

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
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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
1a	Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1972
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) THE BANK OF NEW YORK MELLON CHRISTINE ELLWANGER 500 ROSS STREET 154-1300 PITTSBURGH, PA 15262
2b	Employer Identification Number (EIN) 13-5160382
2c	Plan Sponsor's telephone number 800-947-4748
2d	Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CHRISTINE ELLWANGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS ADMINISTRATION COMMITTEE CHRISTINE ELLWANGER 500 ROSS STREET 154-1300 PITTSBURGH, PA 15262		3b Administrator's EIN 13-5160382
		3c Administrator's telephone number 800-947-4748
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 55171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 6387 6a(2) 5336 6b 21538 6c 24428 6d 51302 6e 2746 6f 54048 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 13-5160382
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	5257713338	
b	Actuarial value	2b	5558121587	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	23282	2066722920	2066722920
b	For terminated vested participants	25832	1149995351	1149995351
c	For active participants	6387	454973313	456889201
d	Total	55501	3671691584	3673607472
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	20400000	
c	Target normal cost	6c	20400000	

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

SIGN HERE	Signature of actuary NOEL THOMAS Type or print name of actuary AON CONSULTING, INC Firm name ONE LIBERTY PLAZA 165 BROADWAY FLOOR 31 NEW YORK, NY 10006 Address of the firm	09/19/2025 Date 23-06696 Most recent enrollment number 212-479-4081 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19875774	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	19875774	0
10 Interest on line 9 using prior year's actual return of <u>11.09</u> %	2204223	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	22079997	0

Part III Funding Percentages

14 Funding target attainment percentage	14	150.69 %
15 Adjusted funding target attainment percentage	15	151.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	145.64 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a Segment rates:</td> <td style="width:33%;">1st segment: 4.75 %</td> <td style="width:33%;">2nd segment: 4.96 %</td> <td style="width:33%;">3rd segment: 5.59 %</td> <td style="width:33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	0						
22	Weighted average retirement age	22	63						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

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

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	20400000
	b Excess assets, if applicable, but not greater than line 31a	31b	20400000
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	0	0
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34
			0
			0
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
			0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
			0
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
			0
40	Unpaid minimum required contributions for all years		40
			0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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

A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 13-5160382

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

BUCK GLOBAL, LLC

13-3954297

(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 16 50	NONE	3344365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVER ROAD ASSET MANAGEMENT

43-2076925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	1175717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIMES SQUARE CAPITAL MGMT

20-1665304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	871708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHAMPLAIN INVESTMENT PARTNERS

20-1364717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	827068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EARNEST PARTNERS LLC

27-1939238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	704566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER, LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	686145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PGIM, INC.

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	679853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERA CAPITAL INC

13-2726734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	658760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	655303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BAILLIE GIFFORD INT'L LLC

98-0473976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	637321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENESIS INVESTMENT MANAGEMENT

16 ST. JAMES'S STREET
LONDON, UK SW1A 1ER GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	633427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METLIFE INVESTMENT MANAGEMENT

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	615169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WELLINGTON GROUP HOLDINGS LLP

47-1167553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	583301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	556736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEMPLETON INVESTMENT COUNSEL LLC

94-3385113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	547626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WESTERN ASSET MANAGEMENT INC

20-1802647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	487557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOP CAPITAL MARKETS LLC

36-4164012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	220106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AXA EQUITABLE LIFE INS CO

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	176473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

KPMG LLP

13-5565207

(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 16 50	NONE	105162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	91000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KAREN S. KINOL	b EIN:	13-3954297
c Position:	ENROLLED ACTUARY		
d Address:	BUCK GLOBAL, LLC 444 LIBERTY AVENUE, SUITE 805 PITTSBURGH, PA 15222	e Telephone:	412-281-2506

Explanation: AS A RESULT OF A CHANGE IN THE FIRMS PROVIDING ACTUARIAL SERVICES, THE ENROLLED ACTUARY CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON				D Employer Identification Number (EIN) 13-5160382	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: THE BANK OF NEW YORK MELLON CORPORA					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON CORPORATION					
c EIN-PN 26-4392425-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5178651926	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 13-5160382

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	5257223708	5178651926
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5257223708	5178651926
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5257223708	5178651926

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		171854471
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		171854471

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	257563736	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		257563736
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2081609	
(4) IQPA audit fees	2i(4)	105162	
(5) Investment advisory and investment management fees	2i(5)	12058077	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1353756	
(8) Legal fees	2i(8)	572	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5661953	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		21261129
j Total expenses. Add all expense amounts in column (b) and enter total	2j		278824865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-106970394
l Transfers of assets:			
(1) To this plan	2l(1)		28398612
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG, LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		200000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586836.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		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					
A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON				D Employer Identification Number (EIN) 13-5160382	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855					
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				3 563	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 36.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**The Bank of New York Mellon Corporation
Pension Plan**

Financial Statements and Supplemental Schedule
for the years ended
December 31, 2024 and 2023

(With Independent Auditors' Report)

The Bank of New York Mellon Corporation Pension Plan

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KPMG LLP
BNY Mellon Center
Suite 3400
500 Grant Street
Pittsburgh, PA 15219-2598

Independent Auditors' Report

Benefits Administration Committee
The Bank of New York Mellon Corporation Pension Plan:

Opinion

We have audited the financial statements of The Bank of New York Mellon Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not



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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

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

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



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

KPMG LLP

Pittsburgh, Pennsylvania
June 26, 2025

The Bank of New York Mellon Corporation Pension Plan

Statements of Net Assets Available for Plan Benefits

	December 31,	
	2024	2023
Assets:		
Plan interest in the Master Trust	\$ 5,178,651,926	\$ 5,257,223,708
Total assets	5,178,651,926	5,257,223,708
Liabilities:		
Other liabilities	—	—
Total liabilities	—	—
Net assets available for plan benefits	\$ 5,178,651,926	\$ 5,257,223,708

See accompanying Notes to Financial Statements.

The Bank of New York Mellon Corporation Pension Plan

Statements of Changes in Net Assets Available for Plan Benefits

	Year ended December 31,	
	2024	2023
Investment income:		
Change in the Plan interest in the Master Trust	\$ 171,854,471	\$ 528,933,467
Total additions	171,854,471	528,933,467
Benefits paid to participants	257,563,736	233,643,304
Administrative expenses	21,261,129	20,428,543
Total deductions	278,824,865	254,071,847
Net (decrease) increase prior to transfers in from other plans	(106,970,394)	274,861,620
Transfers in from ESOP	28,398,612	14,017,856
Net (decrease) increase	(78,571,782)	288,879,476
Net assets available for plan benefits:		
At beginning of year	5,257,223,708	4,968,344,232
At end of year	\$ 5,178,651,926	\$ 5,257,223,708

See accompanying Notes to Financial Statements.

1. Description of the Plan

The following description of The Bank of New York Mellon Corporation Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document as amended and restated effective January 1, 2020 and the Plan’s Summary Plan Description for a more complete description of the Plan’s provisions.

General Information – The Plan is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan provides eligible employees of The Bank of New York Mellon Corporation (the “Company”) with retirement income.

Effective December 31, 2008, the Retirement Plan of The Bank of New York Company, Inc. was merged into and with the Mellon Bank Retirement Plan to form a single pension plan. The Plan was renamed The Bank of New York Mellon Corporation Pension Plan.

On March 31, 2017, the Kwasha Lipton Retirement Plan (the “Kwasha Plan”) was merged into the Plan. The merger did not impact the benefit provisions of the Kwasha Plan. Those provisions will continue to apply to all benefits earned and payable under the Kwasha Plan.

Administration of the Plan – The Plan is administered by The Bank of New York Mellon Corporation Benefits Administration Committee (the “Plan Administrator”), a named fiduciary of the Plan. The Plan Administrator has full discretionary power and authority to construe, interpret and administer the Plan, including questions concerning eligibility and payment of benefits and may adopt rules and regulations for administering the Plan. The Bank of New York Mellon Corporation Benefits Investment Committee (the “Benefits Investment Committee”), also a named fiduciary of the Plan, is responsible for investment-related matters, including the establishment of an investment policy, the appointment of investment managers and the monitoring of the performance of the Plan’s investment funds. There is no assurance that the stated objective of any of the funds can be achieved. The Plan’s trustee is The Bank of New York Mellon (the “Trustee”), a wholly-owned banking subsidiary of the Company.

Eligibility – Under the terms of the Plan, each eligible employee (as defined in the Plan document) of the Company and any subsidiary which adopted the Plan, became a participant in the Plan after completing one year of eligibility service (as defined in the Plan document). Effective December 31, 2010, the Plan was closed to new participants.

Pension Benefits – The following methodology was used to calculate pension benefits.

Grandfathered Participants: In general, active participants age 50 or older as of December 31, 2008 in either the Retirement Plan of The Bank of New York Company, Inc. or the Mellon Bank Retirement Plan continued to earn pension benefits through June 30, 2015 under the respective plan provisions using a revised benefit formula that provided a reduced benefit for service earned on and after January 1, 2011. Effective July 1, 2015, the Plan was amended to freeze benefits accrued by the participants. The “freeze” means that for service or pay earned after June 30, 2015, grandfathered participants earn or accrue no further benefits.

Non-grandfathered Participants: In general, the calculation of pension benefits for active participants under the age of 50 as of December 31, 2008 and in either the Retirement Plan of The Bank of New York Company, Inc. or the Mellon Bank Retirement Plan, was frozen as of December 31, 2008. The pension benefit for service earned on and after January 1, 2009 through the June 30, 2015 freeze date was determined under a cash balance formula based on the accumulation of “pay credits” and “interest credits” to a “cash balance account.” The “freeze” means that for service or pay earned after June 30, 2015, no further pay credits will be earned or accrued under the Plan’s cash balance formula. However, interest credits will continue to accumulate until the participant elects to receive payment of the cash balance benefit following the

termination of employment. The interest crediting rate will be set annually based on an average of rates of return on 20-year U.S. Treasury securities for the month of September of the prior year, subject to a minimum rate of 4.0%.

Vesting – Vesting is a non-forfeitable right to receive a benefit from the Plan. Effective July 1, 2015, the Plan was amended to vest the benefits accrued under the Plan for all active participants employed through the close of business on June 30, 2015.

Contributions – Participants are neither required nor allowed to make contributions. Company contributions to the Plan are at least equal to the amount determined by the Plan’s actuary to be necessary to fund the obligations for benefits payable to participants. No contributions to the Plan were required in 2024 or 2023.

Plan Transfers – In 1986, The Bank of New York Company, Inc. established the Employee Stock Ownership Plan of The Bank of New York Company, Inc. (the “ESOP”). The ESOP is a “floor-offset” plan which means that pension plan benefits are offset, but not below zero, by the equivalent value of the participant’s ESOP account balance. Many participants in the Plan (except, for example, for former participants of the Retirement Plan of Irving Bank Corporation and Affiliates, the Retirement Plan of the National Community Bank of New Jersey, the Retirement Plan for the Employees of the Putnam Trust Company of Greenwich and the Mellon Bank Retirement Plan) are also participants in the ESOP and are entitled to benefits equal to the greater of the value of the vested benefit under the ESOP or the Plan. The Plan receives from the ESOP an amount equal to the ESOP value owed to participants who elect to receive their retirement benefit through one of the payment options under the Plan.

At retirement, a participant with a plan benefit accrued under the former Retirement Plan of The Bank of New York Company, Inc. may elect to receive the value of his or her accrued benefit in the Plan as a lump sum (so long as such person was a participant in the Plan as of December 31, 2005) or through one of the annuity options provided under the Plan. A participant’s ESOP benefit may alternatively be paid in stock through the ESOP, in which case the value of the ESOP distribution is netted against the distribution made through the Plan. If a participant elects to receive his or her entire benefit through the Plan, funds are transferred to the Plan from the ESOP. ESOP benefits that were paid as annuities or lump sum distributions were transferred in to and paid from the Plan (excluding in-kind stock distributions and lump sums payable from the ESOP to individuals who were not Plan participants). Transfers from the ESOP totaled \$28,398,612 in 2024 and \$14,017,856 in 2023.

Payment of Benefits – The following are forms of payment of benefits.

Grandfathered Participants: As a general rule, participants will have the same payment options as permitted in the former legacy plans in which they were active participants.

Non-grandfathered Participants: Participants can elect to receive the value of the cash balance account in one of several different forms of payment, including a lump sum distribution equal to the balance of the cash balance account or an actuarially equivalent monthly pension benefit payable over the participant’s lifetime. If the participant has a frozen benefit earned as of December 31, 2008 from one of the former legacy plans, the payment options for that benefit are based on the provisions of the respective plan.

Amendment and Termination – Although the Company has no present intention to terminate the Plan, the Company can amend or terminate the Plan at any time and for any reason, by action of The Bank of New York Mellon Corporation’s Board of Directors or its delegate, subject to the provisions set forth in ERISA. The Company has met the minimum funding standards of ERISA for both 2024 and 2023.

In the event the Plan is amended or terminated, any benefits accrued up to the date of such amendment or termination will be protected; an amendment cannot reduce or cancel an accrued benefit (unless such a

reduction is necessary to conform to a particular law or legal ruling). In addition, if the Plan is terminated, the accrued benefit under the Plan will become fully vested, if not already fully vested.

If the Plan is terminated, the Plan assets that remain after payment of all reasonable administrative expenses will be used to pay benefits accrued up to the time of termination. If the Plan assets are insufficient to pay all accrued benefits, the assets available will be allocated to participants' benefits as required by ERISA and applicable regulations. Additional amounts may be payable by the Pension Benefit Guaranty Corporation ("PBGC"). If the value of the Plan's assets exceeds the amount needed to pay all the accrued benefits, the Trustee will dispose of remaining assets as directed by The Bank of New York Mellon Corporation's Board of Directors. Subject to applicable law, such disposal could include returning contributions to the Company. See Note 11 for additional information regarding the PBGC.

2. Summary of Significant Accounting Policies

Basis of Financial Statements – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes and supplemental schedule; disclosure of contingent assets and liabilities; and 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.

Investment Valuation and Income Recognition – Investments held by the Plan are included in The Bank of New York Mellon Corporation Retirement Plans Master Trust (the "Master Trust"). All investments, except fully benefit-responsive investment contracts, are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Investments in fully benefit-responsive investment contracts are required to be reported at contract value. Contract value is the amount participants will receive if they were to initiate permitted transactions.

Investment transactions are recorded on the trade date of the purchase or sale. Dividend income from investments in common stock is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. Net appreciation (depreciation) in fair value includes gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses – The expenses incident to operating the Plan are paid out of the Plan's assets, except to the extent that the expenses are paid voluntarily by the Company.

Benefits Paid to Participants – Benefits paid to participants are recorded upon distribution.

Securities Lending – Securities lending transactions are accounted for as secured borrowings in accordance with the guidance in Financial Accounting Standards Board Accounting Standards Codification ("ASC") 860, *Transfers and Servicing*. As a result, the securities on loan are included in the net assets available for plan benefits. Collateral received, primarily cash, related to securities on loan is included as an asset at fair value with a corresponding payable included as a liability in the net assets available for plan benefits. See Note 4 for additional information.

Subsequent Events – The Plan has evaluated subsequent events through June 26, 2025, the date at which the financial statements were available to be issued, and determined that no additional events have occurred requiring adjustment to, or disclosure in, the financial statements.

3. Actuarial Information

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

An actuarial present value of accumulated plan benefits was determined by the Company with the assistance of Aon plc as of January 1, 2024, and Gallagher Benefit Services, Inc., formerly Buck Global, LLC as of January 1, 2023. This calculation used the projected unit credit method and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date (the date as of which the benefit information is presented) and the expected date of payment.

A summary of the significant actuarial assumptions used in the valuation is as follows: (a) discount rate used to calculate the actuarial present values of vested and nonvested accrued benefits in accordance with ASC 960, *Plan Accounting—Defined Benefit Pension Plans*, of 5.25% for 2024 and 5.61% for 2023; (b) discount rate used to calculate the liabilities for retired and deferred vested members covered by the participating annuity contract of 3.94% for 2024 and 3.95% for 2023; (c) mortality rates based on the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 Improvement Scale for 2024 and mortality rates based on the Pri-2012 mortality tables projected with the MP-2020 Improvement Scale for 2023, with a special mortality table used for the period after commencement of long-term disability, and benefits under the annuity contract use the mortality rates from 1994 Group Annuity Reserving Mortality Table; (d) weighted-average retirement age of 63; and (e) employee turnover is based upon the experience of the Company and its affiliated companies whose employees are eligible under the Plan.

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

The actuarially computed present values of vested and nonvested accumulated plan benefits for the Plan as of January 1, 2024 are as follows.

Actuarial present value of accumulated plan benefits		January 1, 2024
Vested benefits:		
Retired participants and beneficiaries receiving payments		\$ 2,058,479,510
Terminated participants		1,153,530,166
Active participants		452,123,515
Total vested benefits		3,664,133,191
Nonvested benefits		993,274
Actuarial present value of accumulated plan benefits		\$ 3,665,126,465

The change in the actuarial present value of the accumulated plan benefits from the prior valuation is as follows.

Change in the actuarial present value of accumulated plan benefits	
Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 3,574,492,705
Increase (decrease) during the period attributable to:	
Interest	192,938,476
Assumption changes (a)	128,714,502
Other Plan experience	2,624,086
Benefits paid	(233,643,304)
Actuarial present value of accumulated plan benefits at January 1, 2024	\$ 3,665,126,465

(a) Primarily reflects changes in discount rates.

4. Master Trust Financial Information

The Plan's assets are held in the Master Trust. The assets of the Master Trust also include the assets of The Bank of New York Mellon Corporation 401(k) Savings Plan and the Employee Stock Ownership Plan of The Bank of New York Company, Inc. (collectively the "Defined Contribution Plans"). The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions and benefit payments) that can be specifically identified. The Plan's ownership in these investments and transactions does not represent an undivided interest.

The Bank of New York Mellon Corporation Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

The following table presents the investments and other assets and liabilities of the Master Trust and the Plan's interest in the Master Trust.

	December 31, 2024		December 31, 2023	
	Master Trust	Plan's interest in the Master Trust	Master Trust	Plan's interest in the Master Trust
Investments, at fair value:				
Common and preferred stock	\$ 2,170,706,402	\$ 1,327,134,438	\$ 1,929,434,909	\$ 1,293,342,529
Self-directed accounts	144,172,700	—	138,514,091	—
Collective trust funds	6,989,085,150	688,587,081	6,339,698,085	668,466,164
U.S. Treasury	205,843,512	205,843,512	263,495,210	263,495,210
U.S. government securities	40,300,147	40,300,147	39,567,513	39,567,513
Corporate bonds	2,465,935,344	2,465,935,344	2,545,441,249	2,545,441,249
Venture capital and partnership interests	4,078,669	4,078,669	4,613,131	4,613,131
State and political subdivisions	65,250,937	65,250,937	109,988,390	109,988,390
Sovereign debt/sovereign guaranteed	21,045,947	21,045,947	29,767,177	29,767,177
Supranational	197,690	197,690	—	—
Foreign covered bonds	—	—	816,653	816,653
Exchange traded funds	7,376,917	7,376,917	7,727,502	7,727,502
Funds of funds	2,342,196,258	—	2,119,180,372	—
Hedge fund of funds	233,631,668	233,631,668	165,639,846	165,639,846
Interest-bearing cash	3,832,068	3,832,068	1,435,766	1,435,766
Derivative instruments	(252,316)	(252,316)	6,070,880	6,070,880
Investment contracts with insurance companies	82,959,748	82,959,748	91,548,840	91,548,840
Total investments, at fair value	14,776,360,841	5,145,921,850	13,792,939,614	5,227,920,850
Plus:				
Fully benefit-responsive investment contracts, at contract value	326,101,726	—	373,011,167	—
Notes receivable from participants	54,236,189	—	58,669,051	—
Cash	216,936	—	164,836	—
Pending investment sales and other receivables	217,087,639	43,378,139	219,770,432	38,809,945
Assets held as collateral under securities lending	390,872,379	378,712,938	415,971,576	401,941,995
Minus:				
Pending investment purchases and other liabilities	19,430,699	10,648,063	20,380,448	9,507,087
Payable upon return of securities loaned	390,872,379	378,712,938	415,971,576	401,941,995
Net assets available for plan benefits	\$ 15,354,572,632	\$ 5,178,651,926	\$ 14,424,174,652	\$ 5,257,223,708

The following table presents the net investment income of the Master Trust.

Net investment income of the Master Trust	Year ended December 31,	
	2024	2023
Net investment income:		
Net appreciation in fair value of investments	\$ 1,472,440,335	\$ 1,748,443,244
Dividends	43,720,429	40,914,836
Interest	147,579,436	131,958,598
Total net investment income	\$ 1,663,740,200	\$ 1,921,316,678

The following is a reconciliation of net assets available for plan benefits of the Master Trust at December 31, 2024 and December 31, 2023, to the Master Trust's Form 5500.

Reconciliation of net assets available for plan benefits of the Master Trust	December 31,	
	2024	2023
Net assets available for plan benefits of the Master Trust	\$ 15,354,572,632	\$ 14,424,174,652
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(22,705,442)	(25,852,313)
Net assets available for plan benefits per the Master Trust's Form 5500	\$ 15,331,867,190	\$ 14,398,322,339

The following is a reconciliation of the change in net assets available for plan benefits of the Master Trust for the years ended December 31, 2024 and December 31, 2023, to the Master Trust's Form 5500.

Reconciliation of change in net assets available for plan benefits of the Master Trust	Year ended December 31,	
	2024	2023
Net change in net assets available for plan benefits of the Master Trust	\$ 930,397,980	\$ 1,426,249,383
Adjustment from contract value to fair value for fully benefit-responsive investment contracts		
– prior year	25,852,313	35,416,911
Adjustment from contract value to fair value for fully benefit-responsive investment contracts		
– current year	(22,705,442)	(25,852,313)
Net change in net assets available for plan benefits per the Master Trust's Form 5500	\$ 933,544,851	\$ 1,435,813,981

Fully Benefit-Responsive Investment Contracts, at Contract Value

The Benefits Investment Committee established investment options for the Defined Contribution Plans included in the Master Trust by offering four investment tiers. The Actively Managed Funds investment tier includes an option to invest in a stable value investment product. The Plan does not have any ownership interest in this investment. The stable value investment is managed as a separate account that holds a portfolio of investment contracts comprised of synthetic and traditional investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, as contract value is the amount participants will receive if they were to initiate permitted transactions. Contract value represents contributions and earnings, less benefits paid to participants and administrative expenses.

Certain events could limit the ability of the Defined Contribution Plans to transact at contract value with the issuer. Such events include the following: (i) amendments to the Defined Contribution Plans' documents (including complete or partial termination); (ii) changes to the Defined Contribution Plans' prohibitions on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Defined Contribution Plans' sponsors or other sponsor events (e.g. divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Defined Contribution Plans; or (iv) the failure of the Master Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Such events that would limit the ability to transact at contract value with participants are not probable of occurring.

The investment contracts held by the Master Trust generally consist of the following guaranteed investment contracts ("GICs").

GICs at contract value	December 31,	
	2024	2023
Synthetic GICs	\$ 288,540,011	\$ 331,515,317
Traditional GICs	37,561,715	41,495,850
Total GICs at contract value	\$ 326,101,726	\$ 373,011,167

Securities Lending

The Master Trust engages in securities lending whereby certain securities in its portfolio are loaned to other highly rated institutions generally on an open, overnight or term basis, under the terms of a prearranged contract, which normally matures in less than 90 days. By the end of the business day on which securities are delivered to the borrower, collateral with a minimum value of 102% of the market value of the loaned U.S. security, including any accrued interest, is obtained from the borrower. The market value of the securities on loan and the collateral held is monitored daily. If at any time the value of the collateral falls below 102%, the borrower may be required to deliver additional collateral necessary to restore the minimum 102% ratio, thus reducing credit risk. Market risk can also arise in securities lending transactions. These risks are managed through policies that determine what types of securities are eligible for lending at any time, and these policies are periodically reviewed. The Plan retains a portion of any income earned on the securities while on loan to the broker and a portion of any income earned on the collateral received from the broker. The carrying value approximates fair value for \$390,872,379 and \$415,971,576 of assets held as collateral under securities lending and payable upon return of securities loaned at December 31, 2024 and December 31, 2023, respectively.

5. Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. A three-level hierarchy for fair value measurements is utilized based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

Valuation Hierarchy

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels are described below.

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets. Level 1 assets include common and preferred stock, self-directed accounts, U.S. Treasury securities, certain sovereign debt/sovereign guaranteed securities, exchange traded funds and derivative instruments.

Level 2: Observable inputs other than Level 1 prices, for example, are quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and inputs that are observable or can be corroborated, either directly or indirectly, for substantially the full term of the financial instrument. Level 2 assets include items that are traded less frequently than exchange-traded securities and derivative instruments whose model inputs are observable in the market or can be corroborated by market-observable data. Examples in this category are collective trust funds, U.S. government securities, corporate bonds, state and political subdivisions, sovereign debt/sovereign guaranteed securities, supranational, foreign covered bonds, funds of funds, interest-bearing cash and derivative instruments.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These unobservable inputs reflect the Master Trust's own assumptions about the market that participants would use to price an asset based on the best information available in the circumstances. Level 3 assets include investment contracts with insurance companies.

Valuation Methodologies

Following is a description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy.

Common and preferred stock, self-directed accounts and exchange traded funds: These types of securities are valued at the closing price reported in the active market in which the individual securities are traded, if available.

Collective trust funds and funds of funds: The fair value of collective trust funds and funds of funds are based on the securities in the portfolio, which typically are the amount that the fund might reasonably expect to receive for the securities upon a sale. These funds are valued using observable inputs on either a daily or monthly basis.

U.S. Treasury, U.S. government securities, corporate bonds, state and political subdivisions, sovereign debt/sovereign guaranteed, supranational, and foreign covered bond investments: U.S. Treasury securities and certain sovereign debt/sovereign guaranteed securities that are actively traded in highly liquid over-the-counter markets are valued at the closing price reported in the active market and are included in Level 1 of the valuation hierarchy. U.S. government securities, corporate bonds, state and political subdivisions, sovereign debt/sovereign guaranteed, supranational and foreign covered bond investments included in Level 2 of the valuation hierarchy are valued using quoted prices for comparable securities with similar yields and credit ratings. When quoted prices are not available for identical or similar bonds, the security is valued using discounted cash flows that maximize observable inputs, such as current yields of similar instruments.

Interest-bearing cash: The fair value of interest-bearing cash is equal to the book value as a result of the short-term nature of these cash equivalents.

Derivative instruments: Exchange-traded derivative instruments are valued using quoted prices and are included in Level 1 of the valuation hierarchy. Over-the-counter derivative instruments are valued using internally developed models based on readily observable market parameters and are included in Level 2 of the valuation hierarchy. Derivative instruments include foreign exchange contracts and interest rate contracts.

Investment contracts with insurance companies: There are no readily available market quotations for these investments. Certain investment contracts are valued at the present value of the contracted benefits payable using mortality and investment return assumptions. These contracts are valued on an annual basis.

Other assets measured at the net asset value ("NAV"), as a practical expedient: The following investments are valued at NAV as a practical expedient for measuring fair value. There are no readily available market quotations for these funds.

- *Hedge fund of funds:* The hedge fund of funds are valued at NAV, which is based on the fair value of the underlying investments held by the fund, less its liabilities. These funds are either valued on a daily or monthly basis.
- *Venture capital and partnership interests:* The fair value is based on the Master Trust's ownership percentage of the fair value of the underlying investments as provided by the fund managers. These funds are typically valued on a quarterly basis.

The preceding methods described may produce a fair value calculation that may not be indicative of future fair values. Furthermore, although the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the

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December 31, 2024 and 2023

fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present the fair value of the financial instruments of the Master Trust by level within the fair value hierarchy as of December 31, 2024 and December 31, 2023.

Master Trust investment assets measured at fair value on a recurring basis as of December 31, 2024

	Level 1	Level 2	Level 3	Total carrying value
Common and preferred stock	\$ 2,170,706,402	\$ —	\$ —	\$ 2,170,706,402
Self-directed accounts	144,172,700	—	—	144,172,700
Collective trust funds	—	6,989,085,150	—	6,989,085,150
U.S. Treasury	205,843,512	—	—	205,843,512
U.S. government securities	—	40,300,147	—	40,300,147
Corporate bonds	—	2,465,935,344	—	2,465,935,344
State and political subdivisions	—	65,250,937	—	65,250,937
Sovereign debt/sovereign guaranteed	899,735	20,146,212	—	21,045,947
Supranational	—	197,690	—	197,690
Exchange traded funds	7,376,917	—	—	7,376,917
Funds of funds	—	2,342,196,258	—	2,342,196,258
Interest-bearing cash	—	3,832,068	—	3,832,068
Derivative instruments	(252,316)	—	—	(252,316)
Investment contracts with insurance companies	—	—	82,959,748	82,959,748
Total Master Trust investments in the fair value hierarchy	\$ 2,528,746,950	\$ 11,926,943,806	\$ 82,959,748	\$ 14,538,650,504
Other assets measured at NAV:				
Hedge fund of funds				233,631,668
Venture capital and partnership interests				4,078,669
Total Master Trust investments at fair value				\$ 14,776,360,841

Master Trust investment assets measured at fair value on a recurring basis as of December 31, 2023

	Level 1	Level 2	Level 3	Total carrying value
Common and preferred stock	\$ 1,929,434,909	\$ —	\$ —	\$ 1,929,434,909
Self-directed accounts	138,514,091	—	—	138,514,091
Collective trust funds	—	6,339,698,085	—	6,339,698,085
U.S. Treasury	263,495,210	—	—	263,495,210
U.S. government securities	—	39,567,513	—	39,567,513
Corporate bonds	—	2,545,441,249	—	2,545,441,249
State and political subdivisions	—	109,988,390	—	109,988,390
Sovereign debt/sovereign guaranteed	2,778,547	26,988,630	—	29,767,177
Foreign covered bonds	—	816,653	—	816,653
Exchange traded funds	7,727,502	—	—	7,727,502
Funds of funds	—	2,119,180,372	—	2,119,180,372
Interest-bearing cash	—	1,435,766	—	1,435,766
Derivative instruments	5,917,135	153,745	—	6,070,880
Investment contracts with insurance companies	—	—	91,548,840	91,548,840
Total Master Trust investments in the fair value hierarchy	\$ 2,347,867,394	\$ 11,183,270,403	\$ 91,548,840	\$ 13,622,686,637
Other assets measured at NAV:				
Hedge fund of funds				165,639,846
Venture capital and partnership interests				4,613,131
Total Master Trust investments at fair value				\$ 13,792,939,614

The tables below present a roll forward of the Master Trust investments classified in Level 3 of the valuation hierarchy for the years ended December 31, 2024 and December 31, 2023.

Master Trust fair value measurements using significant unobservable inputs for the year ended December 31, 2024	
	Investment contracts with insurance companies
Fair value at December 31, 2023	\$ 91,548,840
Total losses included in changes in net assets	(8,589,092)
Fair value at December 31, 2024	\$ 82,959,748
Change in unrealized loss for the period included in changes in net assets for assets held at the end of the reporting period	\$ (8,589,092)

Master Trust fair value measurements using significant unobservable inputs for the year ended December 31, 2023	
	Investment contracts with insurance companies
Fair value at December 31, 2022	\$ 96,335,975
Total losses included in changes in net assets	(4,787,135)
Fair value at December 31, 2023	\$ 91,548,840
Change in unrealized loss for the period included in changes in net assets for assets held at the end of the reporting period	\$ (4,787,135)

The Master Trust has certain investments in which the fair value has been estimated using the NAV per share as a practical expedient. Our investment objective when investing in hedge fund of funds and venture capital and partnership interests is to maximize total returns while maintaining a broadly diversified portfolio. The tables below present information about the Master Trust's investments valued at the funds' NAV, as a practical expedient, which also have unfunded commitments and/or redemption provisions.

Master Trust investments valued using NAV as of December 31, 2024				
	Fair value	Unfunded commitments	Redemption frequency	Redemption notice period
Hedge fund of funds	\$ 233,631,668	\$ —	Monthly	30-45 days
Venture capital and partnership interests	4,078,669	—	N/A	N/A
Total	\$ 237,710,337	\$ —		

N/A – Not applicable.

Master Trust investments valued using NAV as of December 31, 2023				
	Fair value	Unfunded commitments	Redemption frequency	Redemption notice period
Hedge fund of funds	\$ 165,639,846	\$ —	Monthly	30-45 days
Venture capital and partnership interests	4,613,131	—	N/A	N/A
Total	\$ 170,252,977	\$ —		

N/A – Not applicable.

6. Estimated Fair Value of Financial Instruments

Note 5 presents investments measured at fair value by the three-level valuation hierarchy. The following is a summary of the practices used to estimate fair value of financial assets and liabilities not recorded at fair value. Pending investment sales and other receivables, pending investment purchases and other liabilities, assets held as collateral under securities lending and payable upon return of assets loaned approximate fair value due to their short-term nature. The estimated fair value of the fully benefit-responsive investment contracts represents the sum of the fair values of the underlying assets.

The Bank of New York Mellon Corporation Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

The following tables present the estimated fair value and carrying value of financial instruments of the Master Trust not measured at fair value.

Summary of Master Trust financial instruments	December 31, 2024				
	Level 1	Level 2	Level 3	Estimated fair value	Carrying value
Assets:					
Cash	\$ 216,936	\$ —	\$ —	\$ 216,936	\$ 216,936
Fully benefit-responsive investment contracts	—	303,396,284	—	303,396,284	326,101,726
Pending investment sales and other receivables	—	217,087,639	—	217,087,639	217,087,639
Assets held as collateral under securities lending	—	390,872,379	—	390,872,379	390,872,379
Total	\$ 216,936	\$ 911,356,302	\$ —	\$ 911,573,238	\$ 934,278,680
Liabilities:					
Pending investment purchases and other liabilities	\$ —	\$ 19,430,699	\$ —	\$ 19,430,699	\$ 19,430,699
Payable upon return of securities loaned	—	390,872,379	—	390,872,379	390,872,379
Total	\$ —	\$ 410,303,078	\$ —	\$ 410,303,078	\$ 410,303,078

Summary of Master Trust financial instruments	December 31, 2023				
	Level 1	Level 2	Level 3	Estimated fair value	Carrying value
Assets:					
Cash	\$ 164,836	\$ —	\$ —	\$ 164,836	\$ 164,836
Fully benefit-responsive investment contracts	—	347,158,854	—	347,158,854	373,011,167
Pending investment sales and other receivables	—	219,770,432	—	219,770,432	219,770,432
Assets held as collateral under securities lending	—	415,971,576	—	415,971,576	415,971,576
Total	\$ 164,836	\$ 982,900,862	\$ —	\$ 983,065,698	\$ 1,008,918,011
Liabilities:					
Pending investment purchases and other liabilities	\$ —	\$ 20,380,448	\$ —	\$ 20,380,448	\$ 20,380,448
Payable upon return of securities loaned	—	415,971,576	—	415,971,576	415,971,576
Total	\$ —	\$ 436,352,024	\$ —	\$ 436,352,024	\$ 436,352,024

7. Federal Income Taxes

The Plan received a favorable determination letter from the Internal Revenue Service (“IRS”) dated July 21, 2020, which stated that the Plan and related trust, as amended and restated effective as of January 1, 2020 is qualified under the Internal Revenue Code (“IRC”). The IRS no longer issues determination letters on amendments to existing plans. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Accordingly, the accompanying financial statements do not include a provision for federal income taxes.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2024 and December 31, 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to federal income examinations for the years prior to 2021.

8. Annuity Contracts with Insurance Companies

The Plan participates in a deferred group annuity contract with an insurance company. Under the contract, the Plan is permitted to purchase participating annuities which irrevocably obligate the insurance company to pay benefits to named retirees or their beneficiaries and give the Plan the right to participate in favorable investment performance and actuarial experience of the insurance company.

The insurance company maintains an Annuity Separate Account (“ASA”), which holds the group annuity contract assets in a trust account. As of December 31, 2024 and December 31, 2023, the fair value of the investment in the ASA was \$72,371,244 and \$85,970,634, respectively, and is included in investments held in the Master Trust as U.S. Treasury, collective trust funds, corporate bonds and U.S. government agencies. A portion of these assets, referred to as Required Amount for the Annuities (“RAFA”), is reserved to pay those specific retirees whose future benefit payments were irrevocably transferred to the insurance company, and these assets may not be used for any other Plan purpose. The assets in the ASA that exceed the RAFA (the surplus) are not restricted and are available for other Plan purposes such as payment of retiree benefits not assumed by the insurance company and certain administrative expenses.

Similarly, the Master Trust holds investment contracts with insurance companies with a fair value of \$82,959,748 at December 31, 2024 and \$91,548,840 at December 31, 2023. The investment contracts are attributable to the Plan and structured to wholly cover the pension liability of a specified set of employees.

Based upon the Department of Labor Advisory Opinion 93-22A, dated August 24, 1993, the Master Trust includes the assets subject to the contracts, and the actuarial present value of accumulated plan benefits of the Plan (Note 3) includes the related obligation subject to the contracts.

9. Party-in-Interest Transactions

The Bank of New York Mellon, a subsidiary of the Company, acts as Trustee under a declaration of trust providing for the establishment, management, investment and reinvestment of the Plan’s assets. The Bank of New York Mellon also acts as the lending agent for the securities lending activities of the Plan. The Plan paid no fees to The Bank of New York Mellon as the Trustee and lending agent for securities lending activity. Certain investments of the Master Trust are managed by subsidiaries of the Company. The Master Trust holds common stock of the Company. These related transactions qualify as party-in-interest transactions. All other transactions which may be considered party-in-interest transactions related to normal plan management and administrative services, and the related payment of fees.

The Master Trust held 10,979,721 shares of the Company’s common stock at December 31, 2024, and 12,220,795 shares at December 31, 2023, of which none related to the Plan.

10. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could materially affect the amounts reported in the statements of net assets available for plan benefits.

Plan contributions, if applicable, 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.

11. Pension Benefit Guaranty Corporation

Certain benefits under the Plan are insured by the PBGC, a federal insurance agency, 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 or as determined as of the Plan sponsor's Bankruptcy Petition date, if that date is earlier than the date of the Plan termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, the ceiling was \$7,108 per month as a single life annuity payable at age 65. The ceiling is adjusted to account for annuitants' actual payment age and form of annuity. Benefit improvements attributable to any Plan amendment may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, no improvement would be guaranteed if the earlier of the Bankruptcy Petition Date and the date of plan termination falls within one year of the effective date of an amendment. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued thereafter. If the amount of the benefit increase below the ceiling is also less than \$100, \$20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment.

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.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

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

Number of Participants, Average Cash Balance Account and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			4							
35-39	1	14	298 \$9,546 \$258	7						
40-44	6	29 \$5,697 \$429	587 \$12,037 \$670	181 \$12,771 \$2,048	10					
45-49	4	28 \$3,703 \$1,308	431 \$15,442 \$1,123	382 \$16,678 \$3,559	271 \$16,433 \$5,064	6				
50-54	2	30 \$2,436 \$1,530	389 \$19,625 \$1,351	315 \$22,642 \$4,698	393 \$22,795 \$7,266	195 \$26,456 \$9,870	10			
55-59	2	23 \$4,903 \$1,847	340 \$31,708 \$1,638	241 \$40,018 \$6,111	325 \$41,921 \$9,084	221 \$44,628 \$12,621	181 \$48,153 \$15,271	17		
60-64	3	12 \$1,792	257 \$34,243 \$1,792	148 \$44,687 \$6,694	200 \$45,868 \$9,248	160 \$52,584 \$15,022	164 \$52,496 \$15,942	110 \$56,763 \$18,896	12	
65-69		9	102 \$4,704 \$5,612	63 \$0 \$12,289	55 \$0 \$13,072	51 \$0 \$25,227	18 \$0 \$38,873	27 \$0 \$38,873	10	2
70+			8	7	12	7	3	2	2	

N-6,387

The plan is “hard-frozen”, therefore average annual accrued benefits are shown in lieu of compensation.

The plan has active grandfathered participants that have a traditional pension benefit, non-grandfathered participants that have both a traditional pension benefit and a cash balance account, and participants with only a cash balance account. The average accrued benefit shown only includes the traditional pension benefit.

Average cash balances and average annual accrued benefits are not shown for cells with less than 20 participants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75 %
2nd Segment Rate	4.96 %
3rd Segment Rate	5.59 %
Interest Rate for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37 %
2nd Segment Rate	4.96 %
3rd Segment Rate	4.95 %
Expected Return on Assets	
2022 Plan Year	5.375 %
2023 Plan Year	6.75 % (limited to 5.74 %)
2024 Plan Year	6.75 % (limited to 5.59 %)
Salary Increases	Not applicable.
Cash Balance Interest Crediting Rate	4.65 % for 2024 4.00 % for 2025+
Retirement Rates	See Table 1
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Mortality Rates	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

Optional Payment Form Election Percentage

Legacy BNY Participants	50% life annuity 50% lump sum
Legacy Mellon Participants	50% life annuity 20% joint & 50% survivor annuity 20% joint & 100% survivor annuity 10% 10-year certain & life annuity
Cash Balance Participants	100% lump sum

Optional Payment Form Conversion Interest Rate

Based on underlying interest rates.

Optional Payment Form Conversion Mortality

Current IRC section 417(e) table for lump sums

Surviving Spouse Benefit

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

The market value of assets includes the value of annuity contracts as described below.

Valuation of Annuity Contracts

Legacy BNY

Certain Legacy BNY participants have benefits covered by an annuity contract with Aetna. The plan's funding target under ERISA includes the present value of contractual benefits payable by Aetna as calculated by the actuary. The plan's market value of assets includes this present value of Aetna benefits as an asset for the plan for ERISA funding purposes.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Legacy Mellon

Certain Legacy Mellon participants have benefits covered by an annuity contract with Equitable. The plan's funding target under ERISA includes the present value of contractual benefits payable by Equitable as calculated by Aon. The assets associated with this contract are held by the plan and included in the plan's market value of assets for ERISA purposes.

ESOP Assumptions for Legacy BNY

Stock Price

\$52.05 as of January 1, 2024

Rate of Return on Bank Stock

5.15% as of January 1, 2024

Plan Expenses

\$20,400,000 is reflected in Target Normal Cost and based on actual expenses paid for the prior plan year, rounded to the nearest \$100,000. Trust-payable expenses include investment expenses, non-investment expenses, and PBGC premiums.

Actuarial Method

Unit credit cost method

Measurement Period

January 1, 2023 to January 1, 2024

Census Date

January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

Table 1

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	9.00%
60	11.00%
61	13.00%
62	16.00%
63	19.00%
64	22.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

Table 2

Withdrawal Rates

Age	Rate
20	20.00%
21	19.00%
22	18.00%
23	17.00%
24	16.00%
25	15.00%
26	14.40%
27	13.80%
28	13.20%
29	12.60%
30	12.00%
31	11.40%
32	10.80%
33	10.20%
34	9.60%
35	9.00%
36	8.80%
37	8.60%
38	8.40%
39	8.20%
40	8.00%
41	7.80%
42	7.60%
43	7.40%
44	7.20%
45	7.00%
46	6.80%
47	6.60%
48	6.40%
49	6.20%
50+	6.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.05%	0.06%	45	0.25%	0.32%
16	0.05%	0.06%	46	0.25%	0.32%
17	0.05%	0.06%	47	0.25%	0.32%
18	0.05%	0.06%	48	0.25%	0.32%
19	0.05%	0.06%	49	0.25%	0.32%
20	0.05%	0.06%	50	0.46%	0.46%
21	0.05%	0.06%	51	0.46%	0.46%
22	0.05%	0.06%	52	0.46%	0.46%
23	0.05%	0.06%	53	0.46%	0.46%
24	0.05%	0.06%	54	0.46%	0.46%
25	0.05%	0.06%	55	0.82%	0.69%
26	0.05%	0.06%	56	0.82%	0.69%
27	0.05%	0.06%	57	0.82%	0.69%
28	0.05%	0.06%	58	0.82%	0.69%
29	0.05%	0.06%	59	0.82%	0.69%
30	0.07%	0.08%	60	1.24%	1.00%
31	0.07%	0.08%	61	1.24%	1.00%
32	0.07%	0.08%	62	1.24%	1.00%
33	0.07%	0.08%	63	1.24%	1.00%
34	0.07%	0.08%	64	1.41%	1.14%
35	0.10%	0.14%	65+	0.00%	0.00%
36	0.10%	0.14%			
37	0.10%	0.14%			
38	0.10%	0.14%			
39	0.10%	0.14%			
40	0.14%	0.22%			
41	0.14%	0.22%			
42	0.14%	0.22%			
43	0.14%	0.22%			
44	0.14%	0.22%			

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE BANK OF NEW YORK MELLON CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 13-5160382
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
	a Market value	2a	5,257,713,338	
	b Actuarial value	2b	5,558,121,587	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	23,282	2,066,722,920	2,066,722,920
	b For terminated vested participants	25,832	1,149,995,351	1,149,995,351
	c For active participants	6,387	454,973,313	456,889,201
	d Total	55,501	3,671,691,584	3,673,607,472
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	0	
	b Expected plan-related expenses	6b	20,400,000	
	c Target normal cost	6c	20,400,000	

Statement by Enrolled Actuary

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

SIGN HERE	NOEL THOMAS <i>NJT</i> Signature of actuary	09/19/2025 Date
NOEL THOMAS Type or print name of actuary	AON CONSULTING, INC Firm name	2306696 Most recent enrollment number
ONE LIBERTY PLAZA 165 BROADWAY FLOOR 31 NEW YORK NY 10006 Address of the firm	212-479-4081 Telephone number (including area code)	

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

21	Discount rate:			
	a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
		☐ N/A, full yield curve used		
	b Applicable month (enter code).....	21b 0		
22	Weighted average retirement age	22 63		
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c).....	31a	20,400,000
	b Excess assets, if applicable, but not greater than line 31a	31b	20,400,000
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	0	0
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021
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Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	6.97%	164.44	9,044.35
56	6.96%	170.02	9,521.30
57	6.96%	174.66	9,955.74
58	6.96%	178.21	10,336.26
59	8.94%	236.85	13,974.41
60	10.92%	287.80	17,268.05
61	12.90%	330.02	20,131.33
62	15.87%	385.30	23,888.37
63	18.84%	412.75	26,002.97
64	21.82%	424.35	27,158.43
65	29.94%	493.32	32,065.49
66	24.94%	313.91	20,717.89
67	24.94%	252.23	16,899.10
68	24.93%	199.37	13,557.21
69	24.92%	155.13	10,703.80
70	100.00%	484.94	33,946.03
71	100.00%	18.00	1,278.00
72	100.00%	10.00	720.00
73	100.00%	3.00	219.00
74	100.00%	1.00	74.00
75	100.00%	0.00	0.00
76	100.00%	0.00	0.00
77	100.00%	0.00	0.00
78	100.00%	1.00	78.00
Total		4,696.30	297,539.73
Weighted Average			63.36

Schedule SB Attachment (Form 5500) —2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
EIN: 13-5160382 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	21,510,983	66,274,061	198,090,738	285,875,782
2025	24,872,193	50,378,597	193,043,608	268,294,398
2026	27,273,060	54,341,179	187,757,349	269,371,588
2027	29,346,668	60,695,342	182,272,309	272,314,319
2028	30,851,258	63,988,100	176,595,077	271,434,435
2029	32,714,847	70,896,445	170,742,113	274,353,405
2030	33,778,335	74,010,588	164,711,608	272,500,531
2031	33,274,616	76,157,735	158,526,612	267,958,963
2032	33,354,056	79,185,817	152,152,200	264,692,073
2033	32,914,265	79,106,160	145,586,139	257,606,564
2034	32,424,092	82,109,700	138,899,037	253,432,829
2035	32,041,608	82,515,593	132,107,887	246,665,088
2036	31,488,709	83,427,600	125,186,127	240,102,436
2037	30,989,393	84,256,563	118,163,165	233,409,121
2038	30,396,644	82,385,216	111,044,584	223,826,444
2039	29,735,966	82,086,190	103,876,512	215,698,668
2040	29,129,292	82,393,643	96,692,586	208,215,521
2041	28,422,704	80,796,858	89,524,278	198,743,840
2042	27,649,919	79,584,652	82,412,389	189,646,960
2043	26,872,501	78,800,417	75,400,559	181,073,477
2044	26,023,609	76,439,318	68,531,583	170,994,510
2045	25,073,878	73,095,112	61,850,839	160,019,829
2046	24,032,110	69,618,248	55,403,121	149,053,479
2047	22,975,881	67,269,587	49,232,140	139,477,608
2048	21,835,442	64,185,951	43,380,210	129,401,603
2049	20,682,450	61,729,246	37,886,678	120,298,374
2050	19,451,437	58,065,018	32,785,663	110,302,118
2051	18,258,287	53,983,177	28,103,946	100,345,410
2052	17,062,191	49,277,228	23,859,557	90,198,976
2053	15,844,428	44,949,550	20,060,645	80,854,623
2054	14,649,824	41,153,704	16,705,195	72,508,723
2055	13,462,377	37,978,773	13,781,358	65,222,508
2056	12,311,046	34,681,288	11,268,311	58,260,645
2057	11,201,119	31,460,713	9,138,023	51,799,855
2058	10,133,558	28,416,785	7,357,049	45,907,392

Schedule SB Attachment (Form 5500) —2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	9,117,712	25,507,849	5,888,361	40,513,922
2060	8,156,619	22,745,738	4,693,366	35,595,723
2061	7,250,975	20,247,660	3,733,504	31,232,139
2062	6,404,734	17,790,605	2,971,726	27,167,065
2063	5,620,132	15,576,725	2,373,699	23,570,556
2064	4,898,535	13,459,617	1,908,543	20,266,695
2065	4,240,161	11,573,264	1,549,350	17,362,775
2066	3,644,202	9,997,351	1,273,276	14,914,829
2067	3,109,021	8,401,379	1,061,386	12,571,786
2068	2,632,257	7,077,546	898,377	10,608,180
2069	2,210,981	5,915,820	772,120	8,898,921
2070	1,841,827	4,905,001	673,209	7,420,037
2071	1,521,099	4,033,057	594,494	6,148,650
2072	1,244,917	3,382,865	530,631	5,158,413
2073	1,009,308	2,655,554	477,678	4,142,540

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Cash Balance Plan

Effective Date	January 1, 2009. Amended and restated effective January 1, 2020.
Eligibility for Participation	All non-grandfathered employees that were participants of the BNY Mellon Plan on December 31, 2008 became participants in the Cash Balance Plan. Full time employees shall become participants in this plan after completion of one year of service. Part time employees shall become participants in this plan after completion of 1,000 hours of service in a 12 month period. The plan is frozen to new hires after December 31, 2010.
Frozen Accrued Benefit	The accrued benefit earned under the legacy plan as of December 31, 2008. This benefit is indexed by 1% per year of credited service earned after December 31, 2008 through the earlier of cessation of employment or June 30, 2015.
Compensation	Base salary or hourly compensation excluding commissions, bonuses and overtime.
Cash Balance Account	Hypothetical account which is the sum of interest and pay credits.
Interest Credits	Interest credits are determined by multiplying the account balance at the beginning of the year by the average of the daily yield curve rates on 20 year Treasury securities for the month of September of the prior year. The rate shall not be less than 4.00%.
Pay Credits	Pay credits are credited to the account on the last day of the plan year. They are determined by multiplying the participant's compensation for the year by a percentage based on the participant's age plus service points as of December 31 of the prior plan year. Participants who were age 40-49 as of December 31, 2008 receive the Transition schedule. Participants under age 40 as of December 31, 2008 and new participants entering the plan after December 31, 2008 receive the Base schedule.

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The Bank of New York Mellon Corporation Pension Plan
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For calendar years 2009 and 2010:

Points (Age + Service)	Base	Transition
Less than 45	3.0%	4.0%
45 – 54	3.5%	5.0%
55 – 64	4.5%	6.0%
65 – 74	5.5%	7.0%
75 – 84	7.0%	8.5%
85 or more	8.5%	10.5%

Starting with calendar years after 2010, the Base schedule participants were split into three groups:

- (1) Participants under age 40 as of December 31, 2010 receive the New Base schedule.
- (2) Participants who were age 40-49 as of December 31, 2010 receive the Enhanced Base schedule.
- (3) Participants who were 50 or older as of December 31, 2010 receive the Transition Base schedule.

Points (Age + Service)	New Base	Enhanced	Transition
Less than 45	2.00%	2.25%	3.00%
45 – 54	2.25%	2.75%	3.00%
55 – 64	2.75%	3.25%	4.00%
65 – 74	3.25%	4.25%	5.00%
75 – 84	4.25%	5.50%	6.50%
85 or more	5.50%	6.50%	8.00%

Starting with calendar years after 2010, Transition schedule participants were split into two groups:

- (1) Participants under age 50 as of December 31, 2010 receive the New Transition schedule.
- (2) Participants who were 50 or older as of December 31, 2010 receive the Enhanced Transition schedule.

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Points (Age + Service)	New	Enhanced
Less than 45	3.0%	4.0%
45 – 54	3.5%	4.0%
55 – 64	4.5%	5.0%
65 – 74	5.5%	6.0%
75 – 84	7.0%	7.5%
85 or more	8.5%	9.5%

Effective June 30, 2015, pay credits were frozen.

Normal Retirement

Eligibility

Age 65.

Benefit

An amount equal to (1) plus (2):

- (1) The frozen accrued benefit.
- (2) The accumulated value of the participant's cash balance account.

Early Retirement

Eligibility

Age 55.

Participants hired on or after January 1, 2009 must also complete three years of vesting service.

Benefit

An amount equal to the sum of (1) plus (2):

- (1) The frozen accrued benefit reduced in accordance with the legacy plan requirements.
- (2) The accumulated value of the participant's cash balance account.

Vested Termination

Eligibility

Three years of vesting service.

All active participants on June 30, 2015 were vested regardless of length of service.

Benefit

An amount equal to the sum of (1) plus (2):

- (1) The frozen accrued benefit. Commencement prior to age 65 and after age 55 shall result in a benefit reduced in accordance with the legacy plan requirements.
- (2) The accumulated value of the participant's cash balance account.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Disability

Eligibility	Eligible for payments under the Long-Term Disability Plan.
Benefit	The normal retirement benefit payable at age 65 assuming continued service in the plan using the compensation at the onset of disability for the period during the disability.

Surviving Spouse — Frozen Accrued Benefit

Eligibility	Married with three years of vesting service.
Benefit	The frozen accrued benefit payable in accordance with the legacy plan requirements.

Surviving Spouse — Cash Balance Account

Eligibility	Three years of vesting service.
Benefit	The accumulated value of the cash balance account.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
10-year certain and life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
Lump sum

Actuarial Equivalence

The applicable interest rate and mortality table under IRS 417(e)(3).

For distributions not subject to Code Section 417(e)(3), the 1994 Group Annuity Reserve (GAR) Mortality Table and 6.00% interest rate.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Legacy Mellon Bank Retirement Plan

Effective Date	January 1, 1947. Amended and restated effective January 1, 2020.
Eligibility for Participation	An employee who was a Grandfathered Mellon participant (age 50 or older) on December 31, 2008 shall continue to be a participant in this plan on and after January 1, 2009.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the greater of (1) or (2) minus (3): (1) (a) 1% of Average Final Compensation up to the Social Security Integration Level multiplied by years of credited service earned prior to January 1, 2011 (up to 35 years); plus (b) 1.5% of Average Final Compensation above the Social Security Integration Level multiplied by years of credited service earned prior to January 1, 2011 (up to 35 years), plus (c) 1% of Average Final Compensation multiplied by years of credited service earned prior to January 1, 2011 in excess of 35 years; plus (d) 0.8% of Average Final Compensation multiplied by years of credited service earned after December 31, 2010 and prior to July 1, 2015. (2) For former participants of The Boston Plan, the accrued benefit as of May 31, 1993 under the prior plan plus the benefit determined under (1) based on credited service earned after May 31, 1993. (3) For former participants of The Boston Plan, the annuity benefit calculated as of December 31, 1984. Benefit accruals were frozen effective July 1, 2015.
Early Retirement	
Eligibility	Age 55.
Benefit	For participants active on December 31, 2001 with combined age and vesting service greater than or equal to 55 as of that date, a monthly benefit equal to the normal retirement benefit reduced by 5/12th of 1% for each month the early retirement precedes age 62.

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For participants who entered the plan after December 31, 2001 or whose combined age and vesting service was less than 55 as of that date, a monthly benefit equal to the normal retirement benefit reduced by $\frac{5}{12}$ th of 1% for each of the first 60 months and $\frac{3}{12}$ th of 1% for each of the next 60 months the early retirement precedes age 65.

Vested Termination

Eligibility

Three years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement. The reduced amount is a monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{180}$ th for each of the first 60 months and $\frac{1}{360}$ th for each of the next 60 months the early retirement precedes age 65.

Participants that were age 50 or older as May 24, 2007 are eligible to receive a monthly benefit reduced based on the same reductions as early retirement from active status.

Disability

Eligibility

Eligible for payments under the Mellon Bank Long-Term Disability Plan

Benefit

The normal retirement benefit payable at age 65 assuming continued service in the plan using the compensation at the onset of disability for the period during the disability.

Surviving Spouse

Eligibility

Married with three years of vesting service.

Benefit

For active participants who die after attainment of age 55, a monthly benefit payable to the surviving spouse beginning immediately equal to 50% of the normal retirement benefit.

For active participants who die prior to attainment of age 55, a monthly benefit payable to the surviving spouse on the date the participant would have attained age 65 equal to 50% of the normal retirement benefit. The spouse may elect to begin the benefit any time after the participant would have attained age 55, but the amount would be reduced in accordance with the factors that apply to deferred vesteds.

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The Bank of New York Mellon Corporation Pension Plan
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For deferred vested participants, a monthly benefit payable to the surviving spouse on the date the participant would have attained age 65 equal to 50% of the amount payable if the participant had retired with a 50% joint and survivor benefit. The spouse may elect to begin the benefit any time after the participant would have attained age 55, but the amount would be reduced in accordance with the factors that apply to deferred vesteds.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
10-year certain and life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity

Actuarial Equivalence

The 1994 Group Annuity Reserve (GAR) Mortality Table and 6% interest rate.

Definitions

Average Final Compensation

The average compensation paid for the 60 consecutive calendar months in the last 120 months during which the participant is employed that produces the highest average.

Social Security Integration Level

The average of the taxable wage base in effect for each year in the 35-year period ending with the year in which the participants attains his Social Security Retirement Age. The Social Security Integration level was frozen effective June 30, 2015.

Credited Service

Service recognized for purposes of computing the benefit amount under the Mellon Plan. No credited service may be earned after June 30, 2015.

Vesting Service

Vesting service shall begin on the employment commencement date and end at the employee's severance date.

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Required Amount for Annuities (RAFA)

On December 15, 1987, the Mellon Plan purchased a participating group annuity contract from The Equitable Life Assurance Society for the then retired and deferred vested plan participants.

Effective June 30, 1989, the plan added to the participating annuity contract the assets and liabilities for participants who retired or terminated employment with entitlement to a vested benefit during 1988.

Effective October 1, 1993, the plan added to the participating annuity contract the additional assets and liabilities associated with a cost-of-living increase for certain retirees and beneficiaries. This group included retirees and beneficiaries with a retirement date prior to January 1, 1988 who were entitled to a cost-of-living increase retroactive to July 1, 1993.

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Legacy Retirement Plan of The Bank of New York Company, Inc.

Effective Date	January 1, 1972. Amended and restated effective January 1, 2020.
Eligibility for Participation	An employee who was a Grandfathered Bank of New York Company, Inc. participant (age 50 or older) on December 31, 2008 shall continue to be a participant in this plan on and after January 1, 2009.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to (1) plus (2) minus (3), not less than 0: (1) The accrued benefit earned under the terms of the Bank of New York Company, Inc. plan as of December 31, 2005, indexed based on actual growth of Final Average Compensation (up to 1% per year) between December 31, 2005 and December 31, 2008. This benefit is further indexed by 1% per year of credited service earned after December 31, 2008 through the earlier of cessation of employment or June 30, 2015. (2) The sum of the Career Average Pay formula, (a) plus (b) plus (c): (a) 1.0% of Annual Compensation for each year of service from January 1, 2006 to December 31, 2008. (b) 1.1% of Annual Compensation for each year of service from January 1, 2009 to December 31, 2010. (c) 0.9% of Annual Compensation for each year of service after December 31, 2010. Benefit accruals were frozen effective July 1, 2015. (3) The actuarial equivalent of the participant's ESOP account. Benefit accruals were frozen effective July 1, 2015.

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Early Retirement

Eligibility	Age 55.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{2}$ of 1% for each month the early retirement precedes age 60. The benefit is unreduced for retirements after age 60. For participants active on December 31, 2005, the benefit is also unreduced after attainment of age 57 with twenty years of vesting service. It is reduced by $\frac{1}{2}$ of 1% for each month the early retirement precedes age 57.

Vested Termination

Eligibility	Three years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement. The reduced amount is a monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{2}$ of 1% for each month the early retirement precedes age 60.

Disability

Eligibility	Eligible for early retirement and no longer receiving payments from the Long-Term Disability Plan.
Benefit	The normal retirement benefit payable at age 65 assuming continued service in the plan using the compensation at the onset of disability for the period during the disability.

Surviving Spouse

Eligibility	Married with three years of vesting service.
Benefit	For active participants who die after attainment of age 50 with ten years of credited service, age 55 completion of 25 years of service or combined age and service of 65, a monthly benefit payable to the surviving spouse beginning immediately equal to 100% of the normal retirement benefit, without reduction for early retirement. For active participants who die prior to attaining the eligibility specified above, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

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Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity

10-year certain and life annuity

100% joint and survivor annuity

75% joint and survivor annuity

50% joint and survivor annuity

SS level income annuity

Lump sum (only for participants who entered the plan prior to January 1, 2006).

Actuarial Equivalence

The 1994 Group Annuity Reserve (GAR) Mortality Table and 6% interest rate.

Definitions

Average Final Compensation

The average compensation paid for the 60 consecutive calendar months in the last 120 months during which the participant is employed that produces the highest average.

Annual Compensation

Base salary or hourly compensation excluding commissions, bonuses and overtime.

Credited Service

Service recognized for purposes of computing the benefit amount under the Retirement Plan of the Bank of New York Company, Inc.. No credited service may be earned after June 30, 2015.

Vesting Service

Vesting service shall begin on the employment commencement date and end at the employee's severance date.

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Legacy Kwasha Lipton Retirement Plan

Effective Date	March 1, 1977. Amended and restated effective January 1, 2020.
Eligibility for Participation	All common law employees or members of Kwasha Lipton, LLC who were hired prior to January 24, 1997 and worked on a full-time or part-time basis at a rate of 1,000 or more hours a year. The plan is frozen to new hires after January 24, 1997.
Eligible Compensation	Total salary, including overtime and performance bonuses, for a calendar year.
Account	Hypothetical account which is the sum of pay credits, transitional credits and periodic adjustments.
Periodic Adjustments	Periodic adjustments are determined by multiplying the account balance at the end of each calendar month by the percentage rate of return. Effective July 1, 1999 the percentage rate of return shall be based on the average yield on 30 year Government Bonds for the second month preceding the start of each 12 month period (July 1 through June 30).
Pay Credits	Pay credits are credited to the account on the last day of each calendar month. They are equal to 5% of Eligible Compensation. Members of Kwasha Lipton, LLC receive an additional 5%.
Transitional Credits	Participants in the Prior Plan as of December 31, 1988 are entitled to additional credits. Effective June 30, 1999, all pay and transitional credits were frozen.
Normal Retirement	
Eligibility	Age 55.
Benefit	The participant's account balance. In addition, participants employed until at least age 55 that retire prior to age 62 are entitled to a temporary Social Security supplement, payable until age 62, equal to 100% of the primary old age insurance benefit as of age 62 multiplied by a fraction equal to years of service divided by 25. This fraction cannot be less than the ratio of the number of years of service as of December 31, 1993 divided by 15.

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Vested Termination

Eligibility	Three years of vesting service.
Benefit	The participant's account balance.

Disability

Eligibility	Totally and permanently disabled.
Benefit	The participant's account balance.

Surviving Spouse

Eligibility	Three years of vesting service.
Benefit	The participant's account balance.

Normal Form of Annuity

Without Spouse	Increasing single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Increasing single life annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66-2/3% joint and survivor annuity
50% joint and survivor annuity
Level income annuity
Lump sum

Actuarial Equivalence

The 1971 GAM Table projected to 1978 with Scale E converted to a unisex basis weighted 80% male and 20% female and an interest rate equal to 1% plus the arithmetic average of the government bond yields for the fourth, fifth and sixth month prior to the determination date, rounded to the nearest ¼ %.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

There was a change in the enrolled actuary for the plan and the business organization providing actuarial services to the plan.

Schedule 1**The Bank of New York Mellon Corporation Pension Plan**

EIN: 13-5160382

Plan Number: 001

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

December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investments	Cost	Current value
* Master Trust	Common and preferred stock, collective trust funds, U.S. Treasury, U.S. government securities, corporate bonds, venture capital and partnership interests, state and political subdivisions, sovereign debt/sovereign guaranteed, supranational, exchange-traded funds, hedge fund of funds, interest-bearing cash, derivative instruments and investment contracts with insurance companies	N/A	<u>\$ 5,145,921,850</u>
	Total investments (held at end of year)		<u><u>\$ 5,145,921,850</u></u>

* Represents a party-in-interest as defined by ERISA.

N/A – Not applicable.

See accompanying Independent Auditors' Report.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Schedule SB, line 25 — Change in Method

The funding valuation reflects the following method change:

- A change in the valuation software as a result of a change in the enrolled actuary for the plan and the business organization providing actuarial services to the plan. This change meets the conditions for automatic approval provided in IRS Rev. Proc. 2017-56.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Bank of New York Mellon Corporation Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the rate of return on bank stock for the Legacy BNY ESOP feature from 5.20% as of January 1, 2023 to 5.15% as of January 1, 2024 (consistent with the plan's effective interest rate).
- A change in the cash balance interest crediting rate. For the January 1, 2023 valuation, the assumed interest crediting rates were 4.00% for 2023 and beyond. For the January 1, 2024 valuation, the assumed interest crediting rates are 4.65% for 2024 and 4.00% for 2025 and beyond. This change was made to reflect the average yield on 20-year Treasury securities for the month of September preceding the valuation date and anticipated Treasury yields in future years.