years of Credited Service. Credited Service is frozen effective December 31, 2023.

Eligibility for Benefits

Normal Retirement	First of the month following the date on which a participant attains age 65.
--------------------------	--

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement	First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.
Postponed Retirement	First of the month following retirement after the Normal Retirement Date.
Deferred Vested Termination	Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
Disability	Disability after completing five years of Credited Service.
Pre-retirement Death	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement	The accrued benefit at retirement payable monthly.
Early Retirement	The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Postponed Retirement	The accrued benefit at retirement payable monthly.
Deferred Vested Termination	The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement The accrued benefit at disability payable monthly commencing six months after disablement.

Pre-retirement Death A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 if the participant had completed 10 years of service, but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).

Other Plan Provisions

Normal Form of Payment (a) Life annuity for unmarried participants
(b) An actuarially reduced 50% joint and survivor annuity for married participants

Optional Forms of Payment (a) 10 year certain and continuous annuity
(b) 100% contingent annuity
(c) 75% contingent annuity
(d) 50% contingent annuity
(e) Life annuity for married participants

Actuarial Equivalence The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

Benefits were frozen effective December 31, 2023, including calculations for credited service, pension increment and multiplier.

Summary of principal pension plan provisions – Carrier ICP Hourly (Lewisburg)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on October 28, 2022 and effective December 31, 2022.

Eligible employees	Employees of the Carrier Group of International Comfort Products covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after October 1, 2013 are ineligible to participate.
Participation date	Eligible Employees become participants on the date of employment.

Definitions

Continuous Service (service)	The total period of a participant's employment, including service after Normal Retirement Date.
Credited Service	Continuous Service. Credited Service is frozen effective December 31, 2022.
Normal Retirement Date	First of the month following the date on which a participant attains age 65 and the completion of five years of service.

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued Benefit \$504 x years of Credited Service. Credited Service is frozen effective December 31, 2022.

Eligibility for Benefits

Normal Retirement First of the month following the date on which a participant attains age 65 and the completion of five years of service.

Early Retirement First of the month coincident with or next following retirement after the attainment of age 55 and the completion of five years of service, but before the Normal Retirement Date.

Postponed Retirement First of the month following retirement after the Normal Retirement Date.

Deferred Vested Termination Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.

Disability Disability after the attainment of age 55 and completing 15 years of service and qualified to receive Social Security disability benefits.

Pre-retirement Death Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Lump Sum Post-retirement Death Death while eligible for an early, normal or postponed retirement benefit, or after the attainment of age 65 and becoming eligible for a disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement The accrued benefit at retirement payable monthly.

Early Retirement The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed Retirement	The accrued benefit at retirement payable monthly.
Deferred Vested Termination	The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Disablement	The accrued benefit at disability payable monthly commencing six months after disablement and continuing during the participant's lifetime until the cessation of disability, provided cessation occurs before age 70.
Pre-retirement Death	A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).
Lump Sum Post-retirement Death	A \$3,000 lump sum payment, reduced by the value of any company-provided group term life insurance benefit, payable immediately to the beneficiary, spouse, children, parent or estate (in that order).

Other Plan Provisions

Normal Form of Payment	(a) Life annuity for unmarried participants (b) An actuarially reduced 50% joint and survivor annuity for married participants
Optional Forms of Payment	(a) 10 year certain and continuous annuity (b) 75% contingent annuity (c) 66 2/3% contingent annuity (d) 50% contingent annuity (e) Life annuity for married participants
Actuarial Equivalence	The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	4	0	0	0	0	0	0	0	4
30-34	1	1	0	0	0	15	8	0	0	0	0	0	0	25
35-39	0	0	0	0	0	14	15	14	2	0	0	0	0	45
40-44	2	1	0	1	2	19	21	36	65	1	0	0	0	148
45-49	4	0	0	0	0	18	17	39	90	66	2	0	0	236
50-54	0	1	0	1	0	12	12	32	75	103	30	0	0	266
55-59	1	0	1	0	0	14	14	33	54	76	32	6	0	231
60-64	1	0	1	0	0	11	7	31	76	66	21	11	18	243
65-69	0	0	0	0	0	4	3	18	22	12	8	6	9	82
70 & over	0	1	0	0	0	0	3	2	4	2	1	3	11	27
Total	9	4	2	2	2	111	100	205	388	326	94	26	38	1,307
Average:	Age	54	Number of Participants:		Fully vested	1,305		Males	664					
	Service	22			Partially vested	0		Females	643					
Census data as of January 1, 2024														

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Carrier Represented Employee Pension Plan
 EIN / PN: 83-4051582/002
 Plan Sponsor: Carrier Global Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,469,935	61,695	5,044,598	6,576,228
2025	3,613,785	87,733	4,992,778	8,694,296
2026	4,795,646	111,160	4,958,383	9,865,189
2027	5,753,230	153,111	4,920,066	10,826,407
2028	6,586,536	204,752	4,878,601	11,669,889
2029	7,289,829	244,431	4,823,815	12,358,075
2030	7,910,593	284,049	4,756,978	12,951,620
2031	8,490,629	303,782	4,699,125	13,493,536
2032	9,059,284	307,275	4,633,844	14,000,403
2033	9,675,681	341,291	4,554,712	14,571,684
2034	10,241,002	396,579	4,464,160	15,101,741
2035	10,710,256	428,901	4,370,837	15,509,994
2036	11,123,289	458,647	4,273,756	15,855,692
2037	11,440,742	514,826	4,157,181	16,112,749
2038	11,722,240	593,576	4,038,517	16,354,333
2039	11,953,600	680,909	3,916,854	16,551,363
2040	12,099,055	763,697	3,778,961	16,641,713
2041	12,197,761	831,789	3,631,051	16,660,601
2042	12,276,365	889,121	3,473,495	16,638,981
2043	12,297,592	970,898	3,307,044	16,575,534
2044	12,234,483	1,067,556	3,131,894	16,433,933
2045	12,128,395	1,157,018	2,947,738	16,233,151
2046	11,993,317	1,226,079	2,756,234	15,975,630
2047	11,810,281	1,271,925	2,559,929	15,642,135
2048	11,593,620	1,295,903	2,360,413	15,249,936
2049	11,325,119	1,288,922	2,160,120	14,774,161
2050	10,986,285	1,295,780	1,961,685	14,243,750
2051	10,600,540	1,313,032	1,767,778	13,681,350
2052	10,193,291	1,301,323	1,580,956	13,075,570
2053	9,766,952	1,284,918	1,403,496	12,455,366
2054	9,320,935	1,280,423	1,237,257	11,838,615
2055	8,867,642	1,276,852	1,083,632	11,228,126
2056	8,401,194	1,264,441	943,531	10,609,166
2057	7,929,828	1,249,520	817,371	9,996,719
2058	7,462,092	1,231,475	705,126	9,398,693
2059	6,992,340	1,201,052	606,387	8,799,779
2060	6,521,626	1,164,132	520,415	8,206,173
2061	6,054,397	1,126,981	446,254	7,627,632
2062	5,592,395	1,081,500	382,775	7,056,670
2063	5,141,864	1,026,310	328,778	6,496,952
2064	4,704,729	970,337	283,055	5,958,121
2065	4,282,715	913,791	244,441	5,440,947
2066	3,877,465	856,917	211,860	4,946,242
2067	3,490,539	799,988	184,328	4,474,855

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	3,123,406	743,310	160,992	4,027,708
2069	2,777,394	687,227	141,122	3,605,743
2070	2,453,562	632,122	124,111	3,209,795
2071	2,152,758	578,397	109,464	2,840,619
2072	1,875,503	526,450	96,771	2,498,724
2073	1,622,054	476,663	85,706	2,184,423

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Carrier Global Corporation
EIN/PN	83-4051582/002
Plan Name	Carrier Represented Employee Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Geoff Zartarian
Enrollment Number	23-08812

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11b1 Prior Year's Excess Contributions to be Added to Prefunding Balance as of January 1, 2024

The excess contribution of \$6,868,823 made for the 2023 plan year was not attributable to the use of prefunding and funding standard carryover balances.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual remain an active participant to each age and then retire at that age. The following retirement rates were applied

The plan's weighted average retirement age of 63 is the arithmetic average of the expected retirement ages of all such participants on 01/01/2024.

<u>Age</u>	<u>Retirement Rate</u>	<u>Weighting</u>	<u>Age x Weight</u>
55	2.00%	0.0200	1.100
56	2.00%	0.0196	1.098
57	2.00%	0.0192	1.095
58	3.00%	0.0282	1.638
59	4.00%	0.0365	2.155
60	6.00%	0.0526	3.155
61	7.00%	0.0577	3.518
62	20.00%	0.1532	9.501
63	20.00%	0.1226	7.723
64	20.00%	0.0981	6.277
65	60.00%	0.2354	15.299
66	60.00%	0.0941	6.214
67	60.00%	0.0377	2.523
68	60.00%	0.0151	1.024
69	60.00%	0.0060	0.416
70	100.00%	0.0040	0.281
		1.000	63.0155
Average age at retirement			63

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,469,935	61,695	5,044,598	6,576,228
2025	3,613,785	87,733	4,992,778	8,694,296
2026	4,795,646	111,160	4,958,383	9,865,189
2027	5,753,230	153,111	4,920,066	10,826,407
2028	6,586,536	204,752	4,878,601	11,669,889
2029	7,289,829	244,431	4,823,815	12,358,075
2030	7,910,593	284,049	4,756,978	12,951,620
2031	8,490,629	303,782	4,699,125	13,493,536
2032	9,059,284	307,275	4,633,844	14,000,403
2033	9,675,681	341,291	4,554,712	14,571,684
2034	10,241,002	396,579	4,464,160	15,101,741
2035	10,710,256	428,901	4,370,837	15,509,994
2036	11,123,289	458,647	4,273,756	15,855,692
2037	11,440,742	514,826	4,157,181	16,112,749
2038	11,722,240	593,576	4,038,517	16,354,333
2039	11,953,600	680,909	3,916,854	16,551,363
2040	12,099,055	763,697	3,778,961	16,641,713
2041	12,197,761	831,789	3,631,051	16,660,601
2042	12,276,365	889,121	3,473,495	16,638,981
2043	12,297,592	970,898	3,307,044	16,575,534
2044	12,234,483	1,067,556	3,131,894	16,433,933
2045	12,128,395	1,157,018	2,947,738	16,233,151
2046	11,993,317	1,226,079	2,756,234	15,975,630
2047	11,810,281	1,271,925	2,559,929	15,642,135
2048	11,593,620	1,295,903	2,360,413	15,249,936
2049	11,325,119	1,288,922	2,160,120	14,774,161
2050	10,986,285	1,295,780	1,961,685	14,243,750
2051	10,600,540	1,313,032	1,767,778	13,681,350
2052	10,193,291	1,301,323	1,580,956	13,075,570
2053	9,766,952	1,284,918	1,403,496	12,455,366
2054	9,320,935	1,280,423	1,237,257	11,838,615
2055	8,867,642	1,276,852	1,083,632	11,228,126
2056	8,401,194	1,264,441	943,531	10,609,166
2057	7,929,828	1,249,520	817,371	9,996,719
2058	7,462,092	1,231,475	705,126	9,398,693
2059	6,992,340	1,201,052	606,387	8,799,779
2060	6,521,626	1,164,132	520,415	8,206,173
2061	6,054,397	1,126,981	446,254	7,627,632
2062	5,592,395	1,081,500	382,775	7,056,670
2063	5,141,864	1,026,310	328,778	6,496,952
2064	4,704,729	970,337	283,055	5,958,121
2065	4,282,715	913,791	244,441	5,440,947
2066	3,877,465	856,917	211,860	4,946,242
2067	3,490,539	799,988	184,328	4,474,855

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	3,123,406	743,310	160,992	4,027,708
2069	2,777,394	687,227	141,122	3,605,743
2070	2,453,562	632,122	124,111	3,209,795
2071	2,152,758	578,397	109,464	2,840,619
2072	1,875,503	526,450	96,771	2,498,724
2073	1,622,054	476,663	85,706	2,184,423

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of principal plan provisions – Carrier B (Syracuse)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021 and effective October 1, 2021.

Eligible employees

Employees of the Carrier Group at Syracuse, New York, covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after October 1, 2012 are ineligible to participate.

Participation date

Eligible Employees become participants on the first day of the month following age 21 and one year of eligibility service.

Definitions

Continuous Service (service)

The total period of a participant's employment, including service after Normal Retirement Date.

Credited Service

Credited Service prior to January 1, 2003 is based on Continuous Service if the participant has 10 or more years of service, not in excess of 35 years. If the participant has less than 10 years of service, service coincident with or following the earlier of:

- (a) Age 21 and one year of service
- (b) Five years of service

Credited Service on or after January 1, 2003 is based on hours of service in each calendar year as follows:

<u>Hours of Service</u>	<u>Fractional Year of Credited Service Earned</u>
-------------------------	---

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Less than 400	0.0
400 – 799	0.5
800 or more	1.0

Normal Retirement Date First of the month following the date on which a participant attains age 65.

Accrued Benefit \$648 x years of Credited Service (max 35 years). Pension credits were discontinued as of October 1, 2021 through a rebadge event (with 1 additional year of credited service provided through September 2022).

Eligibility for Benefits

Normal Retirement First of the month following the date on which a participant attains age 65.

Early Retirement First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.

Postponed Retirement First of the month following retirement after the Normal Retirement Date.

Deferred Vested Termination Termination of employment after completing five years of service or attaining age 60, but before becoming eligible for early, normal or postponed retirement.

Disability Disability after completing five years of Credited Service.

Pre-retirement Death Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement The accrued benefit at retirement payable monthly.

Early Retirement The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 up to a maximum reduction of 50%. The benefit is unreduced if

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

the participant retires on or after the attainment of age 60 and the completion of 20 years of service, or after the attainment of age 55 and the completion of 30 years of service. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Postponed Retirement

The accrued benefit at retirement payable monthly.

Deferred Vested Termination

The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date, up to a maximum reduction of 50%. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Disablement

The accrued benefit at disability payable monthly commencing six months after disablement.

Pre-retirement Death

If the participant dies after becoming eligible for an early, normal or postponed retirement benefit, a 50% contingent annuitant's benefit is payable, and payment commences immediately, reduced as described under Early Retirement, or if the contingent annuitant is the spouse, as late as when the participant would have attained age 65.

If the participant dies after completing five years of service and is married, but is not eligible for an early, normal or postponed retirement benefit, a 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 if the participant had completed at least 10 years of service, but reduced as described under Deferred Vested Termination.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal Form of Payment	(a) Life annuity for unmarried participants (b) An actuarially reduced 50% joint and survivor annuity for married participants
Optional Forms of Payment	(a) 10 year certain and continuous annuity (b) 5 year certain and continuous annuity (c) 100% contingent annuity (with or without pop-up) (d) 75% contingent annuity (with or without pop-up) (e) 50% contingent annuity (with or without pop-up) (f) Life annuity for married participants (g) Lump sum payment based on the 417(e) basis for the month of November of the prior year, and the 417(e) government mandated mortality table. Not available to participants hired after December 31, 1993 and to participants with respect to Credited Service on or after July 1, 1995.
Actuarial Equivalence	The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.
Automatic Lump Sum Payment	For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

None.

Summary of principal pension plan provisions – Carrier BDP East (Indianapolis)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on April 25, 2021 and effective June 1, 2021.

Eligible employees	Hourly employees of the Carrier Group at the BDP Company, Indianapolis, Indiana, covered by the collective bargaining agreement with the United Steel Workers of America which provides for participation under this subplan. Employees hired after April 28, 2014 are ineligible to participate.
Participation date	Eligible Employees become participants on the first of the month coincident with or following their date of employment.

Definitions

Continuous Service (service)	The total period of a participant's employment, including service after Normal Retirement Date.
Credited Service	Continuous Service not in excess of 40 years.
Normal Retirement Date	First of the month following the date on which a participant attains age 65.
Accrued Benefit	The greater of (a) or (b) (a) \$660 x years of Credited Service (max 40 years) (b) August 31, 1987 accrued benefit

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal Retirement	First of the month following the date on which a participant attains age 65.
Early Retirement	First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.
Postponed Retirement	First of the month following retirement after the Normal Retirement Date.
Deferred Vested Termination	Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
Disability	Disability after completing ten years of service.
Pre-retirement Death	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement	The accrued benefit at retirement payable monthly.
Early Retirement	The accrued benefit at retirement payable monthly reduced 3% per year for each of the first five years benefit commencement precedes age 65 plus, if the participant retires before the attainment of age 60, 6% per year for each of the next five years benefit commencement precedes age 60. The benefit is unreduced if the participant retires after the attainment of age 55 and the completion of 30 years of service. The benefit is also unreduced if the participant retires on or after the attainment of age 60 and the completion of 15 years of Credited Service upon a permanent shutdown or a layoff with little likelihood of recall. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Postponed Retirement	The accrued benefit at retirement payable monthly.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred Vested Termination The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date. Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Disablement The greater of the accrued benefit at disability or \$1,800 a year payable monthly commencing six months after disablement.

Pre-retirement Death A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).

Other Plan Provisions

Normal Form of Payment

- (a) Life annuity for unmarried participants
- (b) A reduced 50% joint and survivor annuity with pop-up for married participants where reduction is based on the without pop-up factor

Optional Forms of Payment

- (a) 100% contingent annuity (with or without pop-up)
- (b) 75% contingent annuity (with or without pop-up)
- (c) 50% contingent annuity (with or without pop-up)
- (d) Life annuity for married participants

Actuarial Equivalence The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Summary of principal pension plan provisions – Carrier Collierville

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on November 19, 2023 and effective January 1, 2023.

Eligible employees	Employees of the Carrier Group at Collierville, Tennessee, covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after November 14, 2015 are ineligible to participate.
Participation date	Eligible Employees become participants on the date of employment.

Definitions

Continuous Service (service)	The total period of a participant's employment, including service after Normal Retirement Date.
Credited Service	Continuous Service. Credited Service is frozen effective December 31, 2023.
Normal Retirement Date	First of the month following the date on which a participant attains age 65.
Accrued Benefit	\$588 x years of Credited Service. Credited Service is frozen effective December 31, 2023.

Eligibility for Benefits

Normal Retirement	First of the month following the date on which a participant attains age 65.
--------------------------	--

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement	First of the month following retirement after the attainment of age 55 and the completion of 10 years of service, but before the Normal Retirement Date.
Postponed Retirement	First of the month following retirement after the Normal Retirement Date.
Deferred Vested Termination	Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.
Disability	Disability after completing five years of Credited Service.
Pre-retirement Death	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal Retirement	The accrued benefit at retirement payable monthly.
Early Retirement	The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Postponed Retirement	The accrued benefit at retirement payable monthly.
Deferred Vested Termination	The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55 and the completion of 10 years of service, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement The accrued benefit at disability payable monthly commencing six months after disablement.

Pre-retirement Death A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 if the participant had completed 10 years of service, but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).

Other Plan Provisions

Normal Form of Payment (a) Life annuity for unmarried participants
(b) An actuarially reduced 50% joint and survivor annuity for married participants

Optional Forms of Payment (a) 10 year certain and continuous annuity
(b) 100% contingent annuity
(c) 75% contingent annuity
(d) 50% contingent annuity
(e) Life annuity for married participants

Actuarial Equivalence The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

Benefits were frozen effective December 31, 2023, including calculations for credited service, pension increment and multiplier.

Summary of principal pension plan provisions – Carrier ICP Hourly (Lewisburg)

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on October 28, 2022 and effective December 31, 2022.

Eligible employees Employees of the Carrier Group of International Comfort Products covered by a collective bargaining agreement which provides for participation under this subplan. Employees hired after October 1, 2013 are ineligible to participate.

Participation date Eligible Employees become participants on the date of employment.

Definitions

Continuous Service (service) The total period of a participant's employment, including service after Normal Retirement Date.

Credited Service Continuous Service. Credited Service is frozen effective December 31, 2022.

Normal Retirement Date First of the month following the date on which a participant attains age 65 and the completion of five years of service.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued Benefit \$504 x years of Credited Service. Credited Service is frozen effective December 31, 2022.

Eligibility for Benefits

Normal Retirement First of the month following the date on which a participant attains age 65 and the completion of five years of service.

Early Retirement First of the month coincident with or next following retirement after the attainment of age 55 and the completion of five years of service, but before the Normal Retirement Date.

Postponed Retirement First of the month following retirement after the Normal Retirement Date.

Deferred Vested Termination Termination of employment after completing five years of service, but before becoming eligible for early, normal or postponed retirement.

Disability Disability after the attainment of age 55 and completing 15 years of service and qualified to receive Social Security disability benefits.

Pre-retirement Death Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Lump Sum Post-retirement Death Death while eligible for an early, normal or postponed retirement benefit, or after the attainment of age 65 and becoming eligible for a disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement The accrued benefit at retirement payable monthly.

Early Retirement The accrued benefit at retirement payable monthly reduced 6% per year for each year benefit commencement precedes age 65 (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed Retirement	The accrued benefit at retirement payable monthly.
Deferred Vested Termination	The accrued benefit at termination payable monthly commencing on the Normal Retirement Date. A participant can commence payment of the benefit on the first day of any month following the attainment of age 55, with the benefit reduced 6% per year for each year benefit commencement precedes the Normal Retirement Date (reduction not to exceed 50%). Early retirement factors are subject to a maximum reduction of 417(e) interest and mortality effective 10/1/2020.
Disablement	The accrued benefit at disability payable monthly commencing six months after disablement and continuing during the participant's lifetime until the cessation of disability, provided cessation occurs before age 70.
Pre-retirement Death	A 50% spouse's benefit is payable, and payment commences when the participant would have attained age 65, or age 55 but reduced as described under Deferred Vested Termination (as described under Early Retirement if eligible for early retirement).
Lump Sum Post-retirement Death	A \$3,000 lump sum payment, reduced by the value of any company-provided group term life insurance benefit, payable immediately to the beneficiary, spouse, children, parent or estate (in that order).

Other Plan Provisions

Normal Form of Payment	(a) Life annuity for unmarried participants (b) An actuarially reduced 50% joint and survivor annuity for married participants
Optional Forms of Payment	(a) 10 year certain and continuous annuity (b) 75% contingent annuity (c) 66 2/3% contingent annuity (d) 50% contingent annuity (e) Life annuity for married participants
Actuarial Equivalence	The normal form of payment is converted to an optional form using 6% interest rate and GAR-94 Mortality (unisex). Effective October 1, 2020, optional form factors will be subject to a minimum amount

Plan Name:	Carrier Represented Employee Pension Plan
EIN / PN:	83-4051582/002
Plan Sponsor:	Carrier Global Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

that's actuarially equivalent using the 417(e) interest and mortality basis.

Automatic Lump Sum Payment For participants whose benefit has a lump sum value of \$5,000 or less under 417(e) government mandated basis.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Carrier Represented Employee Pension Plan
EIN / PN: 83-4051582/002
Plan Sponsor: Carrier Global Corporation
Valuation Date: January 1, 2024

Plan Name	Carrier Represented Employee Pension Plan
Plan Sponsor EIN	83-4051582
ERISA Plan #	002
Plan Year Ending	2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X