

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 04/01/1979
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) SUMITOMO MITSUI BANKING CORPORATION 277 PARK AVENUE NEW YORK, NY 10172
2b Employer Identification Number (EIN) 13-5611820
2c Plan Sponsor's telephone number 212-224-4000
2d Business code (see instructions) 522120

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, MARIA ROMEOS (plan administrator); 2. Filed with authorized/valid electronic signature, 10/08/2025, MARIA ROMEOS (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5107
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3736
	<b>6a(2)</b>	4100
	<b>6b</b>	382
	<b>6c</b>	990
	<b>6d</b>	5472
	<b>6e</b>	34
	<b>6f</b>	5506
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		251
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SUMITOMO MITSUI BANKING CORPORATION</b>		<b>D</b> Employer Identification Number (EIN) <b>13-5611820</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>016742</b>	<b>0</b>	<b>01/01/2024</b>	<b>04/30/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	24692852
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0
	<b>7c(2)</b>	
	<b>7c(3)</b>	139056
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	139056
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	24831908
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	8767052
	<b>7e(2)</b>	
	<b>7e(3)</b>	15705045
	<b>7e(4)</b>	359811
(5) Total deductions .....	<b>7e(5)</b>	24831908
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

▶ CASH, ELECTIVE SERVICE CHARGE, MARKET VALUE CHARGE, PYMT OF PLAN EXP, REIMB OF PLAN EXP

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

<b>A</b> Name of plan <u>SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SUMITOMO MITSUI BANKING CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5611820</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>278742738</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>287945726</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>365</u>	<u>50674334</u>	<u>50674334</u>	
<b>b</b> For terminated vested participants .....	<u>1006</u>	<u>61741981</u>	<u>61741981</u>	
<b>c</b> For active participants .....	<u>3736</u>	<u>146045218</u>	<u>163393188</u>	
<b>d</b> Total .....	<u>5107</u>	<u>258461533</u>	<u>275809503</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.14 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>33464900</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1342000</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>34806900</u>		

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/24/2025</u>	Date
	<u>STEVEN R. MARCUS, E.A, A.S.A, MAAA</u>	<u>23-06245</u>	Most recent enrollment number
	Type or print name of actuary	<u>516-683-6100</u>	Telephone number (including area code)
	<u>USI CONSULTING GROUP</u>		
	Firm name		
	<u>725 RXR PLAZA - EAST TOWER</u> <u>UNIONDALE, NY 11556</u>		
	Address of the firm		

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		18373678
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		964618
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		19338296
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.40 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.40 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	113.07 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
03/25/2025	60000000						
			<b>Totals ▶</b>	<b>18(b)</b>	60000000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	56412281

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 34806900
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 12136223
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment.....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 22670677
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 22670677
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 56412281
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 33741604
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

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

<b>A</b> Name of plan <b>SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SUMITOMO MITSUI BANKING CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5611820</b>	

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

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

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

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

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

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

**GREAT-WEST TRUST COMPANY, LLC**

**84-1455663**

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

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

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

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

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

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

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

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

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

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

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

COHNREZNICK LLP

33-4144829

(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	NONE	86800	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)

USI CONSULTING GROUP

13-3771734

(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	NONE	75564	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)

NIXON PEABODY LLP

16-0764720

(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?
29	NONE	5052	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SUMITOMO MITSUI BANKING CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5611820</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	20000000	60000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	236304600	281885368
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	24692852	0
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	280997452	341885368
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	280997452	341885368

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	60000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		60000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	135532	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		135532
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	8036445	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		8036445
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		11871053
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		80043030

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	17975211	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		17975211
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	1179903	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1179903
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		19155114

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		60887916
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 33-4144829

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		36000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549060.

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

<b>A</b> Name of plan <u>SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMITOMO MITSUI BANKING CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5611820</u>	

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

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

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

1	
---	--

**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): 22-1211670 84-1455663

**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	160
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 44.00 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 54.00 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 2.00 % Other: \_\_\_\_\_%

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**Sumitomo Mitsui Banking Corporation  
Retirement Plan**

**Financial Statements  
(With Supplementary Information)  
and Independent Auditor's Report**

**December 31, 2024 and 2023**

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# Sumitomo Mitsui Banking Corporation Retirement Plan

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Independent Auditor's Report

To the Plan Administrator  
Sumitomo Mitsui Banking Corporation Retirement Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

*Opinion*

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Basis for Opinion*

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

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

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

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

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

### *Auditor's Responsibilities for the Audit of the Financial Statements*

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a significant 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.

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

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

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

Other Matter

*Supplemental Schedules Required by ERISA*

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Hartford, Connecticut  
October 2, 2025

**Sumitomo Mitsui Banking Corporation Retirement Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 281,885,368	\$ 259,404,442
Receivables		
Employer contributions	<u>60,000,000</u>	<u>20,000,000</u>
Net assets available for benefits	<u>\$ 341,885,368</u>	<u>\$ 279,404,442</u>

See Notes to Financial Statements.

**Sumitomo Mitsui Banking Corporation Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 13,464,063	\$ 25,009,408
Interest	135,532	367,756
Dividends	8,036,445	6,391,871
Total investment income	21,636,040	31,769,035
Employer contributions	60,000,000	20,000,000
Total additions	81,636,040	51,769,035
Deductions		
Benefit paid to participants	17,975,211	11,153,140
Administrative expenses	1,179,903	1,341,537
Total deductions	19,155,114	12,494,677
Increase in net assets	62,480,926	39,274,358
Net assets available for benefits		
Beginning	279,404,442	240,130,084
End	\$ 341,885,368	\$ 279,404,442

See Notes to Financial Statements.

# Sumitomo Mitsui Banking Corporation Retirement Plan

## Notes to Financial Statements December 31, 2024 and 2023

### Note 1 - Description of the Plan

The following description of the Sumitomo Mitsui Banking Corporation Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined benefit pension plan established effective April 1, 1979. The Plan became a cash balance defined benefit pension plan effective April 1, 2001, and was most recently amended effective December 14, 2023. The Plan covers non-union, salaried employees of the Sumitomo Mitsui Banking Corporation ("SMBC"), SMBC Capital Markets, Inc., SMBC Leasing and Finance, Inc., SMBC Nikko Securities America, Inc., JRI America, Inc., and SMBC Americans Holdings, Inc. (collectively, the "Bank"). Effective December 14, 2023, employees of SMBC Rail Services, LLC are no longer covered by the Plan.

Consultants and foreign nationals, as classified by the Bank, are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Plan administrator. The Plan administrator has overall responsibility for the operation and administration of the Plan. The SMBC Retirement Plan Committee (the "Committee") determines the appropriateness of the Plan's investment offerings and monitors investment performance.

#### **Funding policy**

The Plan's funding policy is for the Bank to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Bank made contributions of \$60,000,000 and \$20,000,000, respectively. The Bank's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Bank has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

#### **Pension benefits**

Effective April 1, 2001, eligible employees who have attained age 21 and completed 6 months of service, as defined in the Plan agreement, will be entitled to a retirement benefit beginning at normal retirement age (65) equal to their "cash balance account benefit". A cash balance account benefit was established for each nonvested participant with an initial balance equal to the present value of their accrued benefit on March 31, 2001.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

Each quarter an additional contribution equal to a percentage of the participant's Plan compensation, as defined in the Plan agreement, is credited to the account based on years of service as follows:

<u>Years of service</u>	<u>Contribution credit percentage</u>
Less than 5	5.50%
Greater than 5, less than 10	6.00%
Greater than 10, less than 15	6.50%
Greater than 15, less than 20	7.00%
Greater than 20, less than 25	7.50%
Greater than 25, less than 30	8.00%
Greater than 30	8.50%

Interest is also credited to the account each quarter based on the 30-year U.S. Treasury rate for November of the prior year, up to 8%.

Prior to April 1, 2001, eligible employees who had attained age 21 and 1 year of service were entitled to annual pension benefits. Participants who were active participants on March 31, 2001, and had completed at least 5 years of service or attained age 55 ("Grandfathered Participants") are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.20% of their highest average annual Plan earnings, as defined in the Plan agreement, received during any 5 consecutive years during the last 10 years before retirement date ("Average Annual Earnings") up to the average Social Security wage base ("Covered Compensation"), plus 1.75% of Average Annual Earnings in excess of Covered Compensation, multiplied by the number of years of credited service not to exceed 40 years.

Early retirement is allowed if an employee has reached age 55 and has completed 5 years of service. Employees forfeit the right to receive their accumulated plan benefits if they terminate before rendering 3 years of service. Active employees who reach their normal retirement date are 100% vested regardless of the number of years of credited service rendered. Employees may elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity payable monthly from retirement or death. If the Grandfathered Participant's benefit is less than \$10,000, they may elect a lump-sum distribution upon retirement or termination. All other participants may elect a lump-sum distribution from their cash balance account upon retirement or termination.

A participant who has a termination of employment due to the participant's death shall be deemed to be fully vested in the participants accrued benefit under the Plan.

#### **Death benefits**

If a participant dies, a death benefit will be paid to the participant's spouse in the form of a joint and survivor annuity or to the beneficiary in a lump-sum payment.

### **Note 2 - Summary of accounting policies**

#### **Basis of accounting**

The financial statements for the Plan are prepared on the accrual basis of accounting.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

#### **Use of estimates**

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

#### **Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan’s valuation policies utilizing information provided by the investment advisors, trustee, custodian, and insurance company. See Note 6 for discussion of fair value measurements.

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

#### **Payment of benefits**

Benefit payments to participants are recorded upon distribution.

#### **Administrative expenses**

The Plan’s expenses are paid either by the Plan or the Bank, as provided in the Plan document. Expenses that are paid directly by the Bank are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net investment income presented in the accompanying statements of changes in net assets available for benefits.

#### **Subsequent events**

The Plan has evaluated subsequent events through October 2, 2025, which the date the financial statements were available to be issued.

### **Note 3 - 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. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees’ compensation during each period of credited service. The accumulated plan benefits for Grandfathered Participants are based on their highest average annual Plan earnings received during any 5 consecutive years during the 10 years preceding the date as of which the benefits information is presented (the valuation date). The accumulated plan benefits for other participants are equal to their cash balance account benefit. Benefits payable under all circumstances (retirement, death or termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via allocated annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 were: (a) life expectancy of participants (the PRI 2012 Mortality Table was used), (b) retirement age assumptions (the assumed retirement age was 65 for active participants) and (c) investment return (assumed average rate of return compounded annually at 6.00%). 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

Changes in actuarial assumptions from 2023 to 2024 included the following:

- The segment discount rates used for funding purposes were changed from 4.75%, 5.00%, and 5.74% (effective interest rate: 5.25%) in 2023 to 4.75%, 4.87%, and 5.59% (effective interest rate: 5.14%) in 2024.
- The mortality table used for funding was updated from the 2022 static mortality table to the 2023 static mortality table.
- The cash balance interest crediting rate was changed from 4.00% in 2023 to 4.66% in 2024.

#### **Note 4 - Certified Investments**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the years ended December 31, 2024 and 2023, that are disclosed in the accompanying financial statements and supplemental schedule, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Empower Trust Company, LLC, the trustee of the Plan.

#### **Note 5 - Investment contract with insurance company**

The Bank had entered into an investment contract with Prudential Retirement Income and Annuity Company ("PRIAC"). Amounts were invested in the Prudential Guaranteed Deposit Fund. PRIAC maintained the assets of this investment in an unallocated fund to which it credited interest at varying rates. PRIAC would have credited interest rate on net cash flow to the Guaranteed Deposit Account (New Money Rate) of 4.20% and 3.50% for December 31, 2024, and 2023, respectively. The balance in the fund would have been credited interest at the net rate (Accumulated Asset Rate) of 3.7% and 2.45% for December 31, 2024 and 2023, respectively. The investment contract was terminated on April 8, 2024 and the assets were moved from the Prudential Guaranteed Deposit Fund to the Vanguard Federal Money Markey Fund on April 29, 2024.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

#### Note 6 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

*Guaranteed investment contract:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 5).

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 281,885,368	\$ -	\$ -	\$ 281,885,368
Total investments at fair value	<u>\$ 281,885,368</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 281,885,368</u>
	<u>2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 236,304,600	\$ -	\$ -	\$ 236,304,600
Guaranteed investment contract	-	-	23,099,842	23,099,842
Total investments at fair value	<u>\$ 236,304,600</u>	<u>\$ -</u>	<u>\$ 23,099,842</u>	<u>\$ 259,404,442</u>

Unrealized gains and losses included in changes in net assets for the periods above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

#### Quantitative information about significant unobservable inputs used in Level 3 fair value measurements

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of that financial instrument as of December 31, 2023, and the significant unobservable inputs and the ranges of values for those inputs:

<u>December 31, 2023</u>					
<u>Instrument</u>	<u>Fair value</u>	<u>Principal valuation technique</u>	<u>Significant unobservable inputs</u>	<u>Range of significant input values</u>	<u>Weighted average</u>
Guaranteed investment contract	\$ 23,099,842	Discounted cash flow	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum rate	N/A
			Composite market value factor	0.950230 - 1.057704	0.935487

In estimating fair value of the investment in Level 3, the Committee may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Committee evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments and overall credit ratings.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

#### Note 7 - Related party transactions and party-in-interest transactions

Certain Plan assets include investments in funds managed by Empower Trust Company, LLC. Empower Trust Company, LLC is the Plan's trustee and, therefore, transactions with the trustee qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

#### Note 8 - Plan termination

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least 3 years, or that employees eligible to retire for that 3-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 3 years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the 5 years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations (discussed below).
- c. All other vested benefits not insured by the PBGC.
- d. All non-vested benefits.

Benefits to be provided via contracts under which PRIAC is obligated to pay the benefits would be excluded for allocation purposes.

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.

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 net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

See subsequent event footnote.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

#### Note 9 - Accumulated plan benefits

Statement of Accumulated Plan Benefits	December 31, 2023
Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	\$ 48,569,289
Terminated participants	56,002,097
Active participants	<u>132,732,870</u>
Total vested benefits	237,304,256
Total non-vested Accumulated benefits	<u>15,542,790</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 252,847,046</u></u>
Statement of Changes in Accumulated Plan Benefits	
	Year Ended December 31, 2023
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 224,606,634</u>
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	13,141,804
Assumption changes	202,044
Benefits paid	(11,153,140)
Benefits accumulated	<u>26,049,704</u>
Net increase	<u>28,240,412</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 252,847,046</u></u>

#### Note 10 - Tax status

The Internal Revenue Service ("IRS") has determined and informed the Bank by a letter dated August 3, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

## Sumitomo Mitsui Banking Corporation Retirement Plan

### Notes to Financial Statements December 31, 2024 and 2023

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; currently, there is an audit for tax periods 2019 to present in progress.

#### Note 11 - Risks and uncertainties

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

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

#### Note 12 - Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 341,885,368	\$ 279,404,442
Fair value adjustment	<u>-</u>	<u>1,593,010</u>
Net assets available for benefits per Form 5500	<u>\$ 341,885,368</u>	<u>\$ 280,997,452</u>

The following is a reconciliation of investment income per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Investment income/(loss) per the financial statements	\$ 21,636,040	\$ 31,769,035
Fair value adjustment	<u>(1,593,010)</u>	<u>(415,191)</u>
Investment income/(loss) per Form 5500	<u>\$ 20,043,030</u>	<u>\$ 31,353,844</u>

#### Note 13 - Subsequent event

The Bank determined on July 8, 2025 to proceed with the process to terminate the Plan.

## **Supplementary Information**

**Sumitomo Mitsui Banking Corporation Retirement Plan**  
**EIN # 13-5611820**  
**Plan # 001**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2024**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description	(c) Cost	(d) Current value
Vanguard Federal Money Market INV	Mutual fund	\$ 187,655	\$ 5,171,506
American Funds EuroPacific Gr R6	Mutual fund	16,398,317	16,487,059
Fidelity Advisor Corporate BondI	Mutual fund	34,192,229	31,451,307
Prudential Total Return Bond Z	Mutual fund	35,134,498	31,532,457
PIMCO LT Credit Inst Fund	Mutual fund	55,745,886	44,576,168
Principal Real Estate Securities Inst	Mutual fund	7,516,735	8,699,463
Vanguard Institutional Index Fund	Mutual fund	47,445,868	82,614,668
Vanguard Long-Term Bond Index	Mutual fund	13,550,958	10,399,549
Victory Sycamore Small Company Opp R6	Mutual fund	9,378,352	8,804,476
T. Rowe Price QM US Small-Cap Gr Eq I	Mutual fund	6,772,599	9,127,474
Vanguard Long-Term Investment Grade Adm	Mutual fund	39,665,897	33,021,241
		<u>\$ 265,988,994</u>	<u>\$ 281,885,368</u>
Total		<u>\$ 265,988,994</u>	<u>\$ 281,885,368</u>

See Independent Auditor's Report.

**Sumitomo Mitsui Banking Corporation Retirement Plan**  
**EIN # 13-5611820**  
**Plan # 001**

**Schedule of Reportable Transactions (Schedule H, Line 4j)**  
**Year Ended December 31, 2024**

(a) Identity of <u>party involved</u>	(b) <u>Description of asset</u>	(c) <u>Purchase price</u>	(d) <u>Selling price</u>	(e) <u>Lease rental</u>	(f) <u>Expenses incurred with transaction</u>	(g) <u>Cost of asset</u>	(h) <u>Current value of asset on transaction date</u>	(i) <u>Net gain or (loss)</u>
Prudential Retirement Insurance and Annuity Company	Prudential Guaranteed Deposit Fund	\$ -	\$ 15,705,045	N/A	N/A	\$ 15,705,045	\$ 15,705,045	\$ -
Vanguard	Vanguard Long-Term Credit Bond Institutional Fund	\$ -	\$ 14,000,000	N/A	N/A	\$ 7,656,198	\$ 14,000,000	\$ 6,343,802
Vanguard	Vanguard Federal Money Market Investment Fund	\$ 15,065,521	\$ -	N/A	N/A	\$ 15,065,521	\$ 15,065,521	\$ -

See Independent Auditor's Report.



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**SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN**

**EIN: 13-5611820**

**PN: 001**

**2024 FORM 5500 - SCHEDULE SB, LINE 26B - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2024	\$8,265,431.44	\$2,670,119.98	\$4,422,244.96	\$15,357,796.38
2025	\$10,581,079.44	\$2,872,139.89	\$4,350,158.92	\$17,803,378.25
2026	\$13,981,853.01	\$2,966,149.82	\$4,272,960.61	\$21,220,963.44
2027	\$17,404,510.52	\$3,878,070.58	\$4,190,692.20	\$25,473,273.30
2028	\$20,738,667.33	\$3,406,537.11	\$4,103,265.34	\$28,248,469.78
2029	\$22,160,991.34	\$4,205,543.68	\$4,010,481.27	\$30,377,016.29
2030	\$24,663,991.34	\$3,826,707.46	\$3,912,079.08	\$32,402,777.88
2031	\$26,720,128.37	\$3,647,099.60	\$3,807,766.49	\$34,174,994.46
2032	\$29,621,926.05	\$3,470,007.08	\$3,697,270.63	\$36,789,203.76
2033	\$32,273,813.88	\$3,708,256.72	\$3,580,385.93	\$39,562,456.53
2034	\$33,894,660.19	\$4,111,087.38	\$3,457,024.87	\$41,462,772.44
2035	\$36,773,266.11	\$4,188,851.84	\$3,327,238.88	\$44,289,356.83
2036	\$39,050,535.15	\$4,179,446.34	\$3,191,216.06	\$46,421,197.55
2037	\$41,453,883.69	\$4,225,866.40	\$3,049,307.88	\$48,729,057.97
2038	\$44,054,972.27	\$4,318,372.22	\$2,902,028.13	\$51,275,372.62
2039	\$45,685,491.77	\$4,173,019.21	\$2,750,012.72	\$52,608,523.70
2040	\$47,460,195.77	\$3,946,087.39	\$2,593,991.59	\$54,000,274.75
2041	\$48,470,955.48	\$4,360,156.73	\$2,434,762.92	\$55,265,875.13
2042	\$49,140,925.19	\$3,744,950.85	\$2,273,165.38	\$55,159,041.42
2043	\$50,036,802.34	\$3,659,939.47	\$2,110,093.95	\$55,806,835.76
2044	\$51,734,653.83	\$3,352,034.77	\$1,946,501.56	\$57,033,190.16
2045	\$52,156,507.93	\$3,417,963.30	\$1,783,441.87	\$57,357,913.10
2046	\$51,675,871.03	\$3,128,604.67	\$1,622,109.29	\$56,426,584.99
2047	\$52,308,763.37	\$4,013,262.79	\$1,463,843.80	\$57,785,869.96
2048	\$53,352,159.70	\$4,386,408.73	\$1,310,088.84	\$59,048,657.27
2049	\$54,334,504.04	\$3,965,565.21	\$1,162,308.96	\$59,462,378.21
2050	\$53,549,410.28	\$3,800,297.41	\$1,021,900.80	\$58,371,608.49
2051	\$50,985,984.43	\$3,394,665.14	\$890,053.51	\$55,270,703.08
2052	\$50,640,403.43	\$3,449,136.30	\$767,738.50	\$54,857,278.23
2053	\$51,130,732.36	\$3,179,093.81	\$655,682.29	\$54,965,508.46
2054	\$48,929,403.80	\$3,322,369.07	\$554,318.57	\$52,806,091.44
2055	\$46,367,030.57	\$3,042,328.42	\$463,809.40	\$49,873,168.39
2056	\$42,364,697.20	\$3,199,726.35	\$384,037.45	\$45,948,461.00
2057	\$42,255,511.20	\$2,958,598.75	\$314,649.30	\$45,528,759.25

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

EIN: 13-5611820

PN: 001

2024 FORM 5500 - SCHEDULE SB, LINE 26B - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	\$39,439,068.73	\$2,629,594.57	\$255,102.91	\$42,323,766.21
2059	\$36,006,284.43	\$2,213,465.97	\$204,688.01	\$38,424,438.41
2060	\$32,507,883.09	\$1,572,880.63	\$162,563.53	\$34,243,327.25
2061	\$31,094,202.22	\$1,324,701.09	\$127,818.34	\$32,546,721.65
2062	\$27,429,443.35	\$1,042,715.85	\$99,518.68	\$28,571,677.88
2063	\$24,366,960.60	\$707,091.51	\$76,749.26	\$25,150,801.37
2064	\$19,371,931.22	\$411,066.24	\$58,648.27	\$19,841,645.73
2065	\$16,722,152.64	\$230,806.91	\$44,423.67	\$16,997,383.22
2066	\$13,898,345.27	\$126,737.46	\$33,366.49	\$14,058,449.22
2067	\$10,608,074.32	\$79,830.12	\$24,859.13	\$10,712,763.57
2068	\$7,580,230.78	\$46,234.80	\$18,378.90	\$7,644,844.48
2069	\$5,267,388.44	\$26,022.98	\$13,485.46	\$5,306,896.88
2070	\$3,829,376.59	\$14,825.65	\$9,820.64	\$3,854,022.88
2071	\$2,636,977.37	\$9,844.05	\$7,097.88	\$2,653,919.30
2072	\$219,176.21	\$6,777.92	\$5,089.92	\$231,044.05
2073	\$27,849.39	\$4,584.35	\$3,620.77	\$36,054.51

**SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN**

**EIN: 13-5611820 PN: 001**

**2024 FORM 5500 -SCHEDULE SB, LINE 26 -SCHEDULE OF ACTIVE PARTICIPANT DATA**

Attained Age	Years of Credited Service									Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	
Under age 25	28	156	0	0	0	0	0	0	0	184
	\$1,010	\$6,892	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,997
	\$89,564	\$125,246	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$119,816
Age 25 to 29	93	307	45	0	0	0	0	0	0	445
	\$1,461	\$12,822	\$36,125	\$0	\$0	\$0	\$0	\$0	\$0	\$12,804
	\$107,704	\$155,936	\$178,247	\$0	\$0	\$0	\$0	\$0	\$0	\$148,112
Age 30 to 34	71	306	106	8	0	0	0	0	0	491
	\$1,831	\$15,366	\$49,537	\$93,806	\$0	\$0	\$0	\$0	\$0	\$22,064
	\$135,875	\$176,739	\$198,818	\$244,719	\$0	\$0	\$0	\$0	\$0	\$176,704
Age 35 to 39	70	327	108	27	2	0	0	0	0	534
	\$1,926	\$18,192	\$58,880	\$92,172	\$205,146	\$0	\$0	\$0	\$0	\$28,730
	\$146,472	\$195,635	\$200,428	\$225,694	\$304,803	\$0	\$0	\$0	\$0	\$192,089
Age 40 to 44	67	282	102	32	24	1	0	0	0	508
	\$2,528	\$19,180	\$67,307	\$108,302	\$146,793	\$305,221	\$0	\$0	\$0	\$38,853
	\$164,430	\$205,188	\$206,857	\$222,423	\$215,206	\$303,188	\$0	\$0	\$0	\$201,900
Age 45 to 49	64	209	88	40	24	12	4	0	0	441
	\$2,509	\$20,727	\$67,362	\$123,155	\$170,730	\$283,517	\$188,614	\$0	\$0	\$53,516
	\$175,383	\$226,510	\$209,915	\$222,598	\$228,400	\$271,323	\$154,455	\$0	\$0	\$216,092
Age 50 to 54	48	218	76	47	35	13	14	4	0	455
	\$3,151	\$22,334	\$73,629	\$126,263	\$181,298	\$279,106	\$254,615	\$220,703	\$0	\$68,069
	\$192,019	\$230,875	\$218,092	\$223,266	\$206,827	\$252,725	\$192,852	\$203,216	\$0	\$221,216
Age 55 to 59	24	193	58	22	16	7	19	12	5	356
	\$2,363	\$20,795	\$79,485	\$122,989	\$197,165	\$277,505	\$305,290	\$240,618	\$232,715	\$73,974
	\$172,816	\$203,751	\$220,738	\$217,604	\$226,859	\$203,212	\$221,024	\$178,133	\$143,135	\$205,524
Age 60 to 64	10	112	48	21	12	15	6	8	6	238
	\$1,668	\$23,085	\$61,767	\$118,164	\$181,931	\$278,553	\$353,713	\$308,471	\$313,240	\$87,728
	\$151,357	\$209,804	\$176,961	\$198,489	\$213,668	\$236,152	\$258,350	\$235,995	\$210,295	\$203,698
Age 65 to 69	2	25	19	11	4	1	4	1	4	71
	\$1,655	\$26,215	\$73,317	\$144,227	\$193,740	\$286,688	\$267,544	\$329,399	\$276,992	\$101,513
	\$112,032	\$207,472	\$197,179	\$230,698	\$201,429	\$256,620	\$176,443	\$233,454	\$193,580	\$203,815
Age 70 & up	0	7	2	1	0	1	0	1	1	13
	\$0	\$15,438	\$47,555	\$73,929	\$0	\$113,678	\$0	\$168,225	\$268,363	\$63,644
	\$0	\$168,161	\$126,245	\$103,324	\$0	\$79,820	\$0	\$106,964	\$225,732	\$149,650
Total	477	2,142	652	209	117	50	47	26	16	3,736
	\$2,069	\$17,570	\$62,404	\$116,808	\$175,120	\$277,140	\$283,235	\$259,062	\$276,209	\$43,505
	\$146,264	\$191,497	\$202,737	\$220,876	\$217,902	\$242,914	\$207,938	\$199,186	\$186,094	\$191,079

In each cell, the top number is the count of active participants for each age/service combination. The middle number is the average cash balance account value as of January 1, 2024 of the active participants in that group. The bottom number is the average 2023 compensation of the active participants in that group.

**SUMITOMO MITSUI BANKING CORPORATION  
RETIREMENT PLAN**

**EIN: 13-5611820  
PN:001**

**2024 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

**I. Valuation Methods**

The unit credit cost method was used for funding.

**II. Actuarial Value of Assets**

The actuarial valuation of assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return which, as required by PPA, must be based on the lesser of an expected rate of return selected by the actuary, or the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of the market value. The discounted value of the accrued contributions, if any, is included in the actuarial value of assets.

The expected return on plan assets as selected by the actuary is 6.00%. The third segment rate for the 2024 and 2023 measurement periods was 5.59% and 5.74% respectively.

**III. Actuarial Assumption**

- a. Mortality – IRS 2024 Generational Mortality Table Annuitant and Non-Annuitant  
Last year IRS 2023 Static Mortality Annuitant and Non-Annuitant was used
- b. Mortality for Lump Sum – IRC 417(e)
- c. Economic Assumptions

Discount Rate for Funding	Current Year		Last Year	
	<u>HATFA</u>	<u>Non HATFA</u>	<u>HATFA</u>	<u>Non HATFA</u>
Segment 1 (0 – 5 years):	4.75%	3.62%	4.75%	1.41%
Segment 2 (5 – 20 years):	4.87%	4.46%	5.00%	3.09%
Segment 3 (20 + years):	5.59%	4.52%	5.74%	3.58%
Effective Interest Rate:	5.14%	4.44%	5.25%	3.54%
Look Back Month	September			

**SUMITOMO MITSUI BANKING CORPORATION  
RETIREMENT PLAN**

**EIN: 13-5611820  
PN:001**

**2024 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS  
(CONT'D)**

**III. Actuarial Assumption (Cont'd)**

d. Economic Assumptions (Cont'd)

Cash Balance Interest Crediting Rate – Assumed to be 4.66% (4.00% was used last year)

e. Rates of Turnover – Sample rates showing the percentage of participants assumed to terminate in the next year is as follows.

<b>Age/Svc</b>	<b>Less Than 3</b>	<b>3 and Up</b>
Under 25	15.0%	
25 - 29	15.0%	12.5%
30 - 34	15.0%	10.5%
35 - 39	15.0%	6.5%
40 - 44	7.0%	5.0%
45 - 49	7.0%	4.0%
50 - 55	7.0%	2.5%
55 and Up	7.0%	2.0%

f. Expense Load in Funding Target Normal Cost – estimated to be \$531,000.

g. Social Security Wage Base Increase – assumed to be 2.50% (2.50% was used last year)

h. Percent Married –90% of male participants and 60% of female participants are assumed to be married at death.

i. Age of Spouse – Husbands are assumed to be 3 years older than their wives.

j. Form of Annuity

For retirement – 100% of non-grandfathered retirees are assumed to elect their cash balance as a lump sum and 100% of grandfathered participants will elect an annuity

For termination – 100% will receive their cash balance as a lump sum at termination with the traditional benefit paid at age 65.

**SUMITOMO MITSUI BANKING CORPORATION  
RETIREMENT PLAN**

**EIN: 13-5611820  
PN:001**

**2024 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS  
(CONT'D)**

**III. Actuarial Assumption (Cont'd)**

- k. Salary Increases – CB salary scale from a flat 6.5% rate to an age-based scale grading down from 18.0% at younger ages to 4.0% at older ages, GF salary scale at a flat 4.0% rate

<b><u>Salary Scale</u></b>		
<b><u>Age</u></b>	<b><u>CB Pay</u></b>	<b><u>GF Pay</u></b>
Under 25	18.0%	
25-29	12.0%	
30-34	9.0%	
35-39	6.0%	A flat 4.0% for all Ages
40-44	5.0%	
45-49	5.0%	
50-55	4.0%	
>55	4.0%	

- i. Retirement rates for active participants – Assumptions based on the following table:

<b>Retirement Rates</b>					
<b><u>Age</u></b>	<b><u>Actives</u></b>	<b><u>TV's</u></b>	<b><u>Age</u></b>	<b><u>Actives</u></b>	<b><u>TV's</u></b>
55	5.0%	0.0%	63	10.0%	5.0%
56	2.0%	2.0%	64	10.0%	50.0%
57	2.0%	2.0%	65	25.0%	50.0%
58	2.0%	2.0%	66	25.0%	50.0%
59	2.0%	2.0%	67	25.0%	50.0%
60	5.0%	5.0%	68	25.0%	50.0%
61	5.0%	5.0%	69	25.0%	50.0%
62	10.0%	5.0%	>=70	100.0%	100.0%

- m. Disability Rates – Not assumed

**SUMITOMO MITSUI BANKING CORPORATION  
RETIREMENT PLAN**

**EIN: 13-5611820  
PN:001**

**2024 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS  
(CONT'D)**

**IV. Employee Data used in Valuation**

The valuation is based on information provided by the Employer for all persons who were eligible to participate in the Plan on the valuation date, whether in an active, terminated vested or retired status.

**SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN**

**EIN: 13-5611820**

**PN: 001**

**2024 FORM 5500 - SCHEDULE SB, LINE 22 - WEIGHTED AVERAGE RETIREMENT AGE**

**Retirement for Actives**

<u>Age</u>	<u>Rate</u>	<u>Probability</u>
55	5%	5.00%
56	2%	1.90%
57	2%	1.86%
58	2%	1.82%
59	2%	1.79%
60	5%	4.38%
61	5%	4.16%
62	10%	7.91%
63	10%	7.12%
64	10%	6.41%
65	25%	14.41%
66	25%	10.81%
67	25%	8.11%
68	25%	6.08%
69	25%	4.56%
70	100%	13.68%

Weighted Average: 64.4349

**SUMITOMO MITSUI BANKING CORPORATION  
RETIREMENT PLAN**

**EIN: 13-5611820  
PN:001**

**2024 FORM 5500 – SCHEDULE SB, LINE 24 - CHANGE IN ASSUMPTIONS**

To better reflect expected plan experience:

- 1) The Cash Balance Interest Crediting Rate was assumed to be 4.66%. (Last year it was assumed to be 4.00%)

# SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2024

## Section XVII - Summary of Plan Provisions

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**1. Plan Name**

Sumitomo Mitsui Banking Corporation Retirement Plan

**2. Effective Date**

April 1, 1979

**3. Plan Year**

January 1 – December 31

**4. Eligibility/Participation**

All employees except those classified as “Foreign Nationals” by the Employer shall become a Participant as of the 1<sup>st</sup> day of each calendar month coinciding with or next following the attainment of age 21 and 6 calendar months of service.

**5. Earnings**

Compensation For Cash Balance Benefit: W-2 pay limited to \$82,500 per quarter, as indexed.

Average Annual Earnings For Grandfathered Benefit: the average of the monthly base pay (1/12<sup>th</sup> of the participant’s rate of annual base pay in effect for the month) received for any 60 consecutive months during the 120 months immediately preceding the date the Participant terminates.

**6. Normal Retirement Date**

The first day of the month following the date in which the Participant attains age 65.

**7. Credited Service**

The number of completed years and months of service excluding service before age 25 prior to April 1, 1985 and service before age 21 from April 1, 1985.

# SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2024

## Section XVII - Summary of Plan Provisions (Cont'd)

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### 8. Normal Retirement Benefit

#### Cash Balance Formula:

Effective April 1, 2001, a participant shall be credited as of the last day of the calendar quarter an amount equal to the applicable percentage listed below multiplied by the Participant's compensation for that quarter:

<u>Years of Service</u>	<u>Applicable %</u>
0 - 5	5.50%
5 - 10	6.00%
10 - 15	6.50%
15 - 20	7.00%
20 - 25	7.50%
25 - 30	8.00%
30 & Over	8.50%

As of March 31, 2001, all actively employed Participants under age 55 with less than 5 years of service shall have an amount equal to the Actuarial Equivalent single sum value of their accrued benefit, calculated using the formula below, credited to their cash balance account as of April 1, 2001.

#### Grandfathered Benefit:

Effective April 1, 1989, the retirement payable at normal retirement date is equal to the sum of (i) and (ii) below:

- (i) 1.2% of Final Average Earnings up to Covered Compensation multiplied by the number of years of credited service not in excess of 40 years.
- (ii) 1.75% of Final Average Earnings in excess of Covered Compensation multiplied by the number of years of credited service not in excess of 40 years.

Effective April, 2001, participants who were over age 55 and had over 5 years of service did not have their traditional benefit converted to a cash balance benefit. These grandfathered participants receive a traditional benefit based on final earnings at termination and Credited Service through March 31, 2001 plus the excess of the formula above for any credited service earned after April 1, 2001 compared to the benefit accrued under the Cash Balance component.

### 9. Interest Crediting Rate

Interest will be credited to the cash balance account at a rate based on the 30 year Treasury Rate as of the November immediately preceding the Plan Year, capped at 8.00% (not less than 0.6% for periods after January 1, 2007)

# SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2024

## Section XVII - Summary of Plan Provisions (Cont'd)

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### 10. Early Retirement Date

The date the participant is at least age 55 with 5 years of service.

### 11. Early Retirement Benefit

Cash Balance Benefit: The participant is entitled to his vested cash balance benefit upon termination

Grandfathered Benefit: The pension benefit provided for grandfathered participants is unreduced to age 60 and reduced by factors set forth in Addendum A of the plan to age 55. (Effective January 1, 2016, early retirement adjustment factor will be based on plan's actuarial equivalence for post 2015 benefit accruals)

### 12. Death Benefit

Cash Balance Benefit: The participant's beneficiary will receive the actuarial equivalent of the participants vested accrued benefit

Grandfathered Benefit: The participant's spouse shall receive an amount equal to 50% of the Qualified Joint and Survivor Annuity had the participant elected to receive the 50% Qualified Joint and Survivor Annuity and immediately deceased if eligible for early retirement or on the date the participant would have met the conditions for early retirement.

### 13. Vesting Percentage

3-year cliff

### 14. Normal Form of Payment

For unmarried participants: Single Life Annuity

For married participants: 50% Qualified Joint and Survivor Annuity

### 15. Optional Form of Payment

Single Life Annuity

50% Joint and Survivor Annuity

75% Qualified Joint and Survivor Annuity

Lump Sum (only available on the grandfathered benefit if the lump sum value does not exceed \$10,000)

# SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2024

## Section XVII - Summary of Plan Provisions (Cont'd)

---

### 16. Pension Equivalent

To convert the cash balance account to an annuity, the applicable mortality table and the applicable interest rates for the November prior to the beginning of the plan year is used. To convert between optional annuity forms the UP-1984 mortality table and an interest rate of 6.00% is used.

**SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN**

**EIN: 13-5611820**

**PN: 001**

**2024 Form 5500 Schedule SB - Line 19 - Discounted Employer Contributions**

<u>Contribution Date</u>	<u>Contribution Amount (\$)</u>	<u># Days Discounting to BOY</u>	<u>Discounted Contribution</u>
3/25/2025	\$60,000,000.00	449	\$56,412,281.20
<b>TOTALS</b>	<b>\$60,000,000.00</b>		<b>\$56,412,281.20</b>

Valuation Date	1/1/2024
Required Contribution	\$0.00
2024 Effective Interest Rates (HATFA Rates)	5.14%

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

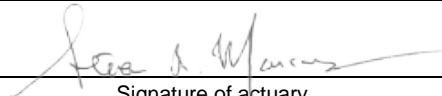
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SUMITOMO MITSUI BANKING CORPORATION	<b>D</b> Employer Identification Number (EIN)  13-5611820	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	278,742,738
	<b>b</b> Actuarial value .....	<b>2b</b>	287,945,726
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	365	50,674,334
	<b>b</b> For terminated vested participants .....	1,006	61,741,981
	<b>c</b> For active participants .....	3,736	146,045,218
	<b>d</b> Total .....	5,107	258,461,533
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.14 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	33,464,900
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,342,000
	<b>c</b> Target normal cost .....	<b>6c</b>	34,806,900

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

<b>SIGN HERE</b>	 Signature of actuary	<u>09/24/2025</u> Date
	STEVEN R. MARCUS, E.A., A.S.A., MAAA Type or print name of actuary	<u>23-06245</u> Most recent enrollment number
	USI Consulting Group Firm name	<u>(516) 683-6100</u> Telephone number (including area code)
	725 RXR PLAZA - EAST TOWER  UNIONDALE NY 11556 Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		18,373,678
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		964,618
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		19,338,296
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.40%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.40%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	113.07%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
03/25/2025	60,000,000						
			<b>Totals ▶</b>	<b>18(b)</b>	60,000,000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	56,412,281

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 64

**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**

**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):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	34,806,900
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	12,136,223

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

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	22,670,677
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	22,670,677
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	56,412,281
<b>38</b> Present value of excess contributions for current year (see instructions)		
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	33,741,604
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

**Sumitomo Mitsui Banking Corporation Retirement Plan**  
**EIN # 13-5611820**  
**Plan # 001**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2024**

(a) Identity of issue, borrower, lessor, or similar party	(b) Description	(c) Cost	(d) Current value
Vanguard Federal Money Market INV	Mutual fund	\$ 187,655	\$ 5,171,506
American Funds EuroPacific Gr R6	Mutual fund	16,398,317	16,487,059
Fidelity Advisor Corporate BondI	Mutual fund	34,192,229	31,451,307
Prudential Total Return Bond Z	Mutual fund	35,134,498	31,532,457
PIMCO LT Credit Inst Fund	Mutual fund	55,745,886	44,576,168
Principal Real Estate Securities Inst	Mutual fund	7,516,735	8,699,463
Vanguard Institutional Index Fund	Mutual fund	47,445,868	82,614,668
Vanguard Long-Term Bond Index	Mutual fund	13,550,958	10,399,549
Victory Sycamore Small Company Opp R6	Mutual fund	9,378,352	8,804,476
T. Rowe Price QM US Small-Cap Gr Eq I	Mutual fund	6,772,599	9,127,474
Vanguard Long-Term Investment Grade Adm	Mutual fund	39,665,897	33,021,241
		<u>\$ 265,988,994</u>	<u>\$ 281,885,368</u>
Total		<u>\$ 265,988,994</u>	<u>\$ 281,885,368</u>

See Independent Auditor's Report.

**Sumitomo Mitsui Banking Corporation Retirement Plan**  
**EIN # 13-5611820**  
**Plan # 001**

**Schedule of Reportable Transactions (Schedule H, Line 4j)**  
**Year Ended December 31, 2024**

(a) Identity of <u>party involved</u>	(b) <u>Description of asset</u>	(c) <u>Purchase price</u>	(d) <u>Selling price</u>	(e) <u>Lease rental</u>	(f) <u>Expenses incurred with transaction</u>	(g) <u>Cost of asset</u>	(h) <u>Current value of asset on transaction date</u>	(i) <u>Net gain or (loss)</u>
Prudential Retirement Insurance and Annuity Company	Prudential Guaranteed Deposit Fund	\$ -	\$ 15,705,045	N/A	N/A	\$ 15,705,045	\$ 15,705,045	\$ -
Vanguard	Vanguard Long-Term Credit Bond Institutional Fund	\$ -	\$ 14,000,000	N/A	N/A	\$ 7,656,198	\$ 14,000,000	\$ 6,343,802
Vanguard	Vanguard Federal Money Market Investment Fund	\$ 15,065,521	\$ -	N/A	N/A	\$ 15,065,521	\$ 15,065,521	\$ -

See Independent Auditor's Report.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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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**

<b>1a</b> Name of plan SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SUMITOMO MITSUI BANKING CORPORATION  277 PARK AVENUE  NEW YORK NY 10172	<b>1c</b> Effective date of plan <u>04/01/1979</u>  <b>2b</b> Employer Identification Number (EIN) <u>13-5611820</u>  <b>2c</b> Plan Sponsor's telephone number (212) 224-4000  <b>2d</b> Business code (see instructions) <u>522120</u>

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

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

<b>SIGN HERE</b>		<u>10/9/25</u>	MARIA ROMEOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>10/9/25</u>	MARIA ROMEOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5,107
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3,736
	<b>6a(2)</b>	4,100
	<b>6b</b>	382
	<b>6c</b>	990
	<b>6d</b>	5,472
	<b>6e</b>	34
	<b>6f</b>	5,506
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		251
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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EFAST2 Filing Authorization  
for the 2024 Form 5500

Sumitomo Mitsui Banking Corporation Retirement Plan  
EIN / PN: 13-5611820 / 001

Plan Year Ending: 12/31/2024

Authorization of Practitioner to Electronically Sign and File

I hereby authorize USI Consulting Group to electronically sign and file the above-named returns/reports through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to USI Consulting Group before the electronic filing can be initiated;
- USI Consulting Group will retain a copy of this written authorization in its records;
- USI Consulting Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- USI Consulting Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Maria Roman

Print Name (Employer / Plan Sponsor)

M Roman

Sign Name (Employer / Plan Sponsor)

10/9/2025

Date