

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>1a Name of plan <u>DEUTSCHE BANK CASH ACCOUNT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DEUTSCHE BANK AMERICAS HOLDING CORPORATION</u></p> <p><u>ATTN CORPORATE TAX DEPARTMENT</u> <u>FLOOR 7N, 1 COLUMBUS CIRCLE</u> <u>NEW YORK, NY 10019</u></p>	<p>1c Effective date of plan <u>01/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>13-3645372</u></p> <p>2c Plan Sponsor's telephone number <u>212-250-9295</u></p> <p>2d Business code (see instructions) <u>551111</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	JACKIE MCNEIL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	YOGESH KUMAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	12357
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	727
a(2) Total number of active participants at the end of the plan year		6a(2)	657
b Retired or separated participants receiving benefits.....		6b	4374
c Other retired or separated participants entitled to future benefits		6c	6243
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	11274
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	720
f Total. Add lines 6d and 6e		6f	11994
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>DEUTSCHE BANK CASH ACCOUNT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEUTSCHE BANK AMERICAS HOLDING CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3645372</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1107832323</u>
	b Actuarial value	2b	<u>1107832323</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>5005</u>	<u>379565581</u>
	b For terminated vested participants	<u>6682</u>	<u>531060026</u>
	c For active participants	<u>727</u>	<u>184848791</u>
	d Total	<u>12414</u>	<u>1095474398</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6370255</u>
	b Expected plan-related expenses	6b	<u>3180967</u>
	c Target normal cost	6c	<u>9551222</u>

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>09/29/2025</u> Date
	<u>MATTHEW R. MALONEY</u> Type or print name of actuary	<u>23-07434</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>203-852-1100</u> Telephone number (including area code)
	<u>201 MERRITT 7 NORWALK, CT 06851</u> Address of the firm	

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

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

21 Discount rate:

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

22 Weighted average retirement age **22** 61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	9551222
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	201303855	19436834
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	28988056
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	27819258
36 Additional cash requirement (line 34 minus line 35)	36	1168798
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	19683988

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

a Total (excess, if any, of line 37 over line 36)	38a	18515190
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	18515190

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

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

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

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

A Name of plan DEUTSCHE BANK CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEUTSCHE BANK AMERICAS HOLDING CORPORATION	D Employer Identification Number (EIN) 13-3645372	

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

THE NORTHERN TRUST

36-2723087

(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

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)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	NONE	1860858	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1063	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	NONE	340679	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	213760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	173600	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)

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	130731	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)

INCOME RESEARCH & MGMT. INC.

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	115302	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NISA INVESTMENT ADVISORS L.L.C.

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	67692	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)

STATE STREET BANK AND TRUST CO.

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50 51 52 68 99	NONE	53722	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3350744

(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?
14 50	NONE	16977	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WALLACH & ASSOCIATES, INC.

22-3348744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	9500	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"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT SOLUTIONS LLC	99	1063

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EQUIFAX WORKFORCE SOLUTIONS LLC 64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>DEUTSCHE BANK CASH ACCOUNT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEUTSCHE BANK AMERICAS HOLDING CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3645372</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET FLAGSHIP S & P 500 FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106960759</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE SHORT TERM INVESTMENT FD</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64187988</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET INTERMED U.S. GOVT BD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-144</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114850298</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA LONG US GOVT INDEX FUND CM1D</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-142</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64625745</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. SHORT TERM GOVERNMENT CR FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-284</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>198582565</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG FIXED ACTIVE CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>444562388</u>

<p align="center">SCHEDULE G (Form 5500)</p> <p align="center">Department of Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p align="center">▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEUTSCHE BANK CASH ACCOUNT PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DEUTSCHE BANK AMERICAS HOLDING CORPORATION</p>	<p>D Employer Identification Number (EIN) 13-3645372</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
400000			400000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC CB LEHMAN BRTH HLD SUB D05/09/08 7.5MN38

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
900000			900000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC LEHMAN BROTH HLD INC D05/17/07 5.857 MN56

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1150000			1150000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	SOUNDVIEW NIM TRUST	SOUNDVIEW 2005-2 CL N1 144A 4.703 05-25-2035 BEO

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
46948			46948		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DEUTSCHE BANK CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEUTSCHE BANK AMERICAS HOLDING CORPORATION	D Employer Identification Number (EIN) 13-3645372

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	21400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2853659	1432096
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	265000	0
(2) U.S. Government securities	1c(2)	154663913	43281408
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1613946	0
(B) All other	1c(3)(B)	154727406	4010
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	791315237	1041973574
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16366794	8646096

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1121805955	1116737184
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	13476320	8028860
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	497312	235263
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13973632	8264123
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1107832323	1108473061

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	21400000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-544756	
(B) U.S. Government securities.....	2b(1)(B)	2109546	
(C) Corporate debt instruments.....	2b(1)(C)	1962257	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	34976	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3562023
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	512106515	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	510053018	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2053497
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1191327	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	51274396
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	4270282
d Total income. Add all income amounts in column (b) and enter total	2d	81368871

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76754856
(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)	76754856
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	26477
(3) Recordkeeping fees	2i(3)	1860858
(4) IQPA audit fees	2i(4)	173600
(5) Investment advisory and investment management fees	2i(5)	367447
(6) Bank or trust company trustee/custodial fees	2i(6)	340679
(7) Actuarial fees	2i(7)	213760
(8) Legal fees	2i(8)	4448
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	986008
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3973277
j Total expenses. Add all expense amounts in column (b) and enter total	2j	80728133

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	640738
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	X		2496948
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548700.

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

A Name of plan <u>DEUTSCHE BANK CASH ACCOUNT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEUTSCHE BANK AMERICAS HOLDING CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3645372</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-6043693</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	218

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 9.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 81.8 %
 High-Yield Debt: 2.9 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.4 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023

(With Report of Independent Auditors)

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Administrator

Deutsche Bank Cash Account Pension Plan

Opinion

We have audited the financial statements of Deutsche Bank Cash Account Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes (collectively referred to as 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 at December 31, 2024 and 2023, the changes in its net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023 and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Restatement of Actuarial Present Value of Accumulated Plan Benefits

As discussed in Note (2)(d) to the financial statements, the January 1, 2023 actuarial present value of accumulated plan benefits has been restated to correct an error in the present value of the accumulated plan benefits as of December 31, 2022. Our opinion is not modified with respect to this matter.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant

to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

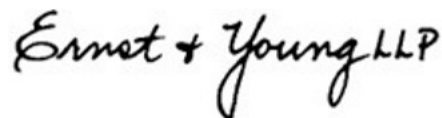
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectable as of December 31, 2024, Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedules 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.

The signature of Ernst & Young LLP is written in a cursive, handwritten style in black ink.

October 08, 2025

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value (note 4):		
Collective investment trusts	\$ 977,785,586	\$ 739,915,409
Participation right (note 6)	421,000	567,000
U.S. government and agency securities	43,281,408	154,663,913
Certificates of deposit	—	265,000
Municipal obligations	—	2,318,930
Corporate debt and asset backed obligations	4,010	156,345,362
Interest Bearing cash and cash equivalents	64,187,988	51,399,863
Derivative instruments	8,225,096	13,476,819
Total investments	<u>1,093,905,088</u>	<u>1,118,952,296</u>
Receivables:		
Futures variation margin receivable	951,437	—
Interest receivable	480,659	2,853,659
Total receivables	<u>1,432,096</u>	<u>2,853,659</u>
Total assets	<u>1,095,337,184</u>	<u>1,121,805,955</u>
Liabilities:		
Fees and other expenses payable	235,263	497,312
Cash collateral payable	8,028,000	12,898,000
Due to broker and other liabilities	860	578,320
Total liabilities	<u>8,264,123</u>	<u>13,973,632</u>
Net assets available for benefits	<u>\$ 1,087,073,061</u>	<u>\$ 1,107,832,323</u>

See accompanying notes to financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 48,365,053	\$ 63,237,202
Interest and dividends	11,603,818	23,312,348
Total investment income	59,968,871	86,549,550
Employer contributions	—	43,500,000
Total additions, net of investment income	59,968,871	130,049,550
Deductions from net assets attributed to:		
Benefits paid to participants	76,754,856	79,902,933
Fees and other expenses	3,973,277	4,593,349
Total deductions	80,728,133	84,496,282
Net (decrease) increase in net assets available for benefits	(20,759,262)	45,553,268
Net assets available for benefits at:		
Beginning of year	1,107,832,323	1,062,279,055
End of year	\$ 1,087,073,061	\$ 1,107,832,323

See accompanying notes to financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Statement of Accumulated Plan Benefits
December 31, 2023

Actuarial present value of accumulated plan benefits (note 2):

Vested benefits:

Participants currently receiving payments	\$ 398,010,350
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Other vested benefits	<u>736,465,290</u>
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Total vested benefits	1,134,475,640
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Nonvested benefits	<u>1,681,644</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 1,136,157,284</u>
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See accompanying notes to financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year (as previously reported)	\$ 1,051,657,850
Correction of prior year error (see footnote 2d)	<u>67,212,871</u>
Actuarial present value of accumulated plan benefits at beginning of year (as restated)	<u>1,118,870,721</u>
Increase (decrease) during the plan year attributable to:	
Benefits paid	(79,902,933)
Interest accumulation	57,642,474
Change in assumptions	33,269,122
Other changes	<u>6,277,900</u>
Net increase	<u>17,286,563</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 1,136,157,284</u>

See accompanying notes to financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following brief description of the Deutsche Bank Cash Account Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for complete information of the Plan's provisions.

The Plan was formed, effective January 1, 1993, as a result of the merger of predecessor plans and various other affiliate plans that have subsequently merged into the Plan. The deferred vested annuity benefits of the prior plans continue to be in effect.

Effective as of December 31, 2004, participation and eligibility for participation in the Plan was frozen.

(a) General

The Plan is a defined benefit plan sponsored by Deutsche Bank Americas Holding Corp. (DBAH). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The DBAH Employee Benefits Committee (the Committee) is responsible for the general administration of the Plan. Northern Trust Company is the trustee of the Plan.

The SECURE Act 2.0 ("SECURE 2.0"), signed into law on December 29, 2022, which includes a vast array of required and optional provisions applicable to ERISA plans, with varying effective dates beginning 2023 and beyond. Mandatory provisions in the law have been operationalized and implemented pursuant to the requirements under the law. The law allows for an extended period before formal plan amendments must be adopted to reflect any changes under SECURE 2.0, which must occur as of December 31, 2026.

(b) Eligibility

Substantially all full-time employees of DBAH and its subsidiaries or affiliates who have attained the age of 18 and have completed one year of employment and were hired prior to January 1, 2005 are eligible for and participate in the Plan.

In March 2018, Deutsche Bank AG sold a portion of its investment management business and no longer owned (directly or indirectly) at least 80%. All employees of DWS Investment Management Americas, Inc., DWS Distributors Inc, and RREEF Management LLC, who were participants in the Cash Balance Plan at the date of sale, are no longer eligible to receive contribution credits under the Plan. However, participants will continue to receive interest credits until they receive a distribution of their account.

(c) Pension Benefits

The Plan adopted a new formula effective January 1, 1998 to determine employees' benefits and accruals under the prior plan formula were suspended. The Plan design was modified from a Final Average Pay format to a Cash Balance plan. Once employees were eligible to participate, DBAH established a recordkeeping account in each eligible employee's name (Cash Account). At the end of each year, the eligible employees' Cash Accounts are credited with:

- (i) A contribution credit equal to a 6.5% of the eligible employee's compensation, as defined by the Plan (Contribution Credit); and

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

- (ii) An interest credit equal to the average annual yield on 30-year Treasury securities during November of the previous year multiplied by the balance of the Cash Account on January 1 of the current plan year (Interest Credit).

For participants of the Deutsche Investment Management Americas, Inc. Defined Benefit Plan and Trust as of May 31, 2003, the benefit accrued under that plan is not part of the Cash Account.

For purposes of determining Contribution Credits, only compensation up to the annual legal limit can be recognized under the Plan. The maximum recognizable compensation for the purpose of determining qualified retirement plan benefits was \$345,000 and \$330,000 for 2024 and 2023, respectively. This amount is adjusted for cost of living increases in accordance with the Internal Revenue Service (IRS) regulations.

The normal form of pension benefit is a lifetime annuity if single, or an actuarially equivalent 50% joint and survivor annuity, if married, on the date payments commence. Optional forms of payment are actuarially equivalent to the normal form of pension and are:

- 25%, 50%, 75%, or 100% contingent annuity options; and
- 5, 10, 15, or 20 years certain and continuous option, or lump-sum distribution.

(d) Vesting

A participant becomes fully vested in his or her benefit as of the earliest of (i) attainment of Normal Retirement Age, as defined by the Plan, while in service, (ii) the date of his or her death while an employee of DBAH and its subsidiaries or affiliates, as defined by the Plan, and (iii) his or her completion of a three-year period of service.

(e) Death and Disability Benefits

If a vested active employee dies, a death benefit equal to the 50% joint and survivor benefits that the spouse would have received if the employee had terminated employment and retired at the earliest eligibility date and then died, is paid to the employee's surviving spouse, or if greater, a single life annuity for the life of the spouse that is the actuarial equivalent of the participant's account balance. The surviving spouse may waive the right to receive the survivor annuity and elect to have the benefit paid in the form of a lump sum payment. Active employees who become totally disabled receive at normal retirement age normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time, they became disabled.

(f) Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees for investments held, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan. Expenses that are paid directly by the Company are excluded from these financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) *Use of Estimates*

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

(c) *Valuation of Investments and Income Recognition*

Investments are valued at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

(d) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. 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. The accumulated plan benefits for active employees are based on the participant's cash account at date of termination.

Benefits payable under all circumstances, retirement, death, 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 the Plan's actuary, Aon, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023 were (a) amount-weighted employee, retiree, and contingent survivor rates from the Pri-2012 mortality study with white collar adjustments projected generationally from 2012 with scale MP-2021 and amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 with scale MP-2021 (b) retirement age assumptions (retirement between ages 55 and 70 based on rates that are representative of plan experience) and (c) interest rate of 5.01% (5.34% for 2022). The increase in the present value of accumulated plan benefits of \$17,286,563 was primarily a result of a change in the interest rate from 5.34% in 2022 to 5.01% in 2023 and a change in cash balance interest crediting rate and cash balance annuity conversion rate from 4.01% in 2022 to 4.07% in 2023, and a change in the

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

cash balance annuity conversion mortality from the applicable mortality as prescribed under IRC Section 417(e)(3) for benefit commencements through 2023 and projected 417(e) mortality based on Scale MP-2021 for benefit commencements in 2024 and beyond to the applicable mortality as prescribed under IRC Section 417(e)(3) for benefit commencements through 2023 and projected 417(e) mortality based on Scale MP-2021 for benefit commencements in 2025 and beyond . The increase in the present value of accumulated plan benefits, other changes, of \$6,277,900 reflects other demographic experience of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2023

Subsequent to the issuance of the financial statements for the year ended December 31, 2023, errors were identified that resulted in a net increase in the actuarial present value of accumulated plan benefits of approximately \$67 million at December 31, 2022, specifically the decrease during the plan year attributable to changes in assumptions was overstated by \$68 million and the increase during the plan year attributable to other changes was overstated by \$1 million. The primary drivers of this error related to the incorrect basis used for purposes of the actuarial valuation as of December 31, 2022. Accordingly, the actuarial present value of accumulated plan benefits at the beginning of the year (as of January 1, 2023) on the Statement of Changes in Accumulated Plan Benefits has been restated from \$1,051,657,850 to \$1,118,870,721 to reflect the impact of the identified prior period error.

(e) Benefit Payments

Benefits to participants or their beneficiaries are recorded when paid.

(f) Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Due to the uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these assumptions in the near term could have a material effect on the financial statements.

The Plan invests in a variety of investment securities. Those securities consist of and/or are invested in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonable to expect 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.

(3) Funding Policies

All contributions to the Plan are made by DBAH based on the annual funding amounts actuarially determined by the consulting actuary, Aon, using the unit credit method. The Plan met the ERISA minimum funding requirement for 2024 and 2023.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(4) Fair Value Measurements

US GAAP establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under US GAAP are as follows:

- (a) Level 1 – Investments that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. The types of investments generally included in this category are listed equities and listed derivatives.
- (b) Level 2 – Investments valued using observable inputs such as quoted prices for identical securities in inactive markets or quoted prices for similar securities in active markets. Level 2 investments included in this category are corporate and government bonds and certain over-the counter derivatives.
- (c) Level 3 – Investments valued using pricing inputs which are both unobservable and significant to the valuation.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of 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.

Investments representing units or shares of collective investment trusts are valued at fair value based on the net asset value (NAV) calculated daily by each trust or company, which in turn, is based upon the fair value of the underlying investments. The collective investment trusts that have readily determinable fair value are reported in Level 1. In cases where underlying investments in common collective investment trusts include securitized assets and private real estate debt in addition to corporate government bonds and certain over-the counter derivatives, collective investments that have readily determinable fair value are reported in Level 2.

Interest bearing cash and cash equivalents are short term investments valued at cost and are included in Level 1.

Certificates of deposit are valued at cost and are reported in Level 2.

U.S. government and agency securities, municipal obligations, corporate debt and other fixed income securities are priced by a pricing vendor on the basis of bid or mid evaluations in accordance to a region's market convention, using factors, which include, but are not limited to, market quotations, yields, maturities, and the bond's terms and conditions.

The participation right is valued based on the fair value of the underlying assets held in the trust less the benefit obligation related to participants covered under an allocated annuity contract (see note 6).

Third party investment managers value interest rate swaps using mid prices that brokers provide to them daily to determine fair value of these securities or is calculated using its applicable exchange rates, spot rates, forward rates, and implied volatility of those rates.

Exchange traded futures are priced using a daily settlement when available or as a daily mark to market and are included in Level 1.

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Notes to Financial Statements

December 31, 2024 and 2023

There were no transfers or reclassifications of investments between levels within the fair value hierarchy during the years ended December 31, 2024 and 2023 and there were no changes in valuation methodologies used to measure the fair value of the Plan's investments as of and for the years ended December 31, 2024 and 2023.

The following tables summarize the valuation of the Plan's portfolio investments based on US GAAP fair value hierarchy levels as of December 31, 2024 and 2023:

		2024			
		<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Collective investment trusts	\$	977,785,586	\$ 929,581,755	\$ 48,203,831	\$ —
Participation right (note 6)		421,000	—	421,000	—
U.S. government and agency securities		43,281,408	—	43,281,408	—
Corporate debt and asset backed obligations		4,010	—	4,010	—
Interest bearing cash and cash equivalents		64,187,988	64,187,988	—	—
Derivative instruments		8,225,096	—	8,225,096	—
	\$	<u>1,093,905,088</u>	<u>\$ 993,769,743</u>	<u>\$ 100,135,345</u>	<u>\$ —</u>
Other assets or liabilities reported at fair value					
Futures variation margin receivable	\$	951,437	\$ 951,437	\$ —	\$ —
		2023			
		<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Collective investment trusts	\$	739,915,409	\$ 739,915,409	\$ —	\$ —
Participation right (note 6)		567,000	—	567,000	—
U.S. government and agency securities		154,663,913	—	154,663,913	—
Municipal obligations		2,318,930	—	2,318,930	—
Certificates of deposit		265,000	—	265,000	—
Corporate debt and asset backed obligations		156,345,362	—	156,345,362	—
Interest bearing cash and cash equivalents		51,399,863	51,399,863	—	—
Derivative instruments		13,476,819	—	13,476,819	—
	\$	<u>1,118,952,296</u>	<u>\$ 791,315,272</u>	<u>\$ 327,637,024</u>	<u>\$ —</u>

(5) Plan Termination

Although it has not expressed any intention to do so, DBAH 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.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

- (a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.

The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. For Plan terminations occurring during 2024, the ceilings which are actuarially adjusted periodically, is \$7,108 per month. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide those benefits and may also depend on the level of benefit guaranteed by the PBGC.

(6) Participation Right

On December 31, 1986, the Bankers Trust Plan (a predecessor plan that was merged into the Plan) purchased a participating allocated annuity contract with an insurance company which settled the Bankers Trust Plan's primary responsibility for its pension obligation to certain retirees. The purchased participating allocated annuity contract obligates the insurance company to pay, out of the trust funds established under the contract, benefits to named retirees or their beneficiaries.

Under the contract, the Plan also participates in the investment performance of the trust funds and other benefit experience under the contract through its participation right. This participation right is the amount by which the fair value of the trust funds' assets exceeds the actuarially determined benefit obligation covered by the contract.

At December 31, 2024 and 2023, the fair value of the participation right as determined by the insurance company, amounted to \$421,000 and \$567,000, respectively. The Plan, as permitted by this contract, can request a withdrawal of its participation right. The portion subject to withdrawal is the amount by which the fair value of the trust fund exceeds 106% of the actuarially determined benefit obligation covered by the contract.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(7) Derivatives

Derivatives are financial arrangements entered into by the Plan where the value of these contracts is derived from some underlying asset, liability, or index. Derivative payments may be based on interest rates, exchange rates or the prices of certain securities or financial indices.

Derivative contracts entered into by the Plan include interest rate swaps and interest rate futures. The interest rate swaps entered into by the Plan are carried at fair value on a net basis on the statements of net assets available for benefits. The interest rate futures entered into by the Plan are exchanged-traded futures and cleared through central clearing counterparties and exchanges. They have payment or receipt of variation margin on a daily basis that represents legal or economic settlement of the outstanding futures' present value, which results in derecognition of the associated financial asset and financial liabilities. The Plan does not apply hedge accounting.

These derivatives may involve, in varying degrees, elements of credit and market risks in excess of more traditional investment holdings, such as equity and debt instruments. The contract or notional amounts disclosed in this footnote and the amounts of realized and unrealized gains and losses on derivative instruments during the period presented below provide a measure of the Plan's involvement in such instruments but are not indicative of potential loss. The intent is to use derivative financial instruments as economic hedges to manage interest rate, foreign currency exchange rate, and equity price risks associated with the Plan's investments and obligations.

The following table presents the fair value on a gross basis and investment results of derivatives at December 31, 2024 and 2023:

<u>Derivative assets at Year End</u>	2024				
	Notional Value	Net Cost (or premium received)	Fair Value	Changes in unrealized gain (loss)	Number of Contracts
Type of exposure:					
Assets					
Interest rate swaps	\$ 26,051,665	-	\$ 8,225,095	\$ (5,251,723)	2
Interest rate futures	338,407,187		1,245,125	—	1
Liabilities					
Interest rate swaps	—	—	—	—	—
Interest rate futures	144,404,320	—	293,688	—	4
	\$ 508,863,172	—	\$ 9,176,532	\$ (5,251,723)	7
<u>Derivative assets at Year End</u>	2023				
<u>Type of exposure:</u>	Notional Value	Net Cost (or premium received)	Fair Value	Changes in unrealized gain (loss)	Number of Contracts
Interest	26,594,195	—	13,476,819	(3,824,478)	2
	\$ 26,594,195	—	13,476,819	(3,824,478)	2

Interest rate swaps are included in investments on the statements of net assets available for benefits. During the years ended December 31, 2024 and 2023, the Plan recorded net realized and unrealized gains

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(losses) of \$35,810 on interest rate swaps and futures and \$(3,824,478) on interest rate swaps, respectively, which are included on the statements of changes in net assets available for benefits.

Counterparty Credit Risk

Counterparty credit risk associated with the Plan's derivatives is the risk that a derivative counterparty will not perform in accordance with the terms of the applicable derivative contract. This risk is minimal for exchange-traded contracts because they typically are settled on a daily basis and guaranteed by the exchange's clearinghouse. To mitigate such risk for over-the-counter derivative contracts, the Plan generally requires collateral arrangements wherever practical. The Plan's over-the-counter derivatives, consists of interest rate swaps and are governed by International Swaps and Derivative Association, Inc. Master Agreements (ISDA Master Agreements) ISDA Master Agreements maintain provisions for general obligations, representations, agreements, collateral, and events of default or termination. Events of termination include credit problems by either counterparty and may entitle counterparties to elect to terminate early and cause settlement of all outstanding transactions under the applicable ISDA Master Agreement. ISDA Master Agreements reduce the counterparty risk associated with the applicable transactions by allowing the Plan to net contracts in the event of default. As well, the ISDA Master Agreements specify exposure levels that require the posting of collateral by the counterparty. Allowable collateral is specified in each ISDA Master Agreement and is generally in the form of cash, treasury securities, or other US agency guaranteed securities.

As of December 31, 2024 the Plan recorded \$8,028,000 accumulative, in cash and cash equivalents and recorded a corresponding liability in collateral the Plan is obligated to return to counterparties in the event of movements in the values of the Plan's derivatives. Of the \$8,028,000 in liabilities, \$3,292,127 was held in cash and cash equivalents and \$4,735,873 was reinvested in the market. As of December 31, 2024 the Plan had five securities in the total fair value of \$24,146,200 pledged as collateral for the interest rate futures.

As of December 31, 2023 the Plan recorded \$12,898,000 accumulative, in cash and cash equivalents and recorded a corresponding liability in collateral the Plan is obligated to return to counterparties in the event of movements in the values of the Plan's derivatives. Of the \$12,898,000 in liabilities, \$4,226,898.89 was held in cash and cash equivalents and \$8,671,101 was reinvested in the market.

(8) Party in Interest Transactions

The Plan's assets are invested in certain collective investment trusts administered and managed by Northern Trust Company and Aon. Northern Trust Company is the trustee, as defined by the Plan, and Aon is the Plan's investment advisor and actuary, therefore, these transactions qualify as party-in-interest transactions as defined by ERISA and exempt from the prohibited transactions rules under ERISA.

(9) Tax Status

The IRS has issued a determination letter dated January 19, 2021 advising that the Plan constitutes a qualified plan under Section 401(a) of the Internal Revenue Code (Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination, the Plan has been amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code, and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

US GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; there are currently no audits for any tax periods in progress.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as disclosed in the Statements of Net Assets Available for Benefits at December 31, 2024 and 2023 to amounts presented in Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,087,073,061	\$ 1,107,832,323
Employer contribution receivable	21,400,000	—
Net assets available for benefits per Form 5500	<u>\$ 1,108,473,061</u>	<u>\$ 1,107,832,323</u>

The following is a reconciliation of net increase (decrease) in net assets available for benefits as disclosed in the Statements of Changes in Net Assets Available for Benefits for the years ended December 2024 and 2022 to the amounts presented in Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in assets available for benefits per the financial statements	\$ (20,759,262)	\$ 45,553,268
Employer contributions	21,400,000	(43,500,000)
Net gain (loss) per Form 5500	<u>\$ 640,738</u>	<u>\$ 2,053,268</u>

(11) Subsequent Events

The Plan administrator evaluated all events that occurred after December 31, 2024 up through October 08, 2025, the date on which the Plan's financial statements were available to be issued.

Supplemental Schedules

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule G, Part I – Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectable

EIN 13-3645372 Plan No.: 001

Identity and Address of Obligor	Original Amount of loan (par value)	Amount Received		Unpaid Balance at Year End	Detailed description of loan, including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation and other material information	Amount Overdue		Cost	Current Value
		Principal	Interest			Principal	Interest		
SOUNDVIEW NIM TRUST	\$ 46,948	—	—	\$ 46,948	SOUNDVIEW 2005-2 CL N1 144A 4.703 05-25-2035 BEO	\$ —	—	64,843	—
LEHMAN BROTH HLD INC	400,000	—	—	400,000	ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW	—	—	387,112	4,000
LEHMAN BROTH HLD INC	900,000	—	—	900,000	ESC CB LEHMAN BRTH HLD SUB D05/09/08 7.5MN38	—	—	893,511	—
LEHMAN BROTH HLD INC	1,150,000	—	—	1,150,000	ESC LEHMAN BROTH HLD INC D05/17/07 5.857 MN56	—	—	1,092,310	10
Grand Total	\$ 2,496,948	—	—	\$ 2,496,948		\$ —	—	2,437,776	4,010

See accompanying independent auditors' report.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

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

December 31, 2024

<u>Identity of issue</u>	<u>Principal amount/ par value</u>	<u>Cost</u>	<u>Current value</u>
Corporate debt and asset backed obligations			
PVTPL SOUNDVIEW CI-4 / SOUNDVIEW C 2005-2 CL N1 144A 4.703 05-25-2035 B	46,948	\$ 64,843	\$ —
ESC CB LEHMAN BRTH HLD SUB D05/09/08 7.500% MN38	900,000	893,511	—
ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW	400,000	387,112	4,000
ESC LEHMAN BROTH HLD INC D05/17/07 5.857 MN56	1,150,000	1,092,310	10
Total corporate debt and asset backed obligations		\$ 2,437,776	\$ 4,010

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

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

December 31, 2024

<u>Identity of issue</u>	<u>Principal amount/ par value</u>	<u>Cost</u>	<u>Current value</u>
U.S. Government and agency securities:			
US TREAS SEC 0 DUE 11-15-2041	8,520,000	\$ 3,541,934	\$ 3,628,632
UNITED STATES TREAS NTS 1.875% DUE 02-15-2032 REG	5,545,000	4,654,768	4,663,648
UNITED STATES TREAS NTS DTD 11/30/2023 4.375% 11-30-2030	4,715,000	4,690,504	4,697,319
UNITED STATES TREAS SEC STRIPPED INT PMT00091 11-15-2038 (UNDDATE) REG	7,160,000	3,533,102	3,613,776
UNITED STATES TREAS BDS 1.375% 11-15-2040	7,225,000	4,480,911	4,477,242
UNITED STATES TREAS NTS 1.5% DUE 11-30-2028 BEO	5,255,000	4,706,509	4,719,031
UNITED STATES TREAS NTS DTD 4.625% 05-31-2031	4,655,000	4,687,730	4,692,822
UNITED STATES TREAS NTS 2.375% 03-31-2029	5,085,000	4,682,371	4,692,303
UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-2034	3,575,000	3,424,459	3,423,202
US TREASURY N/B 3.375% 05-15-2033	5,085,000	4,671,248	4,673,433
Total U.S. Government and Agency Securities		\$ <u>43,073,536</u>	\$ <u>43,281,408</u>

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

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

December 31, 2024

<u>Identity of issue</u>	<u>Notional/ number of contracts</u>	<u>Cost</u>	<u>Current value</u>
Derivative instruments:			
Futures			
FUT MAR 25 CBT 5Y T-NOTE	163	\$ —	\$ (15,281)
FUT MAR 25 U.S. T-BONDS	249	—	(62,250)
FUT MAR 25 CBT ULT TNOTE	673	—	(168,251)
FUT MAR 25 CBT UL T-BONDS	2,846	—	1,245,125
FUT MAR 25 10 YR T-NOTES	219	—	(47,906)
Total Futures variation margin receivable		\$ —	\$ 951,437
Other derivative contracts:			
IRS USD GSILGB2X 01/12/2026 GS 30Y CMS	13,025,665	\$ —	\$ 3,545,550
IRS USD MSCSUS33 01/12/2026 MS 30Y CMS	13,026,000	—	4,679,546
Total other derivatives		\$ —	\$ 8,225,096

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

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

December 31, 2024

Identity of issue	Shares	Cost	Current value
Collective investment trusts:			
* AON ENHANCED LIABILITY DRIVEN INVESTMENT FUND CL-I	5,010,793	\$ 45,000,000	\$ 48,203,831
STATE STREET S&P 500 (R) FLAGSHIP NL FUND (CM11)	67,055	20,643,668	106,960,759
* AON AHGT US LONG CR BD FD	52,424,810	457,627,107	444,562,388
* AON AHGT US INTER CR BD FD	19,317,370	189,819,800	198,582,565
STATE STREET INTERMED U.S. GOVT BOND INDX NL (CM1E)	4,200,355	111,819,455	114,850,298
STATE STREET LONG U.S. GOVT BOND INDX NL (CM1D)	1,761,159	76,703,457	64,625,745
Total collective investment trusts		\$ 901,613,487	\$ 977,785,586
TransAmerica Financial Life Insurance Company Participation Right		\$ —	\$ 421,000
Interest Bearing Cash			
* NT COLTV SHORT TERM INVT FD	64,187,988	\$ 64,187,988	\$ 64,187,988
Total cash, variation margin receivable, and investments		\$ 1,011,312,787	\$ 1,094,856,525
* Party in interest as defined by ERISA			
See accompanying independent auditors' report			

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity and description	Number of purchases	Purchase price	Number of sales	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Part A - Single transactions:							
None							
STATE STREET U.S. SHORT-TERM GOVERNMENT/CREDIT (CMLD)		\$	1	\$ 119,278,707	\$ 105,216,463	\$ 119,278,707	\$ 14,062,244
* AON AHGT US LONG CR BD FD	1	280,000,000			280,000,000	280,000,000	—
* NT COLTV SHORT TERM INVT FD	1	122,309,597			122,309,597	122,309,597	—
* NT COLTV SHORT TERM INVT FD	1	138,920,540			138,920,540	138,920,540	—
* NT COLTV SHORT TERM INVT FD	1	70,000,000			70,000,000	70,000,000	—
* NT COLTV SHORT TERM INVT FD			1	245,888,804	245,888,804	245,888,804	—
Part C - Series of transactions:							
STATE STREET U.S. SHORT-TERM GOVERNMENT/CREDIT (CMLD)	1	10,000,000			10,000,000	10,000,000	-
STATE STREET U.S. SHORT-TERM GOVERNMENT/CREDIT (CMLD)			1	119,278,707	105,216,463	119,278,707	14,062,244
* AON AHGT US INTER CR BD FD	2	59,000,000			59,000,000	59,000,000	—
* AON AHGT US INTER CR BD FD			2	14,000,000	13,804,095	14,000,000	195,905
* AON AHGT US LONG CR BD FD	1	280,000,000			280,000,000	280,000,000	—
* AON AHGT US LONG CR BD FD			7	35,500,000	41,141,601	35,500,000	(5,641,601)
* NTGI COLLECTIVE SHORT TERM INVESTMENT FUND	388	730,829,917			730,829,917	730,829,917	—
* NTGI COLLECTIVE SHORT TERM INVESTMENT FUND			285	718,041,758	718,041,758	718,041,758	—

There were no category B or D reportable transactions for the year ended December 31, 2024

* Party in interest as defined by ERISA

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

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

Schedule SB, Line 26a — Schedule of Active Participant Data

As of January 1, 2024

Deutsche Bank
 Deutsche Bank Cash Account Pension Plan
 Active Employees

EIN: 13-3645372 PN: 001

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					24 \$221,111 \$191,110	18				
45-49			3		22 \$191,000 \$198,799	70 \$205,885 \$245,980	11			
50-54		1	8	2	29 \$226,234 \$252,448	71 \$215,598 \$294,512	62 \$241,461 \$329,331	6	1	
55-59			4	2	20 \$230,690 \$232,608	59 \$200,005 \$306,012	67 \$199,199 \$346,253	20 \$204,000 \$331,418	5	
60-64		1	5	2	8 \$189,058 \$284,589	50 \$216,575 \$359,330	38 \$185,842 \$380,253	20	19	5
65-69		1		3		14 \$183,508 \$312,338	22 7	13	2	
70+					2	3	5	2		4

N-727

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:

- Duration 0.5 – 5.46%
- Duration 5.5 – 4.81%
- Duration 10.5 – 5.13%
- Duration 15.5 – 5.24%
- Duration 20.5 – 5.22%
- Duration 25.5 – 5.18%
- Duration 30.5 – 5.17%

Salary Increases

Minimum Funding Target Normal Cost

See Table 1

Maximum Tax Expected Benefit Increase

See Table 1

Cash Balance Interest Crediting Rate

4.00%

Cash Balance Annuity Conversion Rate

4.00%

Cash Balance Annuity Conversion Mortality

Applicable mortality as prescribed under IRC Section 417(e)(3) for plan year 2024 benefit commencements

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.00% per year.

Optional Payment Form Election Percentage

See Table 5

Optional Payment Form

Plan's Actuarial Equivalence Basis

Conversion Interest Rate

Optional Payment Form

Plan's Actuarial Equivalence Basis

Conversion Mortality

Retirement Age

Active Participants

See Table 2

Terminated Vested Participants

Age 65 for non-cash-balance participants.
 See Table 5 for cash balance participants

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

For ERISA Requirements

Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse. Males are assumed to be two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$3,180,967
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

Table 1 - Salary Merit Increase Rates¹

Age	Rates
16	26.73%
17	26.73%
18	26.73%
19	26.73%
20	26.73%
21	23.73%
22	20.93%
23	18.33%
24	16.03%
25	10.63%
26	9.63%
27	8.63%
28	7.63%
29	6.63%
30	4.50%
31	3.50%
32	2.70%
33	2.00%
34	1.50%
35	1.70%
36	1.20%
37	0.70%
38	0.40%
39	0.30%
40	0.23%
41	0.03%
42	0.00%
43	0.00%
44	0.00%
45	0.00%
46+	0.00%

¹ In addition to merit increases shown here, salaries are also projected to increase annually at assumed inflation rate of 2.20%

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Table 2 - Retirement Rates

Age	Rates
55	12.00%
56	12.00%
57	12.00%
58	12.00%
59	12.00%
60	13.00%
61	14.00%
62	16.00%
63	18.00%
64	21.00%
65	24.00%
66	22.00%
67	22.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

Table 3 - Withdrawal Rates

Age	Years of Service		Age	Years of Service	
	0-4	5+		0-4	5+
15	18.00%	18.00%	45	18.00%	12.50%
16	18.00%	18.00%	46	18.00%	12.40%
17	18.00%	18.00%	47	18.00%	12.30%
18	18.00%	18.00%	48	18.00%	12.20%
19	18.00%	18.00%	49	18.00%	12.10%
20	18.00%	18.00%	50	18.00%	12.00%
21	18.00%	18.00%	51	18.00%	11.90%
22	18.00%	18.00%	52	18.00%	11.80%
23	18.00%	17.50%	53	18.00%	11.70%
24	18.00%	17.00%	54	18.00%	11.60%
25	18.00%	16.50%	55	18.00%	11.50%
26	18.00%	16.00%	56+	18.00%	0.00%
27	18.00%	15.50%			
28	18.00%	15.00%			
29	18.00%	14.50%			
30	18.00%	14.00%			
31	18.00%	13.90%			
32	18.00%	13.80%			
33	18.00%	13.70%			
34	18.00%	13.60%			
35	18.00%	13.50%			
36	18.00%	13.40%			
37	18.00%	13.30%			
38	18.00%	13.20%			
39	18.00%	13.10%			
40	18.00%	13.00%			
41	18.00%	12.90%			
42	18.00%	12.80%			
43	18.00%	12.70%			
44	18.00%	12.60%			

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

Table 4 - Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.11%	0.21%
16	0.03%	0.03%	46	0.12%	0.23%
17	0.03%	0.03%	47	0.13%	0.25%
18	0.03%	0.03%	48	0.14%	0.27%
19	0.03%	0.03%	49	0.15%	0.29%
20	0.03%	0.03%	50	0.16%	0.31%
21	0.03%	0.04%	51	0.17%	0.33%
22	0.03%	0.04%	52	0.18%	0.36%
23	0.03%	0.04%	53	0.19%	0.38%
24	0.03%	0.05%	54	0.21%	0.41%
25	0.03%	0.05%	55	0.22%	0.44%
26	0.03%	0.05%	56	0.24%	0.47%
27	0.03%	0.06%	57	0.26%	0.51%
28	0.03%	0.06%	58	0.28%	0.55%
29	0.04%	0.07%	59	0.30%	0.59%
30	0.04%	0.07%	60	0.32%	0.63%
31	0.04%	0.08%	61	0.34%	0.68%
32	0.04%	0.08%	62	0.37%	0.73%
33	0.05%	0.09%	63	0.40%	0.79%
34	0.05%	0.10%	64+	0.43%	0.85%
35	0.05%	0.10%			
36	0.06%	0.11%			
37	0.06%	0.12%			
38	0.07%	0.13%			
39	0.07%	0.14%			
40	0.08%	0.15%			
41	0.08%	0.16%			
42	0.09%	0.17%			
43	0.10%	0.19%			
44	0.10%	0.20%			

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

Table 5 - Form of Payment Election¹

	Employee Will Elect			
	Immediate Lump Sum	Immediate Annuity	Deferred Lump Sum	Deferred Annuity
Current Actives				
Below 55	40%	0%	50%	10%
55-65	45%	5%	40%	10%
65 and older	85%	15%	0%	0%
Current Deferred				
All Ages	5%	0%	80%	15%

¹ Assumed 40% of population elects a Joint and Survivor Annuity, and the remaining 60% elects a Single Life Annuity.

Plan Name	DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Plan Sponsor EIN	13-3645372
ERISA Plan No.	001
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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

A Name of plan DEUTSCHE BANK CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEUTSCHE BANK AMERICAS HOLDING CORPORATION	D Employer Identification Number (EIN) 13-3645372	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value.....	2a		1,107,832,323
b Actuarial value.....	2b		1,107,832,323
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	5,005	379,565,581	379,565,581
b For terminated vested participants	6,682	531,060,026	531,060,026
c For active participants.....	727	184,848,791	187,646,881
d Total.....	12,414	1,095,474,398	1,098,272,488
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5		5.12%
6 Target normal cost			
a Present value of current plan year accruals	6a		6,370,255
b Expected plan-related expenses	6b		3,180,967
c Target normal cost.....	6c		9,551,222

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

SIGN HERE	 Signature of actuary	September 29, 2025 Date
	Matthew R. Maloney Type or print name of actuary	2307434 Most recent enrollment number
	Aon Consulting, Inc. Firm name	203-852-1100 Telephone number (including area code)
	201 Merritt 7 Norwalk CT 06851 Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	224,396,507
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	29,549,261
9 Amount remaining (line 7 minus line 8)	0	194,847,246
10 Interest on line 9 using prior year's actual return of <u>8.22%</u>	0	16,016,444
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	210,863,690

Part III	Funding Percentages	
14 Funding target attainment percentage	14	81.67%
15 Adjusted funding target attainment percentage	15	100.87%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.03%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/04/2025	21,400,000	0				
Totals ▶			18(b)	21,400,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19,683,988

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
	<input checked="" type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 9,551,222
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	201,303,855		19,436,834
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 28,988,056
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27,819,258	27,819,258
36 Additional cash requirement (line 34 minus line 35).....			36 1,168,798
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 19,683,988
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 18,515,190
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 18,515,190
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	12.00%	1.0000	6.66
56.5	12.00%	0.8800	5.97
57.5	12.00%	0.7744	5.34
58.5	12.00%	0.6815	4.78
59.5	12.00%	0.5997	4.28
60.5	13.00%	0.5277	4.15
61.5	14.00%	0.4591	3.95
62.5	16.00%	0.3948	3.95
63.5	18.00%	0.3317	3.79
64.5	21.00%	0.2720	3.68
65.5	24.00%	0.2149	3.38
66.5	22.00%	0.1633	2.39
67.5	22.00%	0.1274	1.89
68.5	20.00%	0.0993	1.36
69.5	20.00%	0.0795	1.10
70	100.00%	0.0636	4.45
	Weighted Average		61.12

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
 EIN: 13-3645372 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	22,176,409	79,734,901	42,003,478	143,914,788
2025	15,655,049	23,149,827	39,981,229	78,786,105
2026	13,607,171	29,379,862	37,953,765	80,940,798
2027	15,202,891	28,341,274	35,394,467	78,938,632
2028	14,550,554	34,771,484	34,557,047	83,879,085
2029	13,970,802	33,326,016	34,235,016	81,531,834
2030	12,671,873	31,159,243	32,292,462	76,123,578
2031	11,615,568	38,592,275	29,384,494	79,592,337
2032	13,440,685	39,536,400	27,597,373	80,574,458
2033	12,297,493	37,748,540	26,002,116	76,048,149
2034	11,745,946	35,928,574	24,513,627	72,188,147
2035	12,090,781	36,309,037	24,333,514	72,733,332
2036	12,183,982	38,160,702	20,570,270	70,914,954
2037	9,720,783	31,169,634	19,241,038	60,131,455
2038	11,876,371	40,775,459	17,531,762	70,183,592
2039	8,977,071	31,181,921	16,470,241	56,629,233
2040	8,788,291	30,721,110	14,876,760	54,386,161
2041	8,485,939	34,130,465	13,062,616	55,679,020
2042	8,072,856	22,396,601	11,724,746	42,194,203
2043	7,133,318	23,307,081	10,780,330	41,220,729
2044	5,883,774	20,695,557	9,300,135	35,879,466
2045	5,987,204	18,360,061	8,144,931	32,492,196
2046	5,078,617	19,356,408	7,117,372	31,552,397
2047	3,848,088	16,935,643	6,170,557	26,954,288
2048	3,171,449	11,676,183	5,305,903	20,153,535
2049	2,637,241	9,505,826	4,523,259	16,666,326
2050	2,135,107	8,875,315	3,822,012	14,832,434
2051	1,994,353	8,290,032	3,832,343	14,116,728
2052	1,859,473	7,696,601	2,662,654	12,218,728
2053	1,744,841	7,100,156	2,189,677	11,034,674
2054	1,634,651	6,511,939	1,784,322	9,930,912
2055	1,526,348	5,934,322	1,441,100	8,901,770
2056	1,423,379	5,372,947	1,154,037	7,950,363
2057	1,320,358	4,831,648	916,906	7,068,912
2058	1,217,984	4,317,820	848,885	6,384,689
2059	1,116,980	3,833,335	569,105	5,519,420
2060	1,018,065	3,381,644	444,946	4,844,655
2061	921,943	2,964,138	574,749	4,460,830

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
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2062	829,287	2,581,674	273,640	3,684,601
2063	740,711	2,234,305	214,659	3,189,675
2064	656,756	1,921,355	769,828	3,347,939
2065	577,869	1,641,578	2,013,369	4,232,816
2066	504,386	1,393,292	137,992	2,035,670
2067	436,556	1,174,524	117,547	1,728,627
2068	374,519	983,111	172,805	1,530,435
2069	318,310	816,759	90,437	1,225,506
2070	267,881	673,185	80,816	1,021,882
2071	223,100	550,136	73,149	846,385
2072	183,768	445,474	66,940	696,182
2073	149,621	357,197	61,823	568,641

Schedule SB Attachment (Form 5500)—2024 Plan Year

Deutsche Bank Cash Account Pension Plan

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Schedule SB, Part V—Summary of Plan Provisions

Effective January 1, 1993, the Deutsche Bank AG New York Branch Pension Plan, the Employee Pension Trust and Plan of Deutsche Bank Capital Corporation and its Subsidiaries and Associated Companies, and the Deutsche Credit Corporation Retirement Plan were merged together to form the Deutsche Bank Americas Holding Corp. Pension Plan.

Effective October 1, 1993, participation in the Plan was extended to employees of C.J. Lawrence and Morgan Grenfell & Co.

Effective January 1, 1994, participation in the Plan was extended to employees of Bain Securities, Sharps-Pixley and Sharps-Pixley Brokers.

As a result of the acquisition of ITT Commercial Finance, participation in the plan was extended to employees of ITT Commercial Finance, effective May 1, 1995. In addition, participation in the plan was extended to employees of Morgan Grenfell Asset Management, effective September 1, 1995.

Effective July 1, 1997 the Auto Services Division of Deutsche Financial Services was sold to Volkswagen of America.

Effective January 1, 1998, the plan was amended from a Final Average Pay formula to a Cash Balance plan design. The new plan design is explained in more detail on the following pages.

As a result of the acquisition of Ganis Corporation, participation in the Plan was extended to employees of Ganis Corporation effective January 1, 1998.

Effective September 1, 1998, participation in the Plan was extended to employees of Oakwood Homes.

Effective December 1, 1998, participation in the Plan was extended to employees of Boullioun Aviation Services.

Effective December 31, 1999, the Cash Balance Retirement Plan of Bankers Trust Corporation and Affiliates was merged into the Cash Account Plan.

Effective January 1, 2001, participation in the Plan was extended to employees of National Discount Brokers. These employees were given vesting service back to their original date of hire with National Discount Brokers; however, no past service benefits were credited.

Effective January 1, 2003, the Plan was amended to provide the same cash balance plan formula to all plan participants. All participants were covered under the legacy Deutsche Bank plan provisions. On January 1, 2003, participation in the Cash Account Pension Plan was also extended to all employees acquired as part of the Scudder Investments acquisition.

Effective May 31, 2003, the former Scudder Plan was merged into the Cash Account Plan. All frozen benefits under the Scudder Plan are now payable from the Cash Account Plan. All provisions applicable to the frozen Scudder Plan benefit were maintained.

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Effective January 1, 2004, participation in the Plan was extended to employees of RREEF. These employees were given vesting service back to their original date of hire with RREEF; however, no past service benefits were credited.

Effective October 21, 2004, participation in the Plan was extended to employees of Berkshire Mortgage Finance. These employees were given vesting service back to their original date of hire with Berkshire Mortgage Finance; however, no past service benefits were credited.

Effective January 1, 2005, the Plan was amended to close participation to new hires and rehires.

Effective January 1, 2008, the Plan was amended to reduce the vesting requirements to three-year cliff vesting.

Effective December 31, 2013, the Pension Plan for Employees of PB USA Holdings, Inc. was merged into the Plan.

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

Effective Date	January 1, 1993.
Participation	Any employee hired prior to January 1, 2005.
Cash Account	A notional Cash Account will be established for each employee, and will be credited with contributions and interest as described below.
Initial Cash Account	As of January 1, 1998, all active participants were credited with an initial Cash Account Actuarially Equivalent to their accrued benefit under the Final Average Pay formula.
Contribution Credits	A contribution is credited to each active participant's Cash Account. The contribution is 6.5% of the participant's Compensation.
Interest Credits	Each active participant's account shall be credited with interest compounded annually, using compound interest for periods of less than one year. The amount of interest is based on the average yield on 30-year Treasury Securities during November of the prior year (4.66% in 2024).
Grandfathered Final Average Pay Participants	Any active participant aged over 50 as of January 1, 1998 will receive a benefit no less than the former Final Average Pay plan formula would have provided had it continued to be applicable.
Normal Retirement	
Eligibility	Age 65.
Benefit	A Single Life Annuity Actuarially Equivalent to the balance in the participant's Cash Account at date of retirement.
Termination Benefit	
Eligibility	Three years of Service.
Benefit	A Single Life Annuity Actuarially Equivalent to the balance in the participant's Cash Account at date of termination.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Deutsche Bank Cash Account Pension Plan

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Disability

Eligibility

Severance from service by reason of a total and permanent disability.

Benefit

A participant who is entitled to receive long-term disability benefits from Deutsche Bank AG shall continue to be allocated Pay Credits based on their base pay at time of disability until the earlier of recovery, termination, or Normal Retirement Date. They will also receive Interest Credits until benefits commence.

Preretirement Death Benefit

Eligibility

Three years of service.

Benefit

A life annuity paid to the participant's beneficiary in an amount equal to the amount the participant would have received if they had begun, on the day prior to their date of death, to receive a single life annuity Actuarially Equivalent to the balance in the participant's Cash Balance Account on that date. Alternatively, the beneficiary may elect a lump-sum benefit equal to the balance in the Participant's Cash Balance Account.

Forms of Payment

Normal Form

- For married participants, a reduced Joint and 50% Survivor Annuity; and
- For other participants, a Single Life Annuity.

Optional Forms

Benefits may be paid as:

- Single Life Annuity;
- Joint and Survivor Annuity;
- Lump Sum; or
- Certain and Life Annuity for 5, 10, 15, or 20 years.

In each case, benefit is adjusted to be Actuarially Equivalent to the normal form of benefit. A married participant's spouse must consent to the election of any benefit form other than the Normal Form.

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

Actuarial Equivalence

Equivalent value based on:

- Average interest rate on 30-year Treasury securities for November of the year preceding the year in which payments commence; and
- The “applicable mortality table” defined in Treasury Regulations §1.417(e)-1T(d)(2).

For optional forms of payment, the equivalency is based on:

- 7.00%; and
- 1971 Group Annuity Mortality Table for males set back two years.

Compensation

The total Base Salary received by a participant for service to the company, including all elective contributions under IRC §125 or IRC §401(k), but excluding the employer’s costs for employee benefit plans. Plus, any bonus amounts paid to the participant credited in the year paid shall be included, limited to 75% of base salary.

Service

The total elapsed time of employment from January 1, 1998, plus, the service amount calculated under the prior plan rules as of December 31, 1997.

Plan Name	DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Plan Sponsor EIN	13-3645372
ERISA Plan No.	001
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Deutsche Bank Cash Account Pension Plan
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Schedule SB, line 32—Schedule of Amortization bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 210,054,621	January 1, 2023	14	\$ 20,242,098
Shortfall	\$ (8,750,766)	January 1, 2024	15	\$ (805,264)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Deutsche Bank Cash Account Pension Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) to the 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3).
- A change in interest rate assumption from the full yield curve with no lookback (as of December 2022) to full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply).
- A change in the cash balance interest crediting rate from 3.50% to 4.00%.
- A change in the cash balance annuity conversion rate from 3.50% to 4.00%.