

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN
1b Three-digit plan number (PN): 008
1c Effective date of plan: 07/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): PCS ADMINISTRATION USA, INC.
2b Employer Identification Number (EIN): 56-211626
2c Plan Sponsor's telephone number: 844-685-9395
2d Business code (see instructions): 325300

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  NORTH AMERICAN PENSION COMMITTEE  5296 HARVEST LAKE DRIVE LOVELAND, CO 80538		<b>3b</b> Administrator's EIN 56-2111626
		<b>3c</b> Administrator's telephone number 844-685-9395
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1803
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	354
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	350
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	813
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	320
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1483
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	260
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1743
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	14
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 3H 1I

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

<b>A</b> Name of plan <u>PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>008</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PCS ADMINISTRATION USA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2111626</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>124864378</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>137350816</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1047</u>	<u>72001762</u>
	<b>b</b> For terminated vested participants .....	<u>402</u>	<u>9129596</u>
	<b>c</b> For active participants .....	<u>354</u>	<u>25090600</u>
	<b>d</b> Total .....	<u>1803</u>	<u>106221958</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.14 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>58969</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>408000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>466969</u>

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

<b>SIGN HERE</b>  <u>JULIE M DURKIN</u> Signature of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u> Address of the firm	<u>08/28/2025</u> Date  <u>23-04097</u> Most recent enrollment number  <u>312-288-7000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	24542076
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	24542076
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.42</u> % .....	0	1330181
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	25872257

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.51 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	127.53 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	103.02 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

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

**21** Discount rate:

**a** Segment rates:

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

**22** Weighted average retirement age ..... **22** 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** 466969

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 466969

**32** Amortization installments:

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

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

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

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

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

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

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

**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

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

<b>A</b> Name of plan <b>PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PCS ADMINISTRATION USA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2111626</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>BREVAN HOWARD CAPITAL MANAGEMENT LP</b>	<b>4TH FLOOR, ONE ESPLANADE ST HELIER, JERSEY CHANNEL ISLANDS JE2 3QA GB</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BROAD PEAK INVESTMENT ADVISORS PTE</b>	<b>260 ORCHARD ROAD #14-02 THE HEEREN SINGAPORE, SINGAPORE 238855 SG</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>CRABEL CAPITAL MANAGEMENT, LLC</b>	
<b>39-1903915</b>	

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

<b>ENERGY DYNAMICS FUND LIMITED</b>	<b>PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 KY</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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 14 17 50	NONE	301930	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)

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	104955	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)

EIDE BAILLY

45-0250958

(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	28875	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)

BRIGADE CAPITAL MANAGEMENT, LP

26-0240191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BNY 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?
21 50	NONE	13066	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST CO

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 24 28 50 51	NONE	9856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BRIGADE CAPITAL MANAGEMENT, LP	28 52	8996
(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.	
BRIGADE CREDIT RELATIVE VALUE OFFSH  98-1603765	INVESTMENT MANAGEMENT SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BRIGADE CAPITAL MANAGEMENT, LP	28 52	11980
(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.	
BRIGADE STRUCTURED CREDIT OFFSHORE  98-1198007	INVESTMENT MANAGEMENT SERVICES	
(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN</u>	<b>B</b> Three-digit plan number (PN)	<u>008</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PCS ADMINISTRATION USA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2111626</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PCS ADMIN USA, INC. DB TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PCS ADMINISTRATION USA, INC.</u>		
<b>c</b> EIN-PN <u>56-2156471-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117453749</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PCS ADMINISTRATION USA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2111626</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	124864378	117453749
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	124864378	117453749
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	124864378	117453749

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		-239818
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		-239818

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6738690	
(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)		6738690
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	55752	
(4) IQPA audit fees .....	2i(4)	28875	
(5) Investment advisory and investment management fees .....	2i(5)	26275	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	12437	
(7) Actuarial fees .....	2i(7)	126679	
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	182103	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		432121
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		7170811

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-7410629
<b>l</b> 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: EIDE BAILLY

(2) EIN: 45-0250958

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 542162.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN</u>	<b>B</b> Three-digit plan number (PN)	<u>008</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PCS ADMINISTRATION USA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2111626</u>	

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

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-2614959

**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 3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 10.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 66.0 %  
 High-Yield Debt: 8.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 3.0 % Other: 5.0 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**PENSION PLAN FOR  
COLLECTIVELY BARGAINED  
EMPLOYEES OF NUTRIEN**

**FINANCIAL STATEMENTS**

**December 31, 2024 and 2023  
(With Independent Auditor's Report Thereon)**

**PENSION PLAN FOR  
COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN**  
December 31, 2024 and 2023

**TABLE OF CONTENTS**

Independent Auditor's Report	Page 3
Statements of Net Assets Available for Benefits As at December 31, 2024 and 2023	6
Statements of Changes in Net Assets Available for Benefits Years ended December 31, 2024 and 2023	7
Notes to the Financial Statements	8



## Independent Auditor's Report

To the Plan Administrator, Nutrien North American Pension Committee, and Management of the Pension Plan for Collectively Bargained Employees of Nutrien  
Loveland, Colorado

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed audits of the financial statements of Pension Plan for Collectively Bargained Employees of Nutrien, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (the 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 Pension Plan for Collectively Bargained Employees of Nutrien's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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 5 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 (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 Pension Plan for Collectively Bargained Employees of Nutrien 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 Pension Plan for Collectively Bargained Employees of Nutrien's ability to continue as a going concern for one year after the date that 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 for the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pension Plan for Collectively Bargained Employees of Nutrien'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 Pension Plan for Collectively Bargained Employees of Nutrien's ability to continue as a going concern for a reasonable period of time.

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

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

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

*Eide Bailly LLP*

Denver, Colorado  
October 1, 2025

**PENSION PLAN FOR  
COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN**  
Statements of Net Assets Available for Benefits  
As at December 31  
(US dollars)

	Note	2024	2023
<b>Assets</b>			
Investments - Plan interest in PCS Administration (USA), Inc.			
Master Trust - at fair value	5,6	<b>117,453,749</b>	124,864,378
<b>Liabilities</b>			
Accrued expenses		-	-
<b>Net assets available for benefits</b>		<b>117,453,749</b>	124,864,378

(See Notes to the Financial Statements)

**PENSION PLAN FOR  
COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN**  
Statements of Changes in Net Assets Available for Benefits  
Years ended December 31  
(US dollars)

	Note	2024	2023
<b>Increase in net assets</b>			
Increase (decrease) in net assets attributed to:			
Plan interest in PCS Administration (USA), Inc.			
Master Trust - investment (loss) income	5,6	<b>(239,818)</b>	6,694,153
<b>Decrease in net assets</b>			
Decrease in net assets attributed to:			
Benefits paid directly to participants		<b>6,738,690</b>	6,721,293
Administrative expenses		<b>432,121</b>	160,638
		<b>7,170,811</b>	6,881,931
Net decrease in net assets		<b>(7,410,629)</b>	(187,778)
Net assets available for plan benefits beginning of year		<b>124,864,378</b>	125,052,156
Net assets available for plan benefits end of year		<b>117,453,749</b>	124,864,378

(See Notes to the Financial Statements)

**PENSION PLAN FOR  
COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN**  
Notes to the Financial Statements  
December 31, 2024 and 2023  
(US dollars)

## **1. PLAN DESCRIPTION**

### **General**

The following description of the Pension Plan for Collectively Bargained Employees of Nutrien (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

PCS Administration (USA), Inc. (the "Company" and "Plan Sponsor") is a wholly owned subsidiary of Nutrien Ltd. ("Nutrien"). The Plan is a noncontributory defined benefit pension plan covering bargaining unit eligible employees of White Springs Agricultural Chemicals, Inc. ("White Springs"); PCS Nitrogen, Inc.; PCS Phosphate, Inc. at Cincinnati; and Nutrien US LLC ("Agrium"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Trustee of the Plan at December 31, 2024 and 2023 was Bank of New York Mellon (the "Trustee"). The Plan is administered by a committee of three or more persons (the "Plan Committee") appointed by Nutrien's board of directors. The Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

All of the Plan's investment assets are held in a trust account at the Trustee and consist of an undivided interest in an investment account of the PCS Administration (USA), Inc., Master Trust (the "Master Trust"), a master trust established by the Company and administered by the Trustee. The Trustee, together with Towers Watson Investment Services, Inc. (the "Investment Manager") manages the Plan's investments.

### **Pension benefits**

Pension benefits are negotiated separately with individual unions. The general pension benefits are described below, and more detail can be reviewed in the Plan document. The accrued benefits and rights of persons who previously participated in predecessor plans continue to be determined under the provisions of the predecessor plans' documents, subject to the Plan and the provisions of the applicable statutes.

As defined by the Plan document, participants are eligible to receive normal retirement benefits, based on years of service and an agreed rate, after becoming fully vested. The Plan permits participants who meet the service requirements to receive a reduced early retirement benefit as early as age 55, as defined by the Plan.

Participants may elect a monthly benefit in either the normal form of payment or an optional form of payment annuity option. A lump-sum payment option is only allowed in the event of vested termination or retirement when the present value is less than \$5,000. If a vested participant dies before starting to receive a pension, the participant's spouse may be eligible to receive a qualified spouse's annuity, as outlined in the Plan document.

Effective December 31, 2024, the Plan was amended to freeze the monthly benefit for the union employees of Cincinnati. These employees will continue to accrue vesting service through their last day worked.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of accounting**

These financial statements have been prepared using the accrual basis of accounting.

### **Use of estimates**

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

## Fair value measurements and (loss) income recognition

The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

A three-level hierarchy is used to disclose assets and liabilities measured at fair value. Assets and liabilities are classified in their entirety based on the lowest level of input significant to the fair value measurement.

The three levels are defined as follows:

- Level 1 – Observable inputs based on quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 – Observable inputs based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs derived from or corroborated by observable market data by correlation or other means.
- Level 3 – Unobservable inputs that reflect an entity's own assumptions about what inputs a market participant would use in pricing the asset or liability based on the best information available in the circumstances.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Cash and Cash Equivalents:* Valued at cost, which approximates fair value for deposit accounts (level 1 inputs) and at cost, plus reinvested interest, which approximates fair value, for short-term money market commingled funds (level 2 inputs).

*Equity Securities—International and US Companies:* Valued at their last closing price reported on nationally recognized securities exchanges (level 1 inputs).

*Debt Securities:* Valued based on a compilation of primarily observable market information, including traded securities with similar attributes or a broker's quote in an inactive market (level 2 inputs). Where no valid market information is available, the issuing company's financial information or other market information is used to estimate fair value (level 3 inputs). This methodology incorporates such factors as the issuer's industry, the security's rating and tenor, its coupon rate, its position in the capital structure of the issuer, yield curves, credit curves, prepayment rates, and other relevant factors.

*Real Estate Securities, and Other:* Valued at their last closing price reported on nationally recognized securities exchanges (level 1 inputs) or valued based on a compilation of primarily observable market information, including traded securities with similar attributes or a broker's quote in an inactive market (level 2 inputs). Where no valid market information is available, the issuing company's financial information or other market information is used to estimate fair value (level 3 inputs). This methodology incorporates such factors as the issuer's industry, the security's rating and tenor, its coupon rate, its position in the capital structure of the issuer, yield curves, credit curves, prepayment rates, and other relevant factors.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management 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.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Investment (loss) income includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

The classification of investment earnings (loss) reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

## Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees as at the valuation date. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on the actuarial present value of accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as at January 1, 2024 is as follows:

	January 1, 2024
Vested benefits:	
Inactive participants receiving benefits	66,427,393
Active participants	22,981,552
Inactive participants with deferred benefits	8,366,436
	97,775,381
Non-vested benefits	1,359,402
<b>Actuarial present value of accumulated plan benefits</b>	<b>99,134,783</b>

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024 are summarized as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	101,250,278
Changes due to:	
Benefits accumulated and actuarial (gains) losses	(1,031,473)
Increase for interest due to decrease in discount period	5,637,271
Benefits paid	(6,721,293)
Assumption changes	-
<b>Actuarial present value of accumulated plan benefits at January 1, 2024</b>	<b>99,134,783</b>

The more significant actuarial assumptions used in the January 1, 2024, valuation were:

- Mortality: PRI-2012 mortality table, projected generationally with Scale MP-2021, without collar adjustments
- Retirement age for active participants: Ages ranging from 55 to 70; weighted-average retirement age of 63, 62 for the Agrium employees (no change from prior year)
- Retirement age for terminated vested participants: retirement age of 61 to 64 by location, later of 65 or termination of employment for the Agrium employees (no change from prior year)
- Investment return: 5.75% per annum, compounded annually (no change from prior year)

The foregoing actuarial 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.

## Payment of benefits

Benefit payments to participants are recorded upon distribution.

## Administrative expenses

Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. Investment management fees for certain investments held in the Master Trust, including mutual/commingled funds, are included as a reduction of the Plan's interest in Master Trust investment income and are not reflected separately in the statements of changes in net assets available for benefits.

### 3. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make contributions to the Plan in amounts equal to or greater than the minimum amounts determined by the Plan's independent actuary, subject to tax limitations. The minimum funding requirements of ERISA were met, and no contributions were required for the Plan, for the years ended December 31, 2024 and 2023.

### 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

### 5. INFORMATION CERTIFIED BY THE TRUSTEE AND A CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as at and for the years ended December 31, 2024 and 2023, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee of the Plan and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee and the Custodian that such information is complete and accurate.

	2024	2023
Statements of net assets available for benefits:		
Plan interest in PCS Administration (USA), Inc. Master Trust	117,453,749	124,864,378
Statements of changes in net assets available for benefits:		
Plan interest in PCS Administration (USA), Inc. Master Trust - investment (loss) income	(239,818)	6,694,153

## 6. PLAN INTEREST IN MASTER TRUST

All of the Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and one other retirement plan sponsored by the Plan Sponsor. Each participating retirement plan has an undivided interest in the Master Trust. Use of the Master Trust permits the commingling of Plan assets with the assets of the participating plans for investment and administrative purposes. Although assets of the plans are commingled in the Master Trust, the Trustees maintain supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income or loss of the investment assets is allocated by the Trustees to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. The net assets and investments of the Master Trust at December 31, 2024 and 2023, are summarized as follows:

	2024		2023	
	Master Trust	Plan's Proportionate Share	Master Trust	Plan's Proportionate Share
Investments at fair value (note 7)	927,886,406	117,446,948	972,697,784	124,098,343
Cash	1,686	213	1,686	215
Accrued interest and dividends	52,045	6,588	127,069	16,212
Unsettled trades				
Receivable	-	-	5,875,522	749,609
Total net assets	927,940,137	117,453,749	978,702,061	124,864,378
Plan's percent interest in the Master Trust		12.7%		12.8%

The net investment (loss) income of the Master Trust for the years ended December 31, 2024 and 2023, are summarized as follows:

	2024	2023
Net change in fair value of investments	(2,723,358)	49,812,151
Interest and dividends	873,958	2,580,064
Net investment (loss) income of Master Trust	(1,849,400)	52,392,215
Plan's interest in Master Trust investment (loss) income	(239,818)	6,694,153

## 7. INVESTMENTS

The Master Trust investment assets at fair value at December 31, 2024 and 2023, set forth by level within the fair value hierarchy, are shown below. Investments whose fair value is estimated using the net asset value ("NAV") practical expedient are not assigned a level.

	Master Trust Investments Fair Value Measurements as of December 31, 2024					Plan's Proportionate Share
	Level 1	Level 2	Level 3	NAV	Total	
Assets						
Cash and cash equivalents	-	13,161,730	-	-	13,161,730	1,665,943
Equity securities	-	-	-	118,549,614	118,549,614	15,005,382
Debt securities						
Corporate debt instruments	-	-	-	458,626,106	458,626,106	58,050,464
Government and agency securities	-	-	-	232,730,910	232,730,910	29,457,846
Real estate securities	-	-	-	88,673,801	88,673,801	11,223,860
Other	-	-	-	16,144,245	16,144,245	2,043,453
Grand total	-	13,161,730	-	914,724,676	927,886,406	117,446,948

Master Trust Investments Fair Value Measurements as of December 31, 2023						Plan's Proportionate Share
	Level 1	Level 2	Level 3	NAV	Total	
<b>Assets</b>						
Cash and cash equivalents	-	27,122,036	-	-	27,122,036	3,460,273
Equity securities	-	-	-	69,173,302	69,173,302	8,825,241
<b>Debt securities</b>						
Corporate debt instruments	-	-	-	450,205,192	450,205,192	57,437,900
Government and agency securities	-	-	-	284,599,613	284,599,613	36,309,675
Real estate securities	-	-	-	93,119,854	93,119,854	11,880,380
Other	-	-	-	48,477,787	48,477,787	6,184,874
<b>Grand total</b>	-	<b>27,122,036</b>	-	<b>945,575,748</b>	<b>972,697,784</b>	<b>124,098,343</b>

The availability of observable market data is monitored to assess the appropriate classifications of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2 or 3.

The following table presents the fair value and redemption frequency for the Master Trust's assets whose fair value is estimated as a practical expedient using the NAV per share as at December 31, 2024 and 2023.

Asset Category	Fund	December 31,	December 31,	December 31, 2024		
		2024	2023	Unfunded Commitment	Redemption Frequency	Redemption Notice Period (Days)
		Fair Value				
Equities	Willis Towers Watson Group Trust Diversified Equity Fund <sup>1</sup>	<b>118,549,614</b>	69,173,302	-	Daily	2
Debt securities	IR&M Intermediate Corporate Bond Fund <sup>1</sup>	<b>207,087,643</b>	206,484,971	-	Daily	2
Debt securities	Willis Towers Watson Group Trust Long Credit Fund <sup>1</sup>	<b>151,805,304</b>	153,564,087	-	Weekly	7
Debt securities	Willis Towers Watson Group Trust Diversified Credit Fund <sup>1</sup>	<b>99,733,159</b>	90,156,134	-	Monthly	30
Government and agency securities	Blackrock Treasury Key Rate Duration Funds <sup>1</sup>	<b>90,808,165</b>	133,244,769	-	Daily	2
Government and agency securities	State Street Long/Intermediate US Government Bond Index Non-Lending Fund <sup>1</sup>	<b>141,922,745</b>	151,354,844	-	Daily	1
Real estate securities	Willis Towers Watson Group Trust Real Asset Fund <sup>1</sup>	<b>88,673,801</b>	93,119,854	-	Quarterly	180
Other	Other	<b>16,144,245</b>	48,477,787	-	Daily - Semi-annual	Nil -180
		<b>914,724,676</b>	<b>945,575,748</b>	-		

1 - The Master Trust has a significant concentration in the following investments either at December 31, 2024 and 2023.

<b>Category</b>	<b>Fund</b>	<b>Strategy</b>
Equities	Willis Towers Watson Group Trust Diversified Equity Fund	This fund seeks to generate total returns above the return of the MSCI All Country World Index on a medium to long-term basis. The assets are invested and reinvested primarily in common stocks and other equity-type securities issued by U.S. and non-US domiciled companies, including convertible securities, preferred stocks, real estate investment trusts, rights and warrants.
Debt securities	IR&M Intermediate Corporate Bond Fund	This fund seeks a risk-adjusted total return on a medium and long-term basis by primarily investing in a portfolio of corporate credit instruments.
Debt securities	Willis Towers Watson Group Trust Long Credit Fund	This fund seeks to achieve, over an extended period, total returns comparable or superior to broad measures of the domestic investment grade credit bond market as reflected by the Bloomberg Long Corporate Index.
Debt securities	Willis Towers Watson Group Trust Diversified Credit Fund	This fund seeks a risk-adjusted total return on a medium and long-term basis by primarily investing in a portfolio of alternative credit-oriented investments funds and/or managed accounts.
Government and agency securities	Blackrock Treasury Key Rate Duration Funds	This fund seeks investment return that approximates as closely as practicable to the total rate of return of the fund's corresponding Bank of America Merrill Lynch Treasury US Key Rate Duration Index by investing primarily in a portfolio of obligations issued or guaranteed by the US government, its agencies or instrumentalities.
Government and agency securities	State Street Long/Intermediate US Government Bond Index Non-Lending Fund	This fund seeks investment return that approximates as closely as practicable, before expenses, the performance of the Bloomberg Barclays US Long Government Bond or US Intermediate Government Bond Index Non-Lending Fund over the long term. It may invest directly or indirectly in securities and other instruments, including in other pooled investment vehicles.
Real estate securities	Willis Towers Watson Group Trust Real Asset Fund	This fund is a multi-asset, multi-manager fund that invests in public and private debt and equity investments in a range of real asset strategies, including but not limited to real estate, infrastructure, timberland and agriculture/farmland. The assets of the fund will be invested and reinvested in a variety of real asset strategies in both the listed and unlisted segments of the market.

## 8. TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated August 17, 2021, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code. Continued qualification of the Plan will depend on the operation of the Plan in compliance with IRS regulations.

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

## 9. RISKS AND UNCERTAINTIES

The Master Trust utilizes various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts presented in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

## **10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments in the Master Trust are shares of funds managed by the Trustee and the Investment Manager, and therefore, these transactions qualify as exempt related party and party-in-interest transactions.

## **11. SUBSEQUENT EVENTS**

The Plan's management has evaluated subsequent events through October 1, 2025, the date the financial statements were available to be issued, to ensure that the financial statements include appropriate disclosure or recognition of events that occurred subsequent to December 31, 2024. No items requiring disclosure or recognition were noted.

# SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service <sup>1</sup>												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	10	3	1	1	0	0	0	0	0	0	0	0	0	15
25-29	0	5	6	5	2	10	0	0	0	0	0	0	0	0	28
30-34	0	13	8	3	3	14	2	0	0	0	0	0	0	0	43
35-39	0	14	9	2	3	16	2	6	1	0	0	0	0	0	53
40-44	0	17	5	0	0	10	0	11	4	0	0	0	0	0	47
45-49	0	22	3	1	0	10	0	8	2	3	0	0	0	0	49
50-54	0	6	1	0	0	7	1	9	4	6	1	1	0	0	36
55-59	0	6	2	1	0	3	3	4	4	6	3	11	0	0	43
60-64	0	5	1	0	0	2	0	5	0	0	1	9	36	0	59
65-69	0	1	0	0	0	0	0	2	0	1	0	1	24	0	29
70 & over	0	1	0	0	0	0	0	0	1	0	0	1	2	0	5
<b>Total</b>	<b>0</b>	<b>100</b>	<b>38</b>	<b>13</b>	<b>9</b>	<b>72</b>	<b>8</b>	<b>45</b>	<b>16</b>	<b>16</b>	<b>5</b>	<b>23</b>	<b>62</b>	<b>0</b>	<b>354</b>
Average:	Age	47	Number of Participants:				Fully vested	304		Males	342				
	Service	15					Partially vested	0		Females	12				
Census data as of January 1, 2024															

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
 EIN / PN: 56-2111626/008  
 Plan Sponsor: PCS Administration USA, Inc.  
 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  |
| ■ Interest rate basis | Segment Rates from 4 Month<br>Preceding Valuation Date |

#### Interest rates

- |                           | Reflecting<br>Stabilization | Not Reflecting<br>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 | 5.14%                       | 4.43%                           |

#### Annual rates of increase

- |                                    |  |
|------------------------------------|--|
| ■ Compensation:                    | Cincinnati: 4.00% per year.<br>White Springs and Nitrogen: N/A |
| ■ Social Security wage base        | Cincinnati: 3.50% per year.<br>White Springs and Nitrogen: N/A |
| ■ Statutory limits on compensation | 4.00%  |

#### Plan-related expenses

\$408,000 for 2024

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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee is hired.

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

### 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 Age 61 for White Springs and age 63 for Cincinnati. Age 64 for Nitrogen (LaPlatte: age 62). Later of age 65 or termination of employment for Agrium Hourly.
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

### Form of payment

- Cincinnati 100% of active retirements, future vested deferred, future disabilities, and current vested deferred are assumed to take a single life annuity with 5 years certain (hired prior to 1/1/2002) or a single life annuity (hired on/after 1/1/2002). 100% of future deaths are assumed to take a 50% J&S.
- Nitrogen For active retirements, future vested deferred, future disabilities, and current vested deferred, 60% are assumed to take a single life annuity and 40% are assumed to take a 100% J&S. 100% of future deaths are assumed take a 50% J&S.
- White Springs For active retirements, future vested deferred, future disabilities, and current vested deferred, 20% are assumed to take a single life annuity, 15% are assumed to take a 10-year certain and life, 35% are assumed to take a 50% J&S, and 30% are assumed to take a 100% J&S. 100% of future deaths are assumed to take a 50% J&S.
- Agrium Hourly Unless otherwise noted, all are assumed to take a life annuity

**Percent married** For Cincinnati and White Springs: 80% of males; 40% of females.  
For Nitrogen: 80% of males; 50% of females.  
For Agrium Hourly: 85% of males; 50% of females.  
These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Spouse age</b>	Wife 3 years younger than husband.
<b>Covered pay</b>	For Cincinnati: 2018 pensionable earnings rolled forward with the salary scale increase assumptions  All Others: Not applicable
<b>At-risk assumptions</b>	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.
<b>Mortality</b>	
■ Healthy	Separate rates for non-annuitants (based on PRI-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021) and annuitants (based on PRI-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021). The rate of future mortality improvement at any age for the year beginning on or after the valuation date is capped at 0.78%.
■ Disabled	Same as healthy mortality.
<b>Disability Rates</b>	Agrium Hourly: None  The representative rates at which participants (excluding Agrium Hourly) are assumed to become disabled by age are shown below:

### Percentage assumed to become disabled during the year

Attained Age	Rate (%)
25	0.120%
30	0.120%
35	0.128%
40	0.147%
45	0.198%
50	0.357%

Plan Name:	Pension Plan for Collectively Bargained Employees of Nutrien
EIN / PN:	56-2111626/008
Plan Sponsor:	PCS Administration USA, Inc.
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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55	0.681%
60	1.380%
65	0.000%

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**Termination**

The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Cincinnati, White Springs, Nitrogen	Agrium Hourly
20	7.10%	22.45%
25	7.10%	14.94%
30	7.10%	10.42%
35	7.10%	7.38%
40	5.04%	4.33%
45	3.51%	2.70%
50	2.43%	0.95%
55	1.98%	0.00%
60	1.98%	0.00%
65	1.98%	0.00%

For Agrium Hourly participants with less than 3 years of service, an additional rate of termination is assumed based on the following table.

Percentage assumed to leave during the year	
Years of Service	Additional Withdrawal Percentage
0 – 0.99	22.00%
1.00 – 1.99	10.00%
2.00 – 2.99	5.00%

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
 EIN / PN: 56-2111626/008  
 Plan Sponsor: PCS Administration USA, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Retirement

Rates at which participants are assumed to retire by age are shown below. The average retirement age is 62 for Agrium Hourly and 63 for Cincinnati, White Springs, and Nitrogen.

Percentage assumed to become disabled during the year		
Age	Cincinnati, White Springs, Nitrogen	Agrium Hourly
55	2.50%	7.00%
56	2.50%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	5.00%	6.00%
60	5.00%	8.00%
61	10.00%	11.00%
62	17.50%	20.00%
63	10.00%	15.00%
64	10.00%	60.00%
65	40.00%	100.00%
66	40.00%	100.00%
67	40.00%	100.00%
68	40.00%	100.00%
69	40.00%	100.00%
70+	100.00%	100.00%

## Unpredictable Contingent Event Benefit (UCEB) assumptions

Not applicable.

## 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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
 EIN / PN: 56-2111626/008  
 Plan Sponsor: PCS Administration USA, Inc.  
 Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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### **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## **Benefits not valued**

The Agrium Hourly plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment for the Union Pension Plan). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

For all other groups all benefits described in the Plan Provisions section of this report were valued.

## **Sources of Data and Other Information**

The plan sponsor 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. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate(s)</b>	Prescribed by the IRS.
<b>Plan-related expenses</b>	The expenses included in the target normal cost are based on expected PBGC premium payment for the 2023 plan year plus an estimate of non-PBGC administrative expenses, which included consideration of administrative expenses paid in the prior year, excluding costs related to the management of plan assets, rounded to the nearest \$1,000.
<b>Rates of increase in compensation, Social Security wage base, Inflation, IRC section 415, and 401(a)(17)</b>	Assumed increases were chosen by the plan sponsor based on a previous experience study and, as required by IAS 19 they represent an estimate of future experience. Social Security wage base increases reflect a long-term view of inflation and the average real wage increases for the US economy and a whole. Inflation is within a reasonable range based on WTW's capital market assumption models. For IRC section 415, and 401(a)(17) reflects a long-term view of inflation and the average real wage increases for the US economy and a whole.
<b>Rate of increase in Assumed Return for Asset Smoothing</b>	The assumed return of 5.75% used for asset smoothing, is the expected return on assets assumption chosen by the client for the 2023 plan year. We concurred with that assumption.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).

For the forthcoming demographic assumptions, because we do not have enough credible experience to analyse, the assumptions are based on the results of the prior actuary's experience study which we understand reflects experience during 2010-2012. We also understand that these assumptions were reviewed annually since the last experience study for reasonableness. Although we did not conduct our own analysis, these assumptions appear reasonable based upon our experience with many plans. We will monitor gains and losses in future valuations to confirm reasonability.

<b>Termination</b>	Termination rates were based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
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Plan Name:	Pension Plan for Collectively Bargained Employees of Nutrien
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Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Disability</b>	Disability rates were based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Retirement</b>	Retirement rates were based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Benefit commencement date for deferred benefits:</b>	<p>Determined based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>For Agrium Hourly union, participants are assumed to begin benefits at age 65 (or current age if later) because deferred vested early commencement factors are not subsidized so that the difference between this approach and reflecting earlier dates of commencement is both conservative and, we believe, realistic.</p>
<b>Form of payment</b>	Determined based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Percent married</b>	Determined based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Spouse Age</b>	Determined based on prior experience studies conducted, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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# SCHEDULE SB ATTACHMENTS

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## Prescribed Methods

### Funding methods

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.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The assumed plan-related expenses to add to the target normal cost were changed from \$475,000 for 2023 to \$408,000 for 2024 to reflect the updated expectations of 2024 expenses and 2024 PBGC premiums.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

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

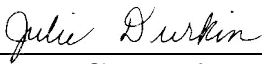
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES OF NUTRIEN	<b>B</b> Three-digit plan number (PN) ▶	008
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PCS ADMINISTRATION USA, INC.	<b>D</b> Employer Identification Number (EIN) 56-2111626	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	124,864,378	
<b>b</b> Actuarial value .....	<b>2b</b>	137,350,816	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,047	72,001,762	72,001,762
<b>b</b> For terminated vested participants .....	402	9,129,596	9,129,596
<b>c</b> For active participants .....	354	25,090,600	26,566,690
<b>d</b> Total .....	1,803	106,221,958	107,698,048
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.14%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	58,969	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	408,000	
<b>c</b> Target normal cost .....	<b>6c</b>	466,969	

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

<b>SIGN HERE</b>	 Signature of actuary	<u>08/28/2025</u> Date
	<u>Julie M Durkin</u> Type or print name of actuary	<u>2304097</u> Most recent enrollment number
	<u>Willis Towers Watson US LLC</u> Firm name	<u>312-288-7000</u> Telephone number (including area code)
	<u>Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606</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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		<b>(a)</b> Carryover balance	<b>(b)</b> Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	24,542,076
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	24,542,076
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.42%</u> .....	0	1,330,181
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	25,872,257

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.51%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	127.53%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	103.02%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

**21** Discount rate:

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	466,969
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	466,969

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

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

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

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

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

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

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

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

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	PCS Administration USA, Inc.
<b>EIN/PN</b>	56-2111626/008
<b>Plan Name</b>	Pension Plan for Collectively Bargained Employees of Nutrien
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Julie Durkin
<b>Enrollment Number</b>	23-04097

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.

# SCHEDULE SB ATTACHMENTS

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

### Cincinnati, White Springs, Nitrogen

(1) Assumed Retirement Age	(2) Probability of Retirement	(3) Expected Retirements Based on 100 Lives	(4) Remaining Based on 100 Lives	(5) Columns (1)*(3)
			100.0	
55	2.5%	2.5	97.5	137.5
56	2.5%	2.4	95.1	134.4
57	5%	4.8	90.3	273.6
58	5%	4.5	85.8	261.0
59	5%	4.3	81.5	253.7
60	5%	4.1	77.4	246.0
61	10%	7.7	69.7	469.7
62	17.5%	12.2	57.5	756.4
63	10%	5.8	51.7	365.4
64	10%	5.1	46.6	326.4
65	40%	18.7	27.9	1,215.5
66	40%	11.1	16.8	732.6
67	40%	6.7	10.1	448.9
68	40%	4.1	6.0	278.8
69	40%	2.4	3.6	165.6
70	100%	3.6	0.0	252.0
		100.0		6,317.5
<b>Average Retirement Age (5)/(3)=</b>				<b>63.18</b>

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
 EIN / PN: 56-2111626/008  
 Plan Sponsor: PCS Administration USA, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Agrium Hourly

(1) Assumed Retirement Age	(2) Probability of Retirement	(3) Expected Retirements Based on 100 Lives	(4) Remaining Based on 100 Lives	(5) Columns (1)*(3)
			100.0	
55	7%	7.0	93.0	385.0
56	5%	4.6	88.4	257.6
57	5%	4.5	83.9	256.5
58	5%	4.2	79.7	243.6
59	6%	4.7	75.0	277.3
60	8%	6.0	69.0	360.0
61	11%	7.6	61.4	463.6
62	20%	12.3	49.1	762.6
63	15%	7.4	41.7	466.2
64	60%	25.0	16.7	1,600.0
65	100%	16.7	0.0	1,085.5
66	100%	0.0	0.0	0.0
67	100%	0.0	0.0	0.0
68	100%	0.0	0.0	0.0
69	100%	0.0	0.0	0.0
70	100%	0.0	0.0	0.0
		100.0		6,157.9
<b>Average Retirement Age (5)/(3)=</b>				<b>61.58</b>

Subplans	Total Active Records	Weighted Retirement Age
Cincinnati, White Springs, Nitrogen	342	63.18
Agrium Hourly	12	61.58
Total	354	62.98

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
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 Plan Sponsor: PCS Administration USA, Inc.  
 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	245,346	371,685	6,514,973	7,132,004
2025	672,093	379,443	6,398,763	7,450,299
2026	984,723	399,362	6,282,053	7,666,138
2027	1,199,587	409,828	6,155,154	7,764,569
2028	1,342,321	433,680	6,016,339	7,792,340
2029	1,453,046	460,845	5,867,013	7,780,904
2030	1,548,495	485,576	5,699,620	7,733,691
2031	1,622,722	510,857	5,519,182	7,652,761
2032	1,688,207	532,075	5,334,581	7,554,863
2033	1,752,763	555,828	5,129,231	7,437,822
2034	1,794,083	582,797	4,913,186	7,290,066
2035	1,817,973	608,206	4,697,225	7,123,404
2036	1,845,181	625,543	4,472,113	6,942,837
2037	1,868,241	632,555	4,238,914	6,739,710
2038	1,883,885	631,809	3,998,894	6,514,588
2039	1,899,659	632,851	3,753,506	6,286,016
2040	1,915,378	644,904	3,504,379	6,064,661
2041	1,921,766	659,570	3,253,289	5,834,625
2042	1,920,500	670,286	3,002,123	5,592,909
2043	1,920,416	672,523	2,752,828	5,345,767
2044	1,917,974	669,913	2,507,361	5,095,248
2045	1,902,661	661,945	2,267,656	4,832,262
2046	1,889,973	646,566	2,035,593	4,572,132
2047	1,874,903	630,216	1,813,011	4,318,130
2048	1,847,104	618,934	1,601,634	4,067,672
2049	1,814,819	603,141	1,402,994	3,820,954
2050	1,777,197	580,783	1,218,385	3,576,365
2051	1,728,068	561,762	1,048,811	3,338,641
2052	1,679,775	541,545	894,934	3,116,254
2053	1,637,005	519,043	757,050	2,913,098
2054	1,579,297	494,963	635,085	2,709,345
2055	1,517,069	476,842	528,597	2,522,508
2056	1,463,631	459,275	436,816	2,359,722
2057	1,413,778	434,143	358,714	2,206,635
2058	1,356,889	409,625	293,065	2,059,579
2059	1,298,048	386,665	238,522	1,923,235
2060	1,242,351	362,881	193,695	1,798,927
2061	1,187,305	338,761	157,206	1,683,272
2062	1,131,589	315,846	127,745	1,575,180
2063	1,078,959	293,827	104,118	1,476,904
2064	1,029,064	272,932	85,261	1,387,257
2065	977,241	253,184	70,248	1,300,673
2066	926,486	234,241	58,291	1,219,018

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	879,229	216,322	48,736	1,144,287
2068	832,421	199,436	41,049	1,072,906
2069	784,917	183,522	34,813	1,003,252
2070	738,850	168,558	29,702	937,110
2071	694,135	154,482	25,463	874,080
2072	650,708	141,219	21,909	813,836
2073	608,429	128,716	18,901	756,046

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent plan amendments are the Fourth and Fifth plan amendments which were adopted on October 24, 2022 and December 16, 2022, respectively.

### Future Plan Changes

None.

### Changes in Benefits Valued Since Prior Year

None.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Plan Provisions – White Springs

<b>Covered employees</b>	Hourly union employees at White Springs hired before December 31, 2022
<b>Participation date</b>	First of month following date of hire
<b>Status of plan</b>	Effective December 31, 2022, benefit accruals are frozen for all participants, and the plan is closed to new entrants

## Definitions

<b>Vesting service</b>	One year for each 1,000-hour calendar year of employment
<b>Benefit service</b>	Before January 1, 1976, Benefit Service was determined according to the elapsed time method. After December 31, 1975, Benefit Service is based on hours worked during the year as follows:

Hours Earned	Benefit Service
1,800 or more	1 year
1,650-1,799	11/12 year
1,500-1,649	10/12 year
1,350-1,499	9/12 year
1,200-1,349	8/12 year
1,050-1,199	7/12 year
900-1,049	6/12 year
750-899	5/12 year
600-749	4/12 year
450-599	3/12 year

If credited hours in the year of termination are less than 450, the ratio of credited hours to 1,950 is used.

Effective December 31, 2022, participants no longer accrue Benefit Service.

<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the attainment of age 65
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Plan Name:	Pension Plan for Collectively Bargained Employees of Nutrien
EIN / PN:	56-2111626/008
Plan Sponsor:	PCS Administration USA, Inc.
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Monthly pension benefit

The benefit rate in effect at termination or retirement multiplied by credited service as follows:

Effective Date	Annual Benefit Rate
January 1, 1985	\$204
January 1, 1993	\$240
January 1, 1995	\$276
January 1, 1998	\$324
January 1, 2004	\$336
January 1, 2005	\$348
January 1, 2006	\$360
January 1, 2007	\$372

For terminations and retirements after January 1, 2008, the benefit rate is based on when service is earned as follows:

Effective Date	Annual Benefit Rate
January 1, 2008	\$384
January 1, 2009	\$396
January 1, 2010	\$420
January 1, 2011	\$444
January 1, 2012	\$468
January 1, 2013	\$492
January 1, 2014	\$516
January 1, 2015	\$564
January 1, 2016	\$600
January 1, 2017	\$636
January 1, 2018	\$672
January 1, 2019	\$708
January 1, 2020	\$744
January 1, 2021	\$780
January 1, 2022	\$816

Minimum benefits for service prior to January 1, 1977 are calculated using different formulas.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD
<b>Early retirement</b>	Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service
<b>Postponed retirement</b>	Retirement after NRD
<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing five years of vesting service
<b>Disability</b>	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit and five years of vesting service
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension benefit determined as of the early retirement date, reduced 5.0% for each year of payment before age 65
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date
<b>Deferred vested termination</b>	The monthly pension benefit determined as of the termination date. If the participant has at least 15 years of vesting service, they can elect to receive benefits at any time after age 55 and the benefit will be reduced as under early retirement.
<b>Disablement</b>	The monthly pension benefit, payable at the participant's normal retirement date, is computed using the same formula as for normal retirement. The participant shall continue to receive benefit service during the period of disability until their normal retirement date or the expiration of 24 months after an employee ceased to be an active employee, if earlier.
<b>Preretirement death</b>	The spouse's benefit is equal to the annual benefit that would have been received had the participant retired just before death and elected a 50% joint and survivor annuity. This is payable on the

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

date the participant would have been eligible for retirement, reduced for early commencement as under early retirement.

## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 66-2/3% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 8% interest and UP 1994 Unisex Mortality Table using 50% male and 50% female.
<b>Pension Increases</b>	None
<b>Plan participants' contributions</b>	None
<b>Maximum limits on benefits and pay</b>	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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Plan Provisions – Nitrogen Hourly: LaPlatte

<b>Covered employees</b>	Hourly employees at the LaPlatte, Nebraska plant represented by the Omaha Metal Trades Council AFL-CIO.  Continued employees  An employee designated as such under Section 10.02 of the Subscription Agreement dated May 31, 1984 between AAC Holdings Inc. and Allied Corporation.  Plant closed August 12, 1999
<b>Participation date</b>	Date of becoming a covered employee

## Definitions

<b>Vesting service</b>	Total service beginning on the employee's employment commencement date and ending on the severance date.
<b>Benefit service</b>	Total service with the company or any of its subsidiaries, including service before the effective date of the Plan which is credited under the Allied Corporation Hourly Plan.  Continued employees who have elected immediate commencement of the Allied Hourly Plan pension receive no benefit service prior to June 4, 1984.
<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the attainment of age 65
<b>Monthly pension benefit</b>	A monthly benefit of the sum of (i) through (vii) reduced by (viii)  (i) Monthly accrued benefit as of February 1, 1995 (ii) The supplemental benefit of \$18.00 (iii) For benefit service after January 31, 1995, \$28 per month per year of benefit service (iv) For benefit service after January 31, 1996, \$29 per month per year of benefit service (v) For benefit service after January 31, 1997, \$30 per month per year of benefit service (vi) For benefit service after January 31, 1998, \$32 per month per year of benefit service (vii) For benefit service after January 31, 1999, \$33 per month per year of benefit service  (viii) The straight-life benefit amount, if any, payable starting at age 65 under the Allied Hourly Plan

Plan Name:	Pension Plan for Collectively Bargained Employees of Nutrien
EIN / PN:	56-2111626/008
Plan Sponsor:	PCS Administration USA, Inc.
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD
<b>Early retirement</b>	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service or 80-point sum of age and vesting service or on or after both attaining age 62 and completing five years of vesting service
<b>Postponed retirement</b>	Retirement after NRD
<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing five years of vesting service
<b>Disability</b>	Permanent and total disability prior to NRD, and has at least five years of vesting service
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension benefit determined as of the early retirement date, reduced $\frac{1}{4}$ of 1% for each month of payment before age 65 if retiring under age 55 and five years of service OR unreduced if meet the age 62 and five years of service or 80 points eligibility.
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date
<b>Deferred vested termination</b>	The monthly pension benefit determined as of the termination date, reduced for commencement as early as age 55
<b>Disablement</b>	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement. The benefit is subject to a minimum of \$250, prior to any Allied Hourly Plan benefit offset.
<b>Preretirement death</b>	Amount equal to 50% of the amount calculated as of normal retirement, based on benefit service at death, payable for the life of the surviving spouse. However, the supplemental benefit is payable in full to the surviving spouse.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.5% interest and UP 1984 Unisex Mortality Table.
<b>Pension Increases</b>	None
<b>Plan participants' contributions</b>	None
<b>Maximum limits on benefits and pay</b>	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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Plan Provisions – Nitrogen Hourly: Lake Charles

**Covered employees** Hourly employees at the Lake Charles, Louisiana plant.  
Plant closed July 28, 1992

**Participation date** Date of becoming a covered employee

## Definitions

**Vesting service** A year of service is granted when a participant completes 1,950 hours or more of service in a plan year. A participant who completes less than 1,950 hours shall be credited with a proration of a year of service where the numerator is the hours worked and the denominator is 1,950.

**Benefit service** Same as Vesting service

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65

**Monthly pension benefit** The monthly allowance per year of benefit service is calculated in accordance with the following schedule:

Job	Monthly benefit per year of service effective	
Classification	7/1/1992	7/1/1994
Group 1	\$26.00	\$30.00
Group 2	\$26.50	\$30.50

The benefit is then reduced by the accrued benefit payable under the Olin Hourly Pension Plan.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD

**Early retirement** Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service

**Postponed retirement** Retirement after NRD

**Deferred vested termination** Termination for reasons other than death or retirement after completing five years of vesting service

**Disability** Not applicable

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Preretirement death benefit** Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

**Lump sum death benefit** Death after any type of retirement except deferred vested, provided the participant had been actively at work on June 30, 1984.

## Benefits Paid Upon the Following Events

**Normal retirement** The monthly pension benefit determined as of NRD

**Early retirement** The monthly pension benefit determined as of the early retirement date, reduced 1/3 of 1% for each month of payment before age 62

**Postponed retirement** The monthly pension benefit determined as of the actual retirement date

**Deferred vested termination** The monthly pension benefit determined as of the termination date, reduced for commencement as early as age 55

**Disablement** Not applicable

**Preretirement death** Calculated as at normal retirement, based on service to date of death. Assumes participant had elected the joint and 50% survivor option the day prior to his death. Payable no earlier than the earliest retirement date which the deceased could have elected.

**Lump sum death benefit** \$3,000

## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.5% interest and UP 1984 Unisex Mortality Table

**Pension Increases** None

**Plan participants' contributions** None

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Plan Provisions – Nitrogen Hourly: Clinton

**Covered employees** Hourly employees at the Clinton, Iowa plant.  
Plant closed August 12, 1999

**Participation date** Date of becoming a covered employee

## Definitions

**Vesting service** Service beginning on the later of September 15, 1989 or employment commencement date.

**Benefit service** Same as vesting service

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65

**Monthly pension benefit** \$24 per month per year of benefit service, effective August 1, 1996. \$26 per month per year of benefit service, effective August 1, 1997. \$28 per month per year of benefit service, effective August 1, 1998.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD

**Early retirement** Retirement before NRD and on or after both attaining age 55

**Postponed retirement** Retirement after NRD

**Deferred vested termination** Termination for reasons other than death or retirement after completing one year of vesting service

**Disability** Permanent and total disability prior to NRD

**Preretirement death benefit** 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 monthly pension benefit determined as of NRD

**Early retirement** The monthly pension benefit determined as of the early retirement date, reduced actuarially for each year of payment before NRD

**Postponed retirement** The monthly pension benefit determined as of the actual retirement date

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Deferred vested termination** An amount calculated as at normal retirement, based on credited service at the time of termination of employment. This amount is then multiplied by the application factor in the following vesting schedule:

Vesting Service	Factor
1	0.20
2	0.40
3	0.60
4	0.80
5+	1.00

Benefit is payable at age 65.

**Disablement** The monthly pension benefit determined as of the date of the disablement, payable immediately reduced actuarially for early commencement

**Preretirement death** Amount equal to 100% of the actuarial equivalent of the amount calculated as at normal retirement, based on benefit service at death.

## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.5% interest and UP 1984 Unisex Mortality Table

**Pension Increases** None

**Plan participants' contributions** None

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**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.

## Plan Provisions – Nitrogen Hourly: Memphis

**Covered employees** Hourly employees at the Memphis, Tennessee plant.  
Plant closed August 11, 2003

**Participation date** Date of becoming a covered employee

## Definitions

**Vesting service** Service beginning on the later of September 15, 1989 or employment commencement date.

**Benefit service** Same as Vesting service

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65

**Monthly pension benefit** \$21.50 per month per year of benefit service, effective September 18, 1999. \$22.50 per month per year of benefit service, effective September 27, 2000. \$23.50 per month per year of benefit service, effective September 27, 2001. \$24.50 per month per year of benefit service, effective September 27, 2002. \$25.50 per month per year of benefit service, effective September 27, 2003.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD

**Early retirement** Retirement before NRD and on or after attaining age 55

**Postponed retirement** Retirement after NRD

**Deferred vested termination** Termination for reasons other than death or retirement after completing one year of vesting service

**Disability** Permanent and total disability prior to NRD

**Preretirement death benefit** Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension benefit determined as of the early retirement date, reduced actuarially for payment before age 65
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date
<b>Deferred vested termination</b>	The monthly pension benefit determined as of the termination date. This amount is then multiplied by the application factor in the following vesting schedule:

Vesting Service	Factor
1	0.20
2	0.40
3	0.60
4	0.80
5+	1.00

Benefit is payable at age 65.

<b>Disablement</b>	The monthly pension benefit determined as of the date of the disablement, payable immediately reduced actuarially for payment before age 65
<b>Preretirement death</b>	Amount equal to 100% of the actuarial equivalent of the amount calculated as at normal retirement, based on benefit service at death.

## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.5% interest and UP 1984 Unisex Mortality Table.
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Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Pension Increases** None

**Plan participants' contributions** None

**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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Plan Provisions – Nitrogen Hourly: Helena

<b>Covered employees</b>	All hourly employees at the Helena plant represented by the Oil Chemical and Atomic Workers International Union AFL-CIO and Local No. 5-813.  Plant closed June 22, 1985  Continued employees:  An employee designated as such under Section 10.02 of the Subscription Agreement dated May 31, 1984 between AAC Holding's Inc. and Allied Corporation.
<b>Participation date</b>	Date of becoming a covered employee

## Definitions

<b>Vesting service</b>	Total service beginning on the employee's employment commencement date and ending on the severance date.
<b>Pension service</b>	Total service with the company or any of its subsidiaries, including service before the effective date of the Plan which is credited under the Allied Corporation Hourly Plan.  Continued employees who have elected immediate commencement of the Allied Hourly Plan pension receive no credited service prior to June 4, 1984.
<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the attainment of age 65
<b>Monthly pension benefit</b>	Greater of (i) or (ii) below, reduced by (iii) for Continued Employees and increased by (iv):  (i) 1.2% of final five-year average monthly pay multiplied by years of pension service before March 19, 1981, plus 1.2% of final three- year average monthly pay multiplied by pension service after March 19, 1981  (ii) \$16 per month multiplied by all pension service  (iii) The straight-life benefit amount, if any, payable starting at age 65 under the Allied Hourly Plan.  (iv) For Retirement after March 19, 1984, \$18 per month.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD
<b>Early retirement</b>	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service or 80-point sum of age and vesting service
<b>Postponed retirement</b>	Retirement after NRD
<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing one year of vesting service
<b>Disability</b>	Not applicable
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension benefit determined as of the early retirement date, reduced $\frac{1}{4}$ of 1% for each month of payment before age 65 for retirement based on age 55 and five years of service. The benefit is unreduced if the participant attains age 62 and completing five years of pension service or attains 80 points prior to retiring.
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date
<b>Deferred vested termination</b>	The monthly pension benefit determined as of the termination date, reduced amount as early as age 55
<b>Disablement</b>	Not applicable
<b>Preretirement death</b>	Amount equal to 50% of the amount calculated as of normal retirement, based on pension service at death, payable for the life of the surviving spouse. However, the supplemental benefit is payable in full to the surviving spouse.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.5% interest and UP 1984 Unisex Mortality Table.
<b>Pension Increases</b>	None
<b>Plan participants' contributions</b>	None
<b>Maximum limits on benefits and pay</b>	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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Plan Provisions – Cincinnati Hourly

<b>Covered employees</b>	Hourly union employees of Cincinnati
<b>Participation date</b>	On the first of the month after working 1,000 hours in a year or immediately if they are expected to work 1,000 hours in a year.

## Definitions

**Vesting service** One year for each 1,000-hour calendar year of employment

**Pension service** Before January 1, 1976, Pension Service was determined according to the elapsed time method. After December 31, 1975, Pension Service is based on hours worked during the year as follows:

Hours Earned	Pension Service
1,800 or more	1 year
1,650-1,799	11/12 year
1,500-1,649	10/12 year
1,350-1,499	9/12 year
1,200-1,349	8/12 year
1,050-1,199	7/12 year
900-1,049	6/12 year
750-899	5/12 year
600-749	4/12 year
450-599	3/12 year
Fewer than 450	0

**Pensionable pay** Total compensation paid to a participant including amounts subject to a salary conversion election under the Company's savings plan, but excluding bonuses, overtime pay, special pay, severance pay, and deferred compensation. Compensation used for determining benefits is restricted to the legislated pay limit.

**Average earnings** Final Average Earnings means one-third (1/3) of the total of a participant's annual rate of Earnings on his or her termination date, and the annual rate of Earnings on the corresponding date in each of the two calendar years immediately preceding such date.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Social Security Covered Compensation</b>	The amount provided under the Federal Insurance Contributions Act, as it may be amended from time to time, as the “maximum OASDI amount” during each calendar year, which amount is used to calculate a Participant’s Final Average Earnings, ratably apportioned to pay period or partial calendar years as may be required.
<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the attainment of age 65
<b>Monthly pension benefit</b>	<p>Hired prior to January 1, 2002 (Pre-2002)</p> <p>1.2% of Average earnings not in excess of average Social Security Covered Compensation multiplied by years of Pension Service, plus</p> <p>1.25% of such Average earnings which is in excess of average Social Security Covered Compensation multiplied by years of Pension Service.</p> <p>Hired on or after January 1, 2002 (Post-2001)</p> <p>\$27 per month of service prior to January 1, 2008,</p> <p>\$28 per month of service from January 1, 2008 to January 1, 2009,</p> <p>\$29 per month of service from January 1, 2009 to January 1, 2011,</p> <p>\$32 per month of service from January 1, 2011 to January 1, 2012,</p> <p>\$35 per month of service from January 1, 2012 to January 1, 2013,</p> <p>\$38 per month of service from January 1, 2013 to January 1, 2014,</p> <p>\$41 per month of service from January 1, 2014 to January 1, 2015,</p> <p>\$44 per month of service from January 1, 2015 to January 1, 2016,</p> <p>\$48 per month of service from January 1, 2016 to January 1, 2017,</p> <p>\$51 per month of service from January 1, 2017 to January 1, 2018,</p> <p>\$54 per month of service from January 1, 2018 to January 1, 2019, and</p> <p>\$57 per month of service on or after January 1, 2019.</p> <p>For prior Mobil participants, the normal retirement benefit shall not be less than the accrued benefit under such plan as of April 30, 1985.</p>

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

The minimum annual retirement benefit shall be \$90 multiplied by years of credited service.

The maximum annual retirement benefit for a Cincinnati member is:

\$10,000 prior to November 1, 1992,

\$15,000 for the period November 1, 1992 through October 31, 1995,

\$20,000 for the period November 1, 1995 through October 31, 1998 and

\$25,000 on or after November 1, 1998.

## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD
<b>Early retirement</b>	Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service
<b>Postponed retirement</b>	Retirement after NRD
<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing five years of vesting service
<b>Disability</b>	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit and five years of vesting service.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension benefit determined as of the early retirement date, reduced approximately 5% (exactly 5% for post-2001 hires) for each year that benefit commencement precedes age 65. For pre-2002 hires, the benefit is unreduced if retirement occurs after attaining age 62 with 20 years of vesting service.
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Deferred vested termination** The monthly pension benefit determined as of the termination date payable at age 65. If the participant has at least 15 years of vesting service, he can elect to receive benefits at any time after age 55 and the benefit will be reduced as under early retirement.

**Disablement** The monthly pension payable at the participant's normal retirement date is computed using the same formula as for normal retirement. The participant shall continue to receive pension service during the period of disability until his normal retirement date or the expiration of 24 months after an employee ceased to be an active employee, if earlier.

For disablements after age 45 and 10 years of vesting service for pre-2002 hires, the benefit is payable immediately for life, reduced as for early retirement.

**Preretirement death** The spouse's benefit is equal to the annual benefit that would have been received had the participant retired just before death and elected a 50% joint and survivor annuity. This is payable on the date the participant would have been eligible for retirement, reduced for early commencement as under early retirement.

## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above.

Normal forms:

Hired on or after January 1, 2002

- Married: 50% joint and survivor annuity
- Unmarried: Life annuity

Hired before January 1, 2002

- Married: 50% joint and survivor annuity
- Unmarried: Five-year certain and life annuity

Optional forms:

Life annuity (pre-2002 employees)

Five-year certain and life (post-2001 employees) and Ten-year certain and life (post 2001 employees)

25% (pre-2002 employees), 50%, 66-2/3% (post-2001 employees), 75% and 100% contingent annuitant

Social Security level income annuity (pre-2002 employees)

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

Actuarial equivalence is based on 8% interest and UP 1994 Unisex Mortality Table using 50% male and 50% female for all non-decreasing forms of payment. Interest and mortality as per 417(e)(3) for all decreasing forms of payment.

**Pension Increases** None

**Plan participants' contributions** None

**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.

## Plan Provisions – Nutrien US LLC (formerly Agrium U.S. Inc.) Hourly

**Covered employees** Hourly employees at the Tifton, Georgia location who are not members of a collective bargaining unit and were hired prior to April 23, 1999 are eligible to participate in the plan. Hourly represented employees at the Mulberry, Florida; Tupelo, Mississippi; Americus, Georgia; and Florence, Georgia locations are eligible to participate in the plan.

**Effective date and plan year** Original plan: April 23, 1999  
Restated plan: January 1, 2014  
Plan year: January 1 – December 31

**Status of Plan**

Tupelo and Florence: The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Mulberry: Effective December 31, 2021, benefit accruals are frozen for all participants, and new employees are not eligible to participate in the plan.

Americus: Effective December 16, 2021, the Company's Americus, Georgia location was sold and no future benefits will be earned after December 16, 2021. In addition, effective January 1, 2022, all participant at such location will be 100% vested in their benefits earned as of December 16, 2021.

**Participation date** Date of becoming a covered employee

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Definitions

### **Vesting Service**

Used in determining eligibility for benefits, is equal to the accrued "Years of Service" under the Predecessor Plans through April 22, 1999, as determined under the Predecessor Plans as in effect on such date.

For employment on or after April 23, 1999, Vesting Service shall be determined by the period of elapsed time beginning on the first day of the month in which the employee is hired and ending on the last day of the month in which his employment is terminated. Vesting Service is measured by years and fractions of a year of employment with twelve full months of Vesting Service constituting a completed full year of Vesting Service and any fraction of a month in excess of a year of Vesting Service constituting a fractional one-twelfth of a year of Vesting Service.

### **Benefit Service**

Benefit Service is used in determining benefit amounts. For periods prior to April 23, 1999, Benefit Service shall be equal to the "Benefit Service" under the Predecessor Plans with respect to employment prior to April 22, 1999, as determined under the Predecessor Plans as in effect on such date.

For employment on or after April 23, 1999, Benefit Service shall be equal to a Participant's Vesting Service reduced by any such service for which he receives credit prior to becoming a Participant or after becoming an Inactive Participant, for any period between his severance from service and his re-employment and for any leave of absence (other than a leave of absence for military service) which is in excess of twelve months unless he shall receive regular compensation from an employer during such absence.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Monthly Accrued Benefit**

Benefit factor times years of Benefit service.

Location	Effective Date	Multiplier
Tifton, Georgia	11/30/1991	16.00
Mulberry, Florida	06/01/2019	29.90
	06/01/2020	30.30
Tupelo, Mississippi	08/01/2000	23.00
Americus, Georgia	07/01/2019	31.00
	07/01/2020	32.00
Florence, Georgia	07/15/2018	30.00

**Normal Retirement Date (NRD)**

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

**Monthly preretirement death benefit**

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday. No early commencement reductions for Tifton and Mulberry.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Eligibility for Benefits

<b>Normal retirement</b>	The first day of the calendar month coincident with or next following the date a Member's Vesting Service terminates because of his normal retirement on or after he has attained age 65.
<b>Early retirement</b>	An employee may elect to retire early provided he has completed five years of Vesting Service and has attained age 55.
<b>Postponed retirement</b>	Retirement after NRD
<b>Deferred vested termination</b>	A Member who has attained five years of Vesting Service shall be entitled to a monthly deferred vested benefit of an amount computed in the same manner as a normal retirement benefit based on the benefit formula in effect and his Credited Service at the time his Vesting Service terminates. If payment commences prior to a Participant's Normal Retirement Date, such monthly payments shall be reduced in the same manner as early retirement benefits are reduced.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	Accrued benefit payable at age 65
<b>Early retirement</b>	Accrued benefit reduced to an amount that is actuarially equivalent to the Normal Retirement Benefit if benefit payments commence prior to the Normal Retirement age. Early retirement reduction is 6% per year prior to Normal Retirement for Tifton. There is no reduction for Mulberry at age 62 with 5 years of service.
<b>Postponed retirement</b>	The monthly pension benefit determined as of the actual retirement date
<b>Deferred vested termination</b>	Accrued benefit payable at age 65

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Preretirement death

### Tupelo, Americus, and Florence

If a vested married employed or terminated deferred vested participant dies before benefit commencement, his surviving spouse receives a monthly pension equal to 50% of the monthly normal or early retirement benefit reduced for early retirement and joint and survivor election, if applicable.

### Tifton and Mulberry

If a vested married employee dies in active employment, his surviving spouse receives a monthly pension equal to the monthly normal or early retirement benefit.

### All Groups

Upon the death of a retired employee, the beneficiary's benefit will be based on the retirement option elected at retirement.

## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the equivalent optional form offered by the plan. Optional forms are 100% joint and survivor annuity, 75% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6% interest and RP 2000 No Collar Combined Healthy Mortality Table (weighted 90% male/ 10% female for participants and 90% male/ 10% female for beneficiaries).

### 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.

Plan Name: Pension Plan for Collectively Bargained Employees of Nutrien  
EIN / PN: 56-2111626/008  
Plan Sponsor: PCS Administration USA, Inc.  
Valuation Date: January 1, 2024