

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ING FINANCIAL SERVICES LLC</u></p> <p><u>1133 AVENUE OF THE AMERICAS 7TH FL</u> <u>NEW YORK, NY 10036</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1980</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-3713590</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>646-424-7371</u></p> <p><b>2d</b> Business code (see instructions) <u>523110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	BRENNAN CUMMING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1437
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	312
	<b>6a(2)</b>	287
	<b>6b</b>	457
	<b>6c</b>	537
	<b>6d</b>	1281
	<b>6e</b>	58
	<b>6f</b>	1339
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**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>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ING FINANCIAL SERVICES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3713590</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>284251288</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>312676416</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>466</u>	<u>74180643</u>
	<b>b</b> For terminated vested participants .....	<u>659</u>	<u>73161474</u>
	<b>c</b> For active participants .....	<u>312</u>	<u>81005386</u>
	<b>d</b> Total .....	<u>1437</u>	<u>228347503</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>5.19 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>7057091</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>455000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>7512091</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>09/11/2025</u>
<u>BRIAN P LISI</u>	<u>23-06867</u>
Type or print name of actuary	Date
<u>FIDELITY INVESTMENTS</u>	<u>212-335-5570</u>
Firm name	Most recent enrollment number
<u>640 5TH AVENUE, 5TH FLOOR, IN2 NEW YORK, NY 10019</u>	<u>212-335-5570</u>
Address of the firm	Telephone number (including area code)

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

<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	56869712
<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	56869712
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.59</u> % .....	0	4316411
<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) .....		10465145
	<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>5.32</u> % .....		556746
	<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 .....		11021891
	<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	61186123

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	110.13 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	136.93 %
<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>	105.67 %
<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		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 7512091
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 7512091
<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	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<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	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<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>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ING FINANCIAL SERVICES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3713590</b>	

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

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

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

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

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

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

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**04-2647786**

**(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)

FIAM GLOBAL ADVISORS

20-4659714

(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?
27 28 51	INV MGMT	708273	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)

FID INV INST OPS CO

04-2647786

(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 17 50	DB ADMIN	495363	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)

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

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

<b>a</b> Name: HANCOCK ASKEW & CO, LLP	<b>b</b> EIN: 58-0662558
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 100 RIVERVIEW DRIVE SAVANNAH, GA 31404	<b>e</b> Telephone: 912-234-8243

Explanation: HANCOCK ASKEW & CO MERGED WITH BAKER TILLY US, EFFECTIVE 5/1/2025

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ING FINANCIAL SERVICES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3713590</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>FIAM LONG CORP. A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.</u>		
<b>c</b> EIN-PN <u>20-4659714-103</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>146006154</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>82-6293122-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3825651</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM 8-10 YEAR CORPORATE BOND COMMI</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.</u>		
<b>c</b> EIN-PN <u>20-4659714-155</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11647249</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM REIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.</u>		
<b>c</b> EIN-PN <u>20-4659714-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1278887</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN COMMODITY INDEX PL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>82-6293122-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259309</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAPITALIZATION CORE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.</u>		
<b>c</b> EIN-PN <u>20-4659714-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>656271</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL/MID CAP CORE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.</u>		
<b>c</b> EIN-PN <u>20-4659714-029</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4042202</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MKTS DEBT

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.

<b>c</b> EIN-PN 20-4659714-022	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1635684
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LNG US STRIPS POOL FD

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.

<b>c</b> EIN-PN 20-4659714-120	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34344454
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM GLB LOW VOL EQ CP - A

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.

<b>c</b> EIN-PN 20-4659714-145	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2054143
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM FLOATING RATE COMMINGLED POOL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.

<b>c</b> EIN-PN 20-4659714-058	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE INFLATION-PROTECT

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO.

<b>c</b> EIN-PN 20-4659714-104	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <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>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ING FINANCIAL SERVICES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3713590</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>	6184
	125777	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	831149
<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>	205750005
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	52818204
<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>	
	226077545	
	56615287	

<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>	284262867	259405542
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<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>	284262867	259405542

**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>	1829813	
<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>		1829813
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-9522248
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		-7692435

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15816117	
(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)		15816117
<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)	495363	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	708273	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	145137	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1348773
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		17164890

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-24857325
<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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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		500000
<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 443631.

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

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

<b>A</b> Name of plan <b>ING FINANCIAL SERVICES LLC RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ING FINANCIAL SERVICES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3713590</b>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

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

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>93</b>
--	----------	-----------

<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: 18.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 78.7 %  
 High-Yield Debt: 0.2 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.3 % Other: 1.4 %

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

**Structured Attachment**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule SB, line 26b**  
**Schedule of Projection of Expected**  
**Benefit Payments****2024****This Form is Open to**  
**Public Inspection**

<b>Name of Plan</b>	ING FINANCIAL SERVICES LLC RETIREMENT PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	13-3713590	<b>PN</b>	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3850002	2489796	6645733	12985531
2025	3184771	1617787	6539013	11341571
2026	3628764	2233235	6423332	12285331
2027	3850147	2794948	6298192	12943287
2028	4101905	3359189	6161974	13623068
2029	4410459	3847710	6014807	14272976
2030	4478955	4231720	5853401	14564076
2031	4529945	4635962	5680873	14846780
2032	4730876	4965292	5497864	15194032
2033	4803501	5197134	5301914	15302549
2034	5087810	5474466	5092896	15655172
2035	5118896	5747868	4875135	15741899
2036	5108132	5854875	4647315	15610322
2037	5181645	6011931	4410577	15604153
2038	5199604	6086986	4166267	15452857
2039	5204153	6115175	3915890	15235218
2040	5356015	6094277	3661076	15111368
2041	5260908	6082841	3403543	14747292
2042	5289344	6037038	3145079	14471461
2043	5343000	5991272	2887571	14221843
2044	5381591	5927541	2633016	13942148
2045	5416851	5813975	2383457	13614283
2046	5295004	5709691	2140965	13145660
2047	5148361	5560942	1907588	12616891
2048	5027244	5386537	1685227	12099008

<b>Name of Plan</b>	ING FINANCIAL SERVICES LLC RETIREMENT PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	13-3713590	<b>PN</b>	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	4966614	5163325	1475579	11605518
2050	4903721	4929253	1280100	11113074
2051	4689790	4703657	1099900	10493347
2052	4510619	4465317	935712	9911648
2053	4333952	4211495	787916	9333363
2054	4171782	3934917	656521	8763220
2055	3974987	3664627	541186	8180800
2056	3783584	3399868	441267	7624719
2057	3562492	3131843	355836	7050171
2058	3345964	2868644	283763	6498371
2059	3123006	2614443	223765	5961214
2060	2902690	2369224	174483	5446397
2061	2690744	2137432	134534	4962710
2062	2481385	1920118	102566	4504069
2063	2281787	1717958	77314	4077059
2064	2089510	1531267	57621	3678398
2065	1905998	1359983	42458	3308439
2066	1731277	1203745	30937	2965959
2067	1565654	1061939	22295	2649888
2068	1409291	933748	15895	2358934
2069	1262324	818251	11216	2091791
2070	1124843	714466	7836	1847145
2071	996891	621419	5424	1623734
2072	878449	538193	3721	1420363
2073	769367	463972	2530	1235869

# **ING Financial Services LLC Retirement Plan**

Financial Statements and  
Supplemental Schedule

December 31, 2024 and 2023

# ING Financial Services LLC Retirement Plan

## Contents

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## **Independent Auditors' Report**

The Plan Administrator and Participants  
ING Financial Services LLC Retirement Plan  
New York, New York

### **Opinion on the 2024 Financial Statements**

We have performed an audit of the financial statements of the ING Financial Services LLC Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2024 financial statements.

### **Responsibilities of Management for the 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

## **Auditors' Responsibilities for the Audit of the 2024 Financial Statements**

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

### **Other Matter – 2024 Supplemental Schedule Required by ERISA**

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**Other Matter - Auditors' Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. Their report dated October 4, 2024, indicated that the amounts and disclosures in the 2023 financial statements were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Their report also indicated that the form and content of the 2023 supplemental schedule was presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Baker Tilly US, LLP*

Peachtree Corners, Georgia  
September 29, 2025

# ING Financial Services LLC Retirement Plan

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<b>Investments</b>		
Investments, at fair value	\$ 259,399,358	284,137,090
<b>Receivables</b>		
Accrued income	<u>6,184</u>	<u>125,777</u>
<b>Net assets available for benefits</b>	<u>\$ 259,405,542</u>	<u>\$ 284,262,867</u>

*See accompanying notes to the financial statements.*

# ING Financial Services LLC Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	<b>2024</b>	<b>2023</b>
<b>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS</b>		
<b>Contributions</b>		
Employer	<u>\$ -</u>	<u>\$ 11,000,000</u>
<b>Total contributions</b>	<b>-</b>	<b>11,000,000</b>
<b>Investment income (loss)</b>		
Interest and dividends	<b>1,829,813</b>	1,691,333
Net appreciation (depreciation) in fair value of investments	<u><b>(9,522,248)</b></u>	<u>18,706,567</u>
<b>Total investment income (loss)</b>	<u><b>(7,692,435)</b></u>	<u>20,397,900</u>
<b>Total additions (deductions)</b>	<b>(7,692,435)</b>	<b>31,397,900</b>
<b>OTHER DEDUCTIONS FROM NET ASSETS</b>		
Benefits paid directly to participants	<b>(15,816,117)</b>	(10,346,652)
Administrative expenses	<u><b>(1,348,773)</b></u>	<u>(1,177,066)</u>
<b>Total other deductions</b>	<u><b>(17,164,890)</b></u>	<u>(11,523,718)</u>
<b>Net increase (decrease) in net assets available for benefits</b>	<b>(24,857,325)</b>	<b>19,874,182</b>
<b>Net assets available for benefits, beginning of year</b>	<u><b>284,262,867</b></u>	<u>264,388,685</u>
<b>Net assets available for benefits, end of year</b>	<u><b>\$ 259,405,542</b></u>	<u>\$ 284,262,867</u>

*See accompanying notes to the financial statements.*

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the ING Financial Services LLC Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description.

#### *General*

The Plan is a defined benefit pension plan sponsored by ING Financial Services LLC (the Company), covering employees of the Company and its participating affiliates and subsidiaries, subject to eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Company contributes amounts that are necessary to maintain the Plan on a sound actuarial basis and to meet the minimum funding standard prescribed by law. The minimum funding requirements of ERISA were met in 2024 and 2023.

#### *Eligibility and Participation*

The Plan was amended effective January 1, 2017, stating that no employee hired (or rehired in the case of an employee returning to employment before a one-year break in service) after March 31, 2017, shall become a Participant in the Plan (freeze date).

*Employees:* All employees, excluding temporary employees, contractors, union employees, and any group of employees of a participating company that the participating company's election to participate in the Plan explicitly identifies as ineligible to participate.

*Eligibility:* First day of the month coincident with or next following the date on which the Participant has completed a year of service containing 1,000 hours, except for any employee hired after the freeze date.

*Credited Service:* Any 12-month period beginning on, or on the anniversary date of, the employee's date of hire during which the employee completed 1,000 hours of service.

*Vesting Service:* Any 12-month period beginning on, or on the anniversary date of, the employee's date of hire during which the employee completed 1,000 hours of service.

*Compensation:* Compensation is inclusive of the Participant's base salary or wages plus commission and exclusive of overtime, bonus, or any other special remuneration. The maximum salary used to determine Plan benefits is limited as required by Internal Revenue Code (IRC) Section 401(a)(17). The limit was \$345,000 in 2024.

*Average Monthly Earnings:* The portion of a Participant's annual earnings credited for each month averaged over 60 consecutive months during the last 120 months which produces the highest average. Annual earnings for each calendar year shall be deemed earned equally during each month of employment in the calendar year.

*Employee Contributions:* The Plan is funded entirely by Company contributions.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### 1. Description of Plan (cont.)

#### *Benefit Formulas and Eligibility*

*Normal Retirement Eligibility:* Participants are eligible for monthly retirement benefits for the balance of their lives (unless some other manner of distribution is chosen) upon reaching their normal retirement age of 65 years and having completed five years of credited service.

*Normal Retirement Benefit:* Pension benefits are equal to 1.2% of average monthly earnings up to covered compensation plus 1.6% of final average compensation in excess of covered compensation multiplied by years of credited service. In no event will a benefit be less than the amount accrued as per the grandfathered benefits described in the Plan document.

*Deferred Retirement Benefit:* Calculated in the same manner as described in *Normal Retirement Benefit* above, based on service and salary history at actual retirement date.

*Early Retirement Eligibility:* The first day of the month coincident with or the next following attainment of age 55 and the completion of five years of vesting service.

*Early Retirement Benefit:* The benefits are calculated in the same manner as described earlier in *Normal Retirement Benefit*, reduced for each month payment precedes age 65 as follows:

<u>Age</u>	<u>Reduction Factor</u>
64	2.46%
63	7.41%
62	14.41%
61	23.12%
60	33.24%
59	44.53%
58	49.38%
57	53.74%
56	57.67%
55	61.20%

*Vesting Termination Eligibility:* 100% after five years of service.

*Vested Termination Benefit:* Accrued benefit payable at normal retirement.

*Pre-Retirement Surviving Spouse Coverage Eligibility:* Five years of vesting service (for married Participants who die while an employee).

*Pre-Retirement Surviving Spouse Coverage Benefit:* Participant's death occurs after attainment of early retirement: the surviving spouse will receive 50% of the life annuity benefit that would have been payable as a life annuity to the Participant on the first of the month following his/her death if he/she had elected early retirement.

If the Participant's death occurs prior to attainment of early retirement: the surviving spouse will receive a life annuity equal to 50% of the benefit the deceased Participant would have received as a qualified joint and survivor annuity, had he/she terminated employment on the day before his/her death, survived to his/her early retirement date and elected to retire immediately after such early retirement date.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### 1. Description of Plan (cont.)

#### *Benefit Formulas and Eligibility (cont.)*

A surviving spouse may elect to receive, in lieu of a survivor annuity, the death benefit in the form of a lump sum payment, calculated in accordance with the Plan document.

*Normal Form of Benefit:* Single Life Annuity. A participant that is married must take the benefit in the form of a joint and 50% survivor benefit unless the spouse provides written consent to waive the joint and 50% survivor benefit.

*Optional Forms of Benefits:* Five-year certain and life annuity, 10-year certain and life annuity, 50% joint and survivor annuity, 66⅔% joint and survivor annuity, 75% joint and survivor annuity, or 100% joint and survivor annuity, or lump sum payable up to 180 days following the Participant's termination.

*Maximum Benefit:* The maximum benefit used to determine Plan benefits is limited as required by IRC Section 415(b).

During 2024, the Company offered certain terminated Participants the option to participate in a lump sum window between August 16, 2024 through September 30, 2024.

### 2. Summary of Significant Accounting Policies

#### *Basis of Presentation*

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP).

#### *Use of Estimates*

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

#### *Investment Valuation and Income (Loss) Recognition*

Investments are reported at fair value. 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.

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

#### *Payment of Benefits*

Benefit payments to Participants are recorded upon distribution.

#### *Administrative Expenses*

Administrative expenses incurred by the Plan include trustee, investment advisory, accounting, actuarial, consulting, administration, and other expenses. Administrative expenses are paid from Plan assets.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### 3. Actuarial Present Value of Accumulated Plan Benefits

*Actuarial Cost Method:* The unit credit cost method is used for the ERISA funding target.

The funding target is determined as the actuarial present value of accrued benefits as of the valuation date. The shortfall is equal to the funding target less the Plan assets, reduced by the carryover balance and prefunding balance.

The target normal cost is the actuarial present value of benefits expected to accrue during the valuation year plus administrative expenses.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees, or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and represents the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions and the method underlying the actuarial computations as of January 1, 2024 and 2023 are as follows:

*Interest Rate:* The interest rate for FASB ASC Topic 960 is 5.00% for 2024 and 2023.

*Expected Long-Term Return on Plan Assets:* The expected long-term return on Plan assets is 5.00% for 2024 and 2023.

*Interest Rate for Lump Sum Conversion:* The interest rate for lump sum conversion is 5.15% and 5.50% for 2024 and 2023, respectively.

*Mortality:* The mortality assumption used was the Pri-2012 White Collar Mortality Tables projected with MP-2021 Mortality Improvement Scale applied on a generational basis for 2024 and 2023.

*Maximum Benefit:* \$275,000 and \$265,000 for 2024 and 2023, respectively. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

*Maximum Salary:* \$345,000 and \$330,000 for 2024 and 2023, respectively. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

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.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

### 3. Actuarial Present Value of Accumulated Plan Benefits (cont.)

The actuarial present value of accumulated plan benefits and its components, for both the 2024 and 2023 Plan year, is shown below:

<i>January 1,</i>	<b>2024</b>	2023
Vested benefits		
Participants currently receiving benefits	\$ 76,949,533	\$ 72,753,909
Participants entitled to deferred benefits	79,266,442	69,250,717
Other participants not in pay status	88,353,755	96,595,424
Total vested benefits	244,569,730	238,600,050
Non-vested benefits	-	153,768
Total actuarial present value of accumulated plan benefits	\$ 244,569,730	\$ 238,753,818

The change in the actuarial present value of accumulated plan benefits are as follows:

<i>January 1,</i>	<b>2024</b>	2023
Actuarial present value of accumulated plan benefits	\$ 238,753,818	\$ 239,714,716
Increase (decrease) during the year attributable to		
Decrease in discount period	11,682,180	11,685,907
Benefits paid	(10,346,652)	(12,141,236)
Change in actuarial assumptions	971,747	(9,329,247)
Benefits accumulated	3,508,637	8,823,678
Net increase (decrease)	5,815,912	(960,898)
Actuarial present value of accumulated plan benefits	\$ 244,569,730	\$ 238,753,818

### 4. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2* - Observable inputs other than Level 1 prices, such as a quoted price for similar assets or liabilities; quoted market prices in markets that are active; or model-derived valuation or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

### 4. Fair Value Measurement (cont.)

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

*Money Market Fund* - A money market fund is valued using the amortized cost or penny rounding method as permitted by Rule 2a-7 under the Investment Company Act of 1940, which approximates their fair value.

*Mutual Funds* (or shares of registered investment companies) are valued at the net asset value (NAV) of shares held by the Plan at year-end by obtaining quoted prices on nationally recognized securities exchanges.

*Common Collective Trusts* are valued by the fund's trustee based on the NAV per share as a practical expedient. The NAV is based on the fair values of the underlying assets of the fund at year-end.

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

The Plan's investments measured at fair value on a recurring basis, as of December 31, 2024 and 2023, were as follows:

<i>December 31, 2024</i>		<b>Level 1</b>		<b>Total</b>
<b>Money market fund</b>	\$	<b>831,149</b>	\$	<b>831,149</b>
<b>Mutual funds</b>		<b>52,818,204</b>		<b>52,818,204</b>
<b>Common collective trusts valued at NAV*</b>		-		<b>205,750,005</b>
<b>Total</b>	\$	<b>53,649,353</b>	\$	<b>259,399,358</b>

  

<i>December 31, 2023</i>		<b>Level 1</b>		<b>Total</b>
Money market fund	\$	1,444,258	\$	1,444,258
Mutual funds		56,615,287		56,615,287
Common collective trusts valued at NAV*		-		226,077,545
<b>Total</b>	\$	<b>58,059,545</b>	\$	<b>284,137,090</b>

\* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

<b>Investment</b>	<b>Fair Value December 31, 2024</b>	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<b>Common collective trusts</b>	<b>\$ 205,750,005</b>	\$ 226,077,545	None	Daily	Daily

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### 5. Tax Status

The Plan has received a favorable determination letter from the IRS, dated September 14, 2017, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

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

### 6. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Company, and certain others. Fidelity Investments and Fidelity Institutional Asset Management Trust Co., companies related to Fidelity, perform services, sell products and maintain certain investments of the Plan for which fees are charged to the Plan. Usual and customary fees were paid for investment management and actuary services. These transactions, as defined by the Plan, qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules.

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported 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 the 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.

At December 31, 2024 and 2023, approximately 56% and 53%, respectively, of the Plan's investments were invested in the Fidelity Long Corporate A or Better Pool.

### 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time and also may depend on the financial condition of the Company. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all. For further descriptions regarding the priority of Participants' claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, reference is made to this information included in the Plan document.

# ING Financial Services LLC Retirement Plan

## Notes to Financial Statements

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### **9. SECURE 2.0 Act of 2022**

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

### **10. Subsequent Events**

The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued, and has determined that no significant events occurred after December 31, 2024, but prior to the issuance of these financial statements, that would have a material impact on its financial statements.

# **SUPPLEMENTAL SCHEDULE**

**ING Financial Services LLC Retirement Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 13-3713590**  
**Plan # 001**

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Number of Shares	(e) Cost	(f) Current Value
<b>Money market funds</b>					
*	Fidelity Investments	FID INSTL MONEY MARKET GOVT FD	831,149	\$ 831,149	\$ 831,149
				831,149	831,149
<b>Common collective trusts</b>					
	Geode Capital Management Trust Company, LLC	SPARTAN 500 INDEX POOL - A	13,862	2,543,210	3,825,651
	Geode Capital Management Trust Company, LLC	SPARTAN COMMDITY INDEX POOL - A	1,861	259,309	259,309
*	Fidelity Institutional Asset Management Trust Co.	FIAM SMALL/MID CAP OPP COMM POOL - A	300,089	4,194,543	4,042,202
*	Fidelity Institutional Asset Management Trust Co.	FIAM SMALL CAP CORE	2,808	547,916	656,272
*	Fidelity Institutional Asset Management Trust Co.	FIAM LONG US TREASURY STRIPS IDX COMM	375,596	57,412,313	34,344,454
*	Fidelity Institutional Asset Management Trust Co.	FIAM REAL ESTATE INVEST TR	10,781	1,179,380	1,278,887
*	Fidelity Institutional Asset Management Trust Co.	FIAM 8-10 YEAR CORPORATE BOND - A	972,224	10,749,106	11,647,249
*	Fidelity Institutional Asset Management Trust Co.	FIAM LONG CORP A OR BETTER POOL	5,937,623	170,718,787	146,006,154
*	Fidelity Institutional Asset Management Trust Co.	FIAM GLOBAL LOW VOLATILITY EQ POOL - A	103,745	2,091,212	2,054,143
*	Fidelity Institutional Asset Management Trust Co.	FIAM EMER MKTS DEBT COMM POOL	22,185	1,424,709	1,635,684
				251,120,485	205,750,005
<b>Mutual funds</b>					
	BlackRock	ISHARES S&P 500 INDEX FUND - INST	10,694	6,315,810	7,356,380
	BlackRock	INTERNATIONAL INDEX	165,901	2,351,105	2,529,995
*	Fidelity Investments	LONG TERM TREASURY BOND INDEX FUND	4,345,268	56,708,864	39,846,107
	Hartford Mutual Funds	HARTFORD SCHR EMER MKTS EQ - SDR	185,440	2,985,373	3,085,722
				68,361,152	52,818,204
<b>Total</b>				<b>\$ 320,312,786</b>	<b>\$ 259,399,358</b>

\* Party-in-interest, as defined by ERISA.

Attachment to 2024 Form 5500  
Schedule SB, Line 26a – Schedule of Active Participant Data  
ING Financial Services LLC Retirement Plan  
EIN: 13-3713590 / Plan Number: 001

**Age and Service Distribution of Active Members**

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<b>Under 25</b>											
Number											
Average Pay											
<b>25-29</b>											
Number											
Average Pay											
<b>30-34</b>											
Number			11	3							14
Average Pay											
<b>35-39</b>											
Number			14	10	1						25
Average Pay											246,245
<b>40-44</b>											
Number			17	15	6	1					39
Average Pay											240,614
<b>45-49</b>											
Number			15	14	10	6	1				46
Average Pay											268,718
<b>50-54</b>											
Number			7	9	16	13	9	1			55
Average Pay											228,296
<b>55-59</b>											
Number			3	8	16	11	10	1			49
Average Pay											213,003
<b>60-64</b>											
Number			2	2	6	10	6	2	3		31
Average Pay											223,438
<b>65-69</b>											
Number			2		5	1	3	1	1	1	14
Average Pay											
<b>Over 69</b>											
Number											
Average Pay											
<b>Total</b>											
Number			71	61	60	42	29	5	4	1	273
Average Pay			235,544	250,497	235,852	225,902	219,509				234,393

## Actuarial Assumptions and Methods

**ERISA Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable law for the segment rates corridor	ARPA	Not Applicable	BBA	Not Applicable

**Interest Rate for ASC 960:** 5.00% (unchanged from prior year). This assumes that bond yields will remain the same in the future as they are today and uses those yields to build future expectations of equity returns based on historical relationship between bonds and equities, reflecting an assumed long-term mix of 90% bonds and 10% stocks.

**Expected Long-term Return on Plan Assets for Determining Actuarial Value of Assets:** 5.00% (previously 5.00%), determined by the company. We note that this is the same as the Interest Rate developed for FASB ASC 960 for the 2023 Plan Year.

**Salary Scale:** 5.00% for funding. This assumption is based on anticipated inflation of 2%, adjusted for merit and promotion.

**Increase in Consumer Price Index:** 4.00%. This is based on long-term historical inflation rates of about 3.80%.

**Actuarial Assumptions and Methods** (continued)

**Increase in Social Security Taxable Wage Base:** 4.00% for funding.

**Administrative Expenses:**

*ERISA:* \$455,000 (previously \$460,000) estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years.

**Mortality:**

*ERISA:* IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables. (Previously IRS 2023 Static Mortality Table.)

**Retirement Rates:** Rates varying by age and status, based on a study of experience under this plan conducted several years ago by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Age	Status	
	Active	Terminated Vested
55	10%	2%
56	5%	2%
57	5%	2%
58	5%	2%
59	5%	2%
60	10%	2%
61	10%	2%
62	10%	20%
63	7.5%	5%
64	15%	15%
65	40%	100%
66	25%	100%
67	25%	100%
68	25%	100%
69	25%	100%
70+	100%	100%

**Actuarial Assumptions and Methods** (continued)

**Termination:** 2003 SOA Pension Plan Turnover Study Small Plan Age Table based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

<u>Age</u>	<u>Rate</u>
20	24.3%
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%
55	4.2%
60	3.0%
65	1.9%
70+	0.8%

**Marital Status:** 80% of males and females are assumed married, with females 3 years younger than males used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this assumption.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** \$345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

**Form of Payment:** It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

**Data Assumptions:** None.

**Actuarial Assumptions and Methods** (continued)

**Actuarial Value of Plan Assets for Funding Purposes:**

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 5.00%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

**Actuarial Assumptions and Methods** (continued)

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and IAS 19 defined benefit obligation (DBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

<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 ING FINANCIAL SERVICES LLC RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ING FINANCIAL SERVICES LLC	<b>D</b> Employer Identification Number (EIN) 13-3713590	
<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>	284,251,288
	<b>b</b> Actuarial value .....	<b>2b</b>	312,676,416
<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 .....	466	74,180,643
	<b>b</b> For terminated vested participants .....	659	73,161,474
	<b>c</b> For active participants .....	312	81,005,386
	<b>d</b> Total .....	1,437	228,347,503
<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>	5.19%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	7,057,091
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	455,000
	<b>c</b> Target normal cost .....	<b>6c</b>	7,512,091

**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>09/11/2025</u> Date
	BRIAN P LISI Type or print name of actuary	<u>2306867</u> Most recent enrollment number
	FIDELITY INVESTMENTS Firm name	<u>212-335-5570</u> Telephone number (including area code)
	640 5TH AVENUE, 5TH FLOOR, IN2 NEW YORK NY 10019 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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 7,512,091
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 7,512,091
<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	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<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	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500  
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 ING Financial Services LLC Retirement Plan  
 EIN: 13-3713590 / Plan Number: 001

**Description of Weighted Average Retirement Age**

(1) <b>Age</b>	(2) <b>Rate</b>	(3) <b>Weight</b>	(4) <b>(1) x (2) x (3)</b>
55	10.00%	1.0000	5.5000
56	5.00%	0.9000	2.5200
57	5.00%	0.8550	2.4368
58	5.00%	0.8123	2.3555
59	5.00%	0.7716	2.2763
60	10.00%	0.7331	4.3983
61	10.00%	0.6598	4.0245
62	10.00%	0.5938	3.6814
63	7.50%	0.5344	2.5250
64	15.00%	0.4943	4.7455
65	40.00%	0.4202	10.9244
66	25.00%	0.2521	4.1597
67	25.00%	0.1891	3.1670
68	25.00%	0.1418	2.4107
69	25.00%	0.1064	1.8346
70+	100.00%	0.0798	5.5837

Active Weighted Average: 62.54

(1) <b>Age</b>	(2) <b>Rate</b>	(3) <b>Weight</b>	(4) <b>(1) x (2) x (3)</b>
55	2.00%	1.0000	1.1000
56	2.00%	0.9800	1.0976
57	2.00%	0.9604	1.0949
58	2.00%	0.9412	1.0918
59	2.00%	0.9224	1.0884
60	2.00%	0.9039	1.0847
61	2.00%	0.8858	1.0807
62	20.00%	0.8681	10.7648
63	5.00%	0.6945	2.1877
64	15.00%	0.6598	6.3338
65	100.00%	0.5608	36.4526
66	100.00%	0.0000	0.0000
67	100.00%	0.0000	0.0000
68	100.00%	0.0000	0.0000
69	100.00%	0.0000	0.0000
70	100.00%	0.0000	0.0000

Terminated Vested Weighted Average: 63.38

**Final Weighted Average: 63**



September 16, 2025

Hancock Askew & Co, LLP  
100 Riverview Drive  
Savannah GA. 31404

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan, for the following plans:

ING Financial Services LLC Retirement Plan; 13-3713590; 002

**Explanation as it will appear on the 2024 Schedule C (Form 5500):**

Hancock Askew & Co., LLP merged with Baker Till US LLP effective 5/1/2025.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,  
Employee Benefits Security Administration  
U.S. Department of Labor,  
200 Constitution Avenue, N.W.  
Washington, DC 20210

A handwritten signature in blue ink, appearing to read "Bung", enclosed in a light blue rectangular box.

9/16/2025

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Signature of Plan Administrator

---

Date

Attachment to 2024 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
ING Financial Services LLC Retirement Plan  
EIN: 13-3713590 / Plan Number: 001

## **Plan Provisions**

**Name of Plan:** ING Financial Services LLC Retirement Plan.

**Employer Identification Number / Plan Number:** 13-3713590/001.

**Effective Date:** January 1, 1980 (restated as of January 1, 2015 and amended through October 27, 2017).

**Covered Employees:** All permanent US employees of ING Financial Services LLC and affiliated employers.

**Participation Date:** The first day of a month coincident with or following the date of completion of a Year of Service (a 12 month period in which an employee attained 1,000 hours of service).

### **Definitions:**

*Vesting service:* One year of vesting service for each employment year during which 1,000 or more hours were completed (using hours equivalence).

*Credited service:* Credited service is measured from original date of hire to most recent date of termination. Credited service counts a partial calendar month as a complete month and is expressed as years and fractional parts of a year.

*Pensionable earnings:* Base salary or wage plus commissions.

*Average monthly earnings:* Participant's pensionable earnings averaged over the 60 consecutive months during the last 120 months of his employment with the participating companies that produces the highest average. If, however, the participant is not employed by the participating companies for at least 60 months, the average will be taken over the number of months the participant has been employed with the participating companies.

*Covered compensation:* Average of the taxable wage bases in effect for each calendar year during a 35-year period that ends with the year of Social Security retirement.

*Normal retirement date (NRD):* The later of the participant's 65<sup>th</sup> birthday and the fifth anniversary of the date he commenced being a participant in the plan.

### **Plan Provisions** (continued)

*Monthly pension benefit:* The monthly accrued benefit is equal to 1.20% of average monthly earnings up to the Social Security covered compensation limit plus 1.60% of average monthly earnings in excess of the Social Security covered compensation limit. The monthly pension benefit for participants in the plan as of December 31, 2003 will be adjusted as follows:

- For employees whose age plus vesting service as of December 31, 2003 is less than 60, the monthly pension benefit will not be less than the accrued benefit as it existed on December 31, 2003.
- For employees whose age plus vesting service as of December 31, 2003 is greater than 60, the monthly pension benefit will not be less than the sum of the accrued benefit as it existed on December 31, 2003 plus the accrued benefit under the formula as described above.

#### *Monthly pre-retirement spouse death benefit:*

*Death prior to attaining age 55:* The spouse will receive the survivor portion of the 50% joint and survivor annuity that the deceased participant would have been entitled to had they terminated employment on the day before their death, survived to their early retirement date, and elected to retire immediately. The benefit is paid in the form of a single life annuity, payable monthly, with the last installment to be paid in the month the surviving spouse dies. The commencement date is the first of the month following the date that the participant would have attained Age 55.

*Death on or after attaining age 55:* The spouse will receive the survivor portion of the 50% joint and survivor annuity that the deceased participant would have been entitled to had they elected to commence their early retirement benefit on the first of the month following their death. The benefit is paid in the form of a single life annuity, payable monthly, with the last installment to be paid in the month the surviving spouse dies. The commencement date is the first of the month following the participant's date of death.

### **Eligibility for Benefits:**

*Normal retirement:* Retirement on NRD.

*Early retirement:* Optional retirement starting at age 55 with at least five years of vesting service.

*Postponed retirement:* Retirement after NRD.

**Plan Provisions** (continued)

*Deferred vested:* Terminations for reasons other than death, disability, or retirement after completing five years of vesting service.

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

*Disability:* Totally and permanently disabled.

**Monthly Benefits Paid Upon the Following Events:**

*Normal retirement:* Monthly pension benefit determined as of NRD.

*Early retirement:* The monthly pension benefit payable at age 65 reduced based on the following criteria. The portion of the monthly pension benefit accrued prior to 1/1/2009 is reduced by 5/12 of 1% for each month benefit commencement precedes age 62. The portion of the monthly pension benefit accrued after 12/31/2008 is reduced based on the following table of percentages, interpolated between full ages for each year commencement precedes age 65.

<b>Age</b>	<b>Rate</b>
65	100.00%
64	97.54%
63	92.59%
62	85.59%
61	76.88%
60	66.76%
59	55.47%
58	50.62%
57	46.26%
56	42.33%
55	38.80%

*Postponed retirement:* Monthly pension benefit determined as of actual retirement date.

*Termination with deferred vested benefit:* Monthly pension benefit determined as of termination date reduced based on the same criteria as the early retirement reductions as described above.

*Death with pre-retirement spouse benefit:* Monthly pre-retirement spouse benefit is payable in the form of a single life annuity, as described above in the *Monthly pre-retirement spouse death benefit* section. The benefit commences on the later of the participant's date of death and the date the participant would have been eligible for early retirement.

Attachment to 2024 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions  
ING Financial Services LLC Retirement Plan  
EIN: 13-3713590 / Plan Number: 001

### **Plan Provisions** (continued)

*Disability:* Vesting service and credited service will both continue to accrue while on disability and the last pensionable earnings before date of disability will be assumed to continue level until retirement.

### **Forms of Payment:**

*Normal form (single participants):* Single life annuity.

*Normal form (married participants):* Actuarially reduced 50% joint and survivor annuity.

*Optional forms:* Participants who retire under the plan may elect a five-year or ten-year certain and continuous annuity, single life annuity, 50%, 66 2/3%, 75%, or 100% joint and survivor annuity, or a lump sum payable up to 180 days following the participant's termination. If the present value of their benefit is \$5,000 or less, a lump sum distribution payable as a mandatory cash out.

### *Description of optional form conversion factors:*

*For purposes of calculating the conversion to optional form annuities and the late retirement actuarial increase post 70.5:* 5.5% Interest, 1994 GAM mortality table for males.

*For purposes of calculating the lump sum:* Interest rate and mortality tables set forth in Code Section 417(e)(3) for the look-back month for the stability period. The stability period is the calendar year and the look-back month is the August preceding the calendar year of the BCD.

All factors are rounded to four decimal places.

**Maximum 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 become effective.

**Future Plan Changes:** No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

**ING Financial Services LLC Retirement Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 13-3713590**  
**Plan # 001**

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment: Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Number of Shares	(e) Cost	(f) Current Value
<b>Money market funds</b>					
*	Fidelity Investments	FID INSTL MONEY MARKET GOVT FD	831,149	\$ 831,149	\$ 831,149
				831,149	831,149
<b>Common collective trusts</b>					
	Geode Capital Management Trust Company, LLC	SPARTAN 500 INDEX POOL - A	13,862	2,543,210	3,825,651
	Geode Capital Management Trust Company, LLC	SPARTAN COMMDITY INDEX POOL - A	1,861	259,309	259,309
*	Fidelity Institutional Asset Management Trust Co.	FIAM SMALL/MID CAP OPP COMM POOL - A	300,089	4,194,543	4,042,202
*	Fidelity Institutional Asset Management Trust Co.	FIAM SMALL CAP CORE	2,808	547,916	656,272
*	Fidelity Institutional Asset Management Trust Co.	FIAM LONG US TREASURY STRIPS IDX COMM	375,596	57,412,313	34,344,454
*	Fidelity Institutional Asset Management Trust Co.	FIAM REAL ESTATE INVEST TR	10,781	1,179,380	1,278,887
*	Fidelity Institutional Asset Management Trust Co.	FIAM 8-10 YEAR CORPORATE BOND - A	972,224	10,749,106	11,647,249
*	Fidelity Institutional Asset Management Trust Co.	FIAM LONG CORP A OR BETTER POOL	5,937,623	170,718,787	146,006,154
*	Fidelity Institutional Asset Management Trust Co.	FIAM GLOBAL LOW VOLATILITY EQ POOL - A	103,745	2,091,212	2,054,143
*	Fidelity Institutional Asset Management Trust Co.	FIAM EMER MKTS DEBT COMM POOL	22,185	1,424,709	1,635,684
				251,120,485	205,750,005
<b>Mutual funds</b>					
	BlackRock	ISHARES S&P 500 INDEX FUND - INST	10,694	6,315,810	7,356,380
	BlackRock	INTERNATIONAL INDEX	165,901	2,351,105	2,529,995
*	Fidelity Investments	LONG TERM TREASURY BOND INDEX FUND	4,345,268	56,708,864	39,846,107
	Hartford Mutual Funds	HARTFORD SCHR EMER MKTS EQ - SDR	185,440	2,985,373	3,085,722
				68,361,152	52,818,204
<b>Total</b>				<b>\$ 320,312,786</b>	<b>\$ 259,399,358</b>

\* Party-in-interest, as defined by ERISA.

Attachment to 2024 Form 5500  
Schedule SB, Line 24 – Change in Actuarial Assumptions  
ING Financial Services LLC Retirement Plan  
EIN: 13-3713590 / Plan Number: 001

### **Change in Actuarial Assumptions**

The administrative expense load to the target normal cost decreased from \$460,000 to \$455,000 to better reflect expectations for the current plan year.