

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: AMETEK INC. PENSION PLAN
1b Three-digit plan number (PN): 012
1c Effective date of plan: 01/19/1972
2a Plan sponsor's name (employer, if for a single-employer plan): AMETEK, INC.
2b Employer Identification Number (EIN): 14-1682544
2c Plan Sponsor's telephone number: 610-647-2121
2d Business code (see instructions): 339900

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	502
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)	24
	6a(2)	17
	6b	196
	6c	249
	6d	462
	6e	31
	6f	493
	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:
1B 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input checked="" type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

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

A Name of plan <u>AMETEK INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMETEK, INC.</u>	D Employer Identification Number (EIN) <u>14-1682544</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>36423776</u>
	b Actuarial value	2b	<u>36465215</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>219</u>	<u>15831346</u>
	b For terminated vested participants	<u>259</u>	<u>8031565</u>
	c For active participants	<u>24</u>	<u>680132</u>
	d Total	<u>502</u>	<u>24543043</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>290000</u>
	c Target normal cost	6c	<u>290000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/16/2025</u>
	<u>JASON D ROHRER, F.S.A., E.A.</u>	Date
	Type or print name of actuary	<u>23-07974</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>215-246-6000</u>
	<u>1900 MARKET STREET</u>	Telephone number (including area code)
	<u>FLOOR 8</u>	
	<u>PHILADELPHIA, PA 19103-3527</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8131527
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	60000
9	Amount remaining (line 7 minus line 8)	0	8071527
10	Interest on line 9 using prior year's actual return of <u>18.26</u> %	0	1473861
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>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	9545388

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.41 %
15	Adjusted funding target attainment percentage	15	148.21 %
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	113.19 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	290000	
b Excess assets, if applicable, but not greater than line 31a	31b	290000	
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	60000	60000
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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

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

A Name of plan AMETEK INC. PENSION PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	105114	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANK M. VACCARO AND ASSOCIATES

23-2148108

(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?
13 50	NONE	104656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FAEGRE DRINKER BIDDLE & REATH LLP

41-0244008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE MCKEOGH COMPANY

23-3003375

(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 17 50 51 57	NONE	17159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>AMETEK INC. PENSION PLAN</u>	B Three-digit plan number (PN)	<u>012</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMETEK, INC.</u>	D Employer Identification Number (EIN) <u>14-1682544</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPLOYEES' MASTER RETIREMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AMETEK, INC.</u>		
c EIN-PN <u>14-1682544-060</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37529148</u>
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)

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p>
---	--	---

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

<p>A Name of plan AMETEK INC. PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>012</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMETEK, INC.</p>	<p>D Employer Identification Number (EIN) 14-1682544</p>	

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

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

Part III Nonexempt Transactions

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

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
THE BANK OF NEW YORK MELLON	PLAN TRUSTEE	PLAN TRUSTEE PAID THE PENSION PLAN'S BENEFIT PAYMENTS FOR NOV.2023 FROM THIS PLAN'S ASSETS	116119		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 AMETEK INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544

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)	37529148
(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	36423776	37529148
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	116119	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	116119	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36307657	37529148

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)	11000	
(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)		11000
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)		2928424
(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		2939424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1419284	
(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)		1419284
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	298649	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		298649
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1717933

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1221491
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		116119
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554188.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 AMETEK INC. PENSION PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544	

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): 13-5160382

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	0
--	----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULE

AMETEK, Inc.

Defined Benefit Pension Plans

Years Ended December 31, 2024 and 2023

With Report of Independent Auditors

AMETEK, Inc.
Defined Benefit Pension Plans
Index of Financial Statements and Supplemental Schedule
December 31, 2024 and 2023

	<u>Page</u>
Report of Independent Auditors	1
Financial Statements:	
Statements of Net Assets Available for Benefits at December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	6
Statements of Accumulated Plan Benefits at December 31, 2023	8
Statements of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2023	9
Notes to Financial Statements	10
Supplemental Schedule:	
Schedule G – Part III – Schedule of Nonexempt Transactions – AMETEK, Inc. Pension Plan	20



Ernst & Young LLP
One Commerce Square
Suite 700
2005 Market Street
Philadelphia, PA 19103

Tel: +1 215 448 5000
Fax: +1 215 448 5500
ey.com

**Shape the future
with confidence**

Report of Independent Auditors

To the Plan Participants and the Plan Administrator of the
AMETEK, Inc. Defined Benefit Pension Plans

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

We have performed audits of the financial statements of each of the AMETEK, Inc. Defined Benefit Pension Plans (the Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits, listed on pages 4 and 5, as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, as listed on pages 6 and 7, for the years then ended, the statements of accumulated plan benefits, listed on page 8, as of December 31, 2023, and the related statements of changes in accumulated plan benefits, as listed on page 9, for the year then ended, and the related notes (collectively referred to as the “financial statements”).

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

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical



Shape the future with confidence

requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' 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 Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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



Shape the future with confidence

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of nonexempt transactions for the AMETEK, Inc. Pension Plan for the year ended December 31, 2024 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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 form and content of the supplemental schedule is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

September 26, 2025

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2024

Three-Digit Plan Number (PN)	001	012	043	035
	Retirement (a)	Pension Plan (b)	Aerospace - Union (c)	Monthly Formula (d)
Assets:				
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	\$ 518,997,115	\$ 37,529,148	\$ 50,120,737	\$ 10,790,100
Net assets available for benefits	<u>\$ 518,997,115</u>	<u>\$ 37,529,148</u>	<u>\$ 50,120,737</u>	<u>\$ 10,790,100</u>

- (a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.
(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.
(c) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.
(d) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2023

Three-Digit Plan Number (PN)	001	012	043	035
	<u>Retirement (a)</u>	<u>Pension Plan (b)</u>	<u>Aerospace - Union (c)</u>	<u>Monthly Formula (d)</u>
Assets:				
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	\$ 504,347,874	\$ 36,423,776	\$ 48,828,486	\$ 10,285,964
Receivable:				
Due from Pension Plan for benefits paid	116,119	—	—	—
Total assets	<u>\$ 504,463,993</u>	<u>\$ 36,423,776</u>	<u>\$ 48,828,486</u>	<u>\$ 10,285,964</u>
Liabilities:				
Due to Retirement Plan for benefits paid	—	116,119	—	—
Net assets available for benefits	<u><u>\$ 504,463,993</u></u>	<u><u>\$ 36,307,657</u></u>	<u><u>\$ 48,828,486</u></u>	<u><u>\$ 10,285,964</u></u>

- (a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.
(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.
(c) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.
(d) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Three-Digit Plan Number (PN)	001	012	043	035
	<u>Retirement (a)</u>	<u>Pension Plan (b)</u>	<u>Aerospace - Union (c)</u>	<u>Monthly Formula (d)</u>
Additions to Net Assets:				
Employer contributions	\$ —	\$ 11,000	\$ —	\$ —
Increase in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust	40,439,402	2,928,424	3,913,123	832,646
Total additions	<u>40,439,402</u>	<u>2,939,424</u>	<u>3,913,123</u>	<u>832,646</u>
Deductions from Net Assets:				
Retirement and death benefits paid	24,424,608	1,419,284	2,469,225	240,535
Administrative expenses	1,481,672	298,649	151,647	87,975
Total deductions	<u>25,906,280</u>	<u>1,717,933</u>	<u>2,620,872</u>	<u>328,510</u>
Net increase in net assets	14,533,122	1,221,491	1,292,251	504,136
Net assets available for benefits at beginning of year	504,463,993	36,307,657	48,828,486	10,285,964
Net assets available for benefits at end of year	<u>\$ 518,997,115</u>	<u>\$ 37,529,148</u>	<u>\$ 50,120,737</u>	<u>\$ 10,790,100</u>

- (a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.
(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.
(c) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.
(d) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2023

Three-Digit Plan Number (PN)	001	012	032	043	035
	Retirement (a)	Pension Plan (b)	Chemical Products (Nesquehoning) (c)	Aerospace - Union (d)	Monthly Formula (e)
Additions to Net Assets:					
Increase in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust	\$ 66,401,674	\$ 5,735,352	\$ 178	\$ 6,422,211	\$ 1,341,520
Deductions from Net Assets:					
Retirement and death benefits paid	26,071,280	1,333,865	43,466	2,557,855	235,170
Purchase of annuity contract	17,378,100	—	—	—	—
Administrative expenses	1,418,724	288,719	9	152,814	109,056
Total deductions	44,868,104	1,622,584	43,475	2,710,669	344,226
Net increase (decrease) in net assets prior to plan transfers	21,533,570	4,112,768	(43,297)	3,711,542	997,294
Plan transfers	—	16,995,311	(13,264,986)	—	—
Net increase (decrease) in net assets	21,533,570	21,108,079	(13,308,283)	3,711,542	997,294
Net assets available for benefits at beginning of year	482,930,423	15,199,578	13,308,283	45,116,944	9,288,670
Net assets available for benefits at end of year	\$ 504,463,993	\$ 36,307,657	\$ —	\$ 48,828,486	\$ 10,285,964

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Accumulated Plan Benefits
At December 31, 2023

Three-Digit Plan Number (PN)	001	012	043	035
	<u>Retirement (a)</u>	<u>Pension Plan (b)</u>	<u>Aerospace - Union (c)</u>	<u>Monthly Formula (d)</u>
Vested benefits:				
Participants and beneficiaries currently receiving payments	\$ 190,210,931	\$ 12,820,505	\$ 20,970,965	\$ 2,319,550
Other participants	63,648,255	6,254,907	1,893,740	3,013,517
Total vested benefits	<u>253,859,186</u>	<u>19,075,412</u>	<u>22,864,705</u>	<u>5,333,067</u>
Nonvested benefits	<u>248,974</u>	<u>69,564</u>	<u>4,453</u>	<u>120,361</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 254,108,160</u>	<u>\$ 19,144,976</u>	<u>\$ 22,869,158</u>	<u>\$ 5,453,428</u>

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.

(c) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(d) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Statements of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2023

Three-Digit Plan Number (PN)	001	012	043	035
	<u>Retirement (a)</u>	<u>Pension Plan (b)</u>	<u>Aerospace - Union (c)</u>	<u>Monthly Formula (d)</u>
Additions (deductions):				
Additional benefits accumulated	\$ 1,744,578	\$ —	\$ 7,420	\$ 97,743
Actuarial losses/(gains)	3,791,986	(49,424)	(37,819)	(86,152)
Interest due to decrease in the discount period	19,045,875	1,310,696	1,693,415	394,531
Benefits paid	(26,071,280)	(1,387,251)	(2,557,855)	(235,170)
Purchase of annuity contract	(17,378,100)	—	—	—
Plan amendment	—	1,152,284	—	—
Assumption change	2,401,479	226,007	204,750	66,750
Net (decrease) increase in the actuarial present value of accumulated plan benefits	(16,465,462)	1,252,312	(690,089)	237,702
Actuarial present value of accumulated plan benefits at beginning of year	<u>270,573,622</u>	<u>17,892,664</u>	<u>23,559,247</u>	<u>5,215,726</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 254,108,160</u>	<u>\$ 19,144,976</u>	<u>\$ 22,869,158</u>	<u>\$ 5,453,428</u>

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) AMETEK, Inc. Pension Plan ("Pension Plan"), see Note 1.

(c) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(d) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plans

General

The Employees' Retirement Plan of AMETEK, Inc., AMETEK, Inc. Monthly Formula Pension Plan, AMETEK, Inc. Pension Plan, and the AMETEK, Inc. Aerospace Division Pension Plan (collectively the "Plans"), are noncontributory defined benefit pension plans covering employees of AMETEK, Inc. ("AMETEK", "Plan Sponsor" or the "Company") who meet certain age and service requirements. For a more detailed description of the Plans participating in the Ametek, Inc. Employees' Master Retirement Trust ("Trust"), refer to the pension plan documents for each of the Plans.

Eligibility

Employees' Retirement Plan of AMETEK, Inc.

Participation in the Employees' Retirement Plan of AMETEK, Inc. ("Retirement") is limited to (1) employees at participating divisions who joined AMETEK prior to January 1, 1997 and (2) employees who were participants in any predecessor plan that has been merged into the Employees' Retirement Plan.

All employees of participating divisions in the Retirement Plan who are not eligible for benefits under the Retirement Plan are eligible to participate in a defined contribution plan sponsored by AMETEK.

AMETEK, Inc. Monthly Formula Pension Plan

Eligible hourly employees from certain divisions who previously participated in the Retirement Plan now participate in the AMETEK, Inc. Monthly Formula Pension Plan. Effective December 31, 2015, AMETEK, Inc. Monthly Formula Pension Plan was amended to close the plan to employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, who are hired, or re-hired following a one-year period of severance, on or after January 1, 2016. Effective January 1, 2021, the Monthly Formula Pension Plan was amended to close the plan to employees hired or rehired after December 31, 2020 at Measurement and Calibration Technologies Division, Largo, FL, Advance Motions Solutions Division, Dynamic Fluid Solutions Business Unit, Whitsett, NC and Measurement and Power Systems Division, Binghamton, NY.

AMETEK, Inc. Pension Plan

Effective January 1, 2023, the following plans were merged into the Chemical Products (Wapakoneta, Ohio Plant) Plan: (1) Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan and (2) EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15. Effective January 1, 2023, The Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan was renamed the AMETEK, Inc. Pension Plan. Effective February 1, 2023, the SoundCom Corporation Defined Benefit Plan was merged into the AMETEK, Inc. Pension Plan. At the time of the mergers, all participants who were previously eligible for the predecessor plans are now eligible for the AMETEK, Inc. Pension Plan. No future employees are eligible to participate in the plan.

AMETEK, Inc. Aerospace Division Pension Plan

Participation in the AMETEK, Inc. Aerospace Division Pension Plan is limited to employees of the Measurement and Power Systems Division of AMETEK, Inc. at the Wilmington, Massachusetts location who are members of a bargaining unit and who are hired on or before May 31, 2016.

Contributions

AMETEK's contributions, which are determined annually on an actuarial basis, along with the increase (decrease) in plan interests in the master trust, are designed to sufficiently fund the benefits to be paid to the Plans' participants. The Plans have met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Benefits

Plan	Normal Retirement Benefits	Early Retirement Benefits	Pre-Retirement Death Benefits	Post-Retirement Death Benefits
Retirement	<p>Depending upon the predecessor plan in which eligible employees participated, benefits are based on either (1) a percentage of final average compensation, (2) monthly average annual compensation, (3) average compensation, (4) career earnings or career average earnings, or (5) specific dollar amount (i.e., rate) multiplied by years of credited service or months of service. Percentages and rates vary based on covered compensation limits, credited years of service limits and/or employment service periods.</p> <p>Benefit accruals for Superior Tubes Union participants ceased effective March 17, 2014.</p> <p>Certain participant account balances are credited with contribution credits at the end of each calendar month that relates to their age, service and interest credits, compounded daily, equal to the average monthly yield on 10 year U.S. Treasury securities preceding each calendar year quarter but in no event to be less than 2.25%.</p>	<p>Range from age 50 to age 60 and require 10 or 15 or more years of service. Certain legacy plans also require the sum of age and service to meet certain minimums. Reductions in the normal form of benefit range from 4% to 6.667% per year prior to normal retirement date.</p> <p>Haveg participants – reduced 1/10th per year for pre normal retirement date commencement, unreduced if retire before normal retirement date but on or after age 62 with 15 years of accrual service, or age 63 with 14 years of accrual service, or age 64 with 12 years of accrual service.</p>	<p>In addition to providing the statutory qualified surviving spouse annuity, certain participants are eligible for a death benefit equal to 60 times the accrued monthly pension at date of death and reduced for early commencement.</p>	<p>Benefits for certain participants depending upon the predecessor plan in which they participated range from \$1,000 to \$5,000.</p> <p>Haveg participants - \$10,500; all others - \$1,000.</p>

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Plan	Normal Retirement Benefits	Early Retirement Benefits	Pre-Retirement Death Benefits	Post-Retirement Death Benefits
Pension Plan	Depending upon the predecessor plan in which eligible employees participated, benefits range from \$21 to \$62 per month per year of credited service. Benefit accruals ceased effective as of the following dates: Wapakoneta – June 1, 2020 Nesquehoning – August 31, 2022 EDAX – May 1, 2021 SoundCom – February 1, 2023	Range from age 55 to age 60 and require 5 or 10 or more years of service. Reductions in the normal form of benefit range from 6% to 6.667% per year prior to normal retirement date.	In addition to providing the statutory qualified surviving spouse annuity, certain former Nesquehoning participants are eligible for \$100 per year of credited service up to a maximum of 10 years.	Benefits for certain former Wapakoneta participants range from \$6,500 to \$9,000. Certain former Nesquehoning participants are eligible for the remainder of 60 times the pensioner's monthly pension less aggregate payments received prior to death.
Aerospace - Union	Benefits are based on the sum of percentages of career compensation up to and in excess of covered compensation not to exceed 34 years of service plus a percentage of compensation for each year of credited service in excess of 34 years of service. Certain participants are eligible to receive supplemental pension payments.	Age 55 with 5 years of service. Benefit reduced by 8% per year prior to age 60.	In addition to providing the statutory qualified surviving spouse annuity, lump sum amount equals to the present value of employee retirement benefit for five years.	For certain participants of transferred employees or union members meeting certain requirements who retired after May 18, 2002, \$13,000 lump sum payment upon death of retiree.
Monthly Formula	Accrued monthly pension at actual retirement date generally based on varying rates, times years of service.	Accrued monthly pension at early retirement date, reduced 1/15 th per year for pre-normal retirement date commencement.	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before normal retirement date. Lifetime payments to spouse may begin at participant's earliest retirement date.	Lump sum paid to designated beneficiary as follows: Binghamton participants - \$3,000; Hunter Spring and East Moline participants - \$2,000; Feasterville, Horsham, Largo, and Whitsett participants - \$1,000.

Pension Annuitization

Effective November 13, 2023, the Employees' Retirement Plan of AMETEK, Inc. was amended to provide for an annuity contract buy-out purchase. AMETEK entered into a contract for a group annuity to transfer the obligation to pay the remaining retirement benefits of certain plan participants in the Retirement Plan to an insurance company. The transfer of \$17.4 million was completed in November 2023 and is included in purchase of annuity contract in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Plan Termination

Should the Plans terminate at some future time, their net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing net assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Allocation of the Master Retirement Trust

At December 31, 2024 and 2023, the assets of the Plans were held by The Bank of New York Mellon/BNY Mellon, N.A. ("Trustee") as Trustee of the Trust.

Assets attributable to the individual plans participating in the Trust are equitable shares, which are based on each plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. Contributions received, benefits paid and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned income, realized and unrealized gains and losses, and Trust expenses to individual plans based on each plan's pro rata share of the fair value of the Trust's net assets at the end of the reporting period.

Investment Valuation and Income Recognition

The Plans' investments are stated at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. See Note 5 for further discussion and disclosures related to fair value measurements.

Portfolio managers of the Trust may enter into certain types of foreign currency futures, option, and forward contracts in order to enhance liquidity or protect the total return of the Trust's portfolio from market volatility or manage foreign currency exposure. Realized and unrealized gains and losses from these contracts are included in investment income.

Purchases and sales of securities are reflected on the trade dates. Gains and losses on sales of securities are based on the average cost of securities. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Net appreciation (depreciation) includes the Plans' realized and unrealized gains and losses as well as investments held at year-end.

Actuarial Plan Benefits Valuation

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

The actuarial present value of accumulated plan benefits under the Plans was calculated by the consulting actuaries, based on the latest available data as of December 31, 2023. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Administrative Expenses

Specific expenses incurred by the Plans are reported on the statements of changes in net assets available for benefits as administrative expenses. Administrative expenses related to the Trust are allocated to the Plans and are reflected in the change in value of plan interest in net assets of the Trust.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates and assumptions.

Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

3. Accumulated Plan Benefits

Significant assumptions underlying the actuarial valuation at December 31, 2023 are as follows:

Assumed Rate of Return on Investments	7.46% at December 31, 2023, compounded annually, net of investment expenses. 7.59% at December 31, 2022, compounded annually, net of investment expenses.
Mortality Basis	At December 31, 2023 and 2022, mortality reflects the Pri-2012 gender-specific mortality table with generational projection using Scale MP-2021, no collar (Retirement Plan) and blue collar (all other plans) adjustments.
Retirement Rates	Average retirement ages of 61 to 65.

These actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The \$1.2M Pension Plan amendment reported in the Statements of Changes in Accumulated Plan Benefits for the year ended December 31, 2023 reflects the merger of the SoundCom plan into the Pension Plan. The decrease in the assumed rate of return on investments is reflected as assumption change in the accompanying statements of changes in accumulated plan benefits for the year ended December 31, 2023.

4. Investment and Master Trust Information

All investment information disclosed in the accompanying financial statements including plan interest in the Trust at December 31, 2024 and 2023 and change in value of plan interest in net assets of the Trust for the years ended December 31,

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

2024 and 2023, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The following is a list of the Plans participating in the Trust and their respective percentage interest in the Trust at December 31:

Serial Number	Name of Plan	2024		2023	
		Amount	%	Amount	%
001	Employees' Retirement Plan of AMETEK, Inc.	\$ 518,997,115	84.05	\$ 504,347,874	84.08
012	AMETEK, Inc. Pension Plan	37,529,148	6.08	36,423,776	6.07
043	Aerospace Division Pension Plan	50,120,737	8.12	48,828,486	8.14
035	Monthly Formula Pension Plan	10,790,100	1.75	10,285,964	1.71
		<u>\$ 617,437,100</u>	100.00	<u>\$ 599,886,100</u>	100.00

The following is a statement of the net assets held by the Trust at December 31, 2024 and 2023:

	Total	Retirement	Pension Plan	Aerospace - Union	Monthly Formula
	2024				
Common Collective Trusts	\$ 283,729,454	\$ 238,493,554	\$ 17,245,683	\$ 23,031,867	\$ 4,958,350
Corporate Debt Instruments	2,594,833	2,181,130	157,720	210,637	45,346
Corporate Debt Instruments - Preferred	18,027,292	15,153,143	1,095,737	1,463,374	315,038
Corporate Stocks – Common	56,258,201	47,288,775	3,419,494	4,566,785	983,147
Municipal Bonds	1,140,718	958,850	69,335	92,598	19,935
Registered Investment Companies	145,379,799	122,201,430	8,836,495	11,801,271	2,540,603
U.S. Government Securities	1,456,390	1,224,193	88,523	118,223	25,451
Total investments	508,586,687	427,501,075	30,912,987	41,284,755	8,887,870
Cash	1	1	—	—	—
Receivable for securities sold and other	108,858,482	91,502,824	6,616,651	8,836,637	1,902,370
Total assets	617,445,170	519,003,900	37,529,638	50,121,392	10,790,240
<u>Liabilities</u>					
Accounts payable for securities purchased	8,070	6,785	490	655	140
Net assets	<u>\$ 617,437,100</u>	<u>\$ 518,997,115</u>	<u>\$ 37,529,148</u>	<u>\$ 50,120,737</u>	<u>\$ 10,790,100</u>

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

	Total	Retirement	Pension Plan	Aerospace - Union	Monthly Formula
	2023				
Common Collective Trusts	\$362,991,127	\$ 305,180,938	\$ 22,040,030	\$29,546,121	\$ 6,224,038
Corporate Debt Instruments	5,295,181	4,451,867	321,512	431,008	90,794
Corporate Debt Instruments - Preferred	16,004,475	13,455,593	971,757	1,302,704	274,421
Corporate Stocks – Common	42,951,466	36,110,989	2,607,919	3,496,089	736,469
Municipal Bonds	1,252,720	1,053,211	76,062	101,967	21,480
Registered Investment Companies	169,884,038	142,828,203	10,314,988	13,827,926	2,912,921
U.S. Government Securities	1,261,881	1,060,913	76,619	102,712	21,637
Total investments	599,640,888	504,141,714	36,408,887	48,808,527	10,281,760
Cash	7,000,000	5,885,176	425,025	569,773	120,026
Receivable for securities sold and other	335,136	281,762	20,349	27,279	5,746
Total assets	606,976,024	510,308,652	36,854,261	49,405,579	10,407,532
<u>Liabilities</u>					
Accounts payable for securities purchased	7,089,924	5,960,778	430,485	577,093	121,568
Net assets	<u>\$599,886,100</u>	<u>\$ 504,347,874</u>	<u>\$ 36,423,776</u>	<u>\$48,828,486</u>	<u>\$10,285,964</u>

A summary of the investment income (loss) on investments held by the Trust for the years ended December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Net appreciation (depreciation) at fair value	\$ 39,858,221	\$ 72,470,351
Dividends and interest	8,255,374	7,430,619
Net investment income (loss)	<u>\$ 48,113,595</u>	<u>\$ 79,900,970</u>

5. Fair Value Measurements

The Plans utilize a valuation hierarchy for disclosure of the inputs to the valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. Level 3 inputs are unobservable inputs based on the Plans' own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

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

Level 1 investments are unadjusted, observable inputs from active markets. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Registered investment companies are valued at quoted market prices which represent the net asset values of shares held by the Trust at year-end.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Level 2 investments are equity funds and fixed income funds that are valued by the vendor using observable market inputs. Fixed income securities such as certain government, municipal, and corporate obligations are primarily measured using a market approach pricing methodology, where observable prices are obtained by market transactions involving identical or comparable securities of issuers with similar credit ratings. Corporate obligations are all investment grade quality.

Alternative investments are considered level 3 investments as their values are determined by the sponsor using unobservable market data. The Plans' investment policy, developed by the Pension Investment Committee, limits the amount the Plans may invest in investments that are difficult to value. As of December 31, 2024 and 2023, the Plans hold no alternative investments.

Common collective trusts, which include temporary cash investments, are valued based on the Trust's unit of ownership and net asset value of the investment entity's underlying investments. These investments have no unfunded commitments and no limits as to the frequency of redemptions. However, the investments have various redemption terms and notice periods.

A summary of the fair value of the Trust assets at December 31, 2024 and 2023 was as follows (in thousands):

<u>Asset Category</u>	2024		
	Total	Level 1	Level 2
Corporate Debt Instruments	\$ 2,595	\$ —	\$ 2,595
Corporate Debt Instruments - Preferred	18,027	—	18,027
Corporate Stocks – Common	56,258	56,258	—
Municipal Bonds	1,141	—	1,141
Registered Investment Companies	145,380	145,380	—
U.S Government Securities	1,456	—	1,456
Total investments at fair value	<u>224,857</u>	<u>201,638</u>	<u>23,219</u>
Investments measured at net asset value ^(a)	283,730	—	—
Total Investments	<u>\$ 508,587</u>	<u>\$ 201,638</u>	<u>\$ 23,219</u>

<u>Asset Category</u>	2023		
	Total	Level 1	Level 2
Corporate Debt Instruments	\$ 5,295	\$ —	\$ 5,295
Corporate Debt Instruments - Preferred	16,005	—	16,005
Corporate Stocks – Common	42,951	42,951	—
Municipal Bonds	1,253	—	1,253
Registered Investment Companies	169,884	169,884	—
U.S Government Securities	1,262	—	1,262
Total investments at fair value	<u>236,650</u>	<u>212,835</u>	<u>23,815</u>
Investments measured at net asset value ^(a)	362,991	—	—
Total Investments	<u>\$ 599,641</u>	<u>\$ 212,835</u>	<u>\$ 23,815</u>

(a) In accordance with subtopic 820-10, common collective trusts are measured at net asset value practical expedient and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation to the Trust's net assets presented in Note 4.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

The objectives of the Plans' investment strategies are to maximize the Plans' funded status and minimize Company contributions and plan expenses. Because the goal is to optimize returns over the long-term, an investment policy that favors equity holdings has been established. Since there may be periods of time where both equity and fixed-income markets provide poor returns, allocations to alternative assets may be made to improve the overall portfolio's diversification and return potential. The Pension Investment Committee periodically reviews the Trust's asset allocation, taking into consideration plan liabilities, plan benefit payment streams and the investment strategy of the pension plans. The actual asset allocation is monitored frequently relative to the established targets and ranges and is re-balanced when necessary.

The equity portfolio is diversified by market capitalization and style. The equity portfolio also includes an international component.

The objective of the fixed-income portion of the pension assets is to provide interest rate sensitivity for a portion of the assets and to provide diversification. The fixed-income portfolio is diversified within certain quality and maturity guidelines in an attempt to minimize the adverse effects of interest rate fluctuations.

Other than investments in certain collective trusts and pooled investments funds, certain investments are prohibited. Prohibited investments include venture capital, private placements, unregistered or restricted stock, margin trading, commodities, short selling and rights and warrants. Foreign currency futures, options and forward contracts may be used to enhance liquidity or protect the total return of the Trust's portfolio from market volatility or manage foreign currency exposure.

6. Income Tax Status

The Plans have received determination letters from the Internal Revenue Service ("IRS") dated as follows:

Employees' Retirement Plan of AMETEK, Inc. (001)	January 21, 2016
AMETEK, Inc. Pension Plan (012)	October 19, 2015
AMETEK, Inc. Aerospace Division Pension Plan (043)	October 27, 2015
AMETEK, Inc. Monthly Formula Pension Plan (035)	January 21, 2016

The determination letters state that each of the Plans qualifies under Section 401(a) of the Internal Revenue Code ("IRC") and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letters, all of the Plans were amended and/or restated. Once qualified, the Plans are required to operate in conformity with the IRC to maintain their qualification. The Plan Sponsor believes the Plans are being operated in compliance with the applicable requirements of the IRC and therefore believes these Plans, as amended and/or restated, are qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plans. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related Party and Party-in-Interest Transactions

At December 31, 2024 and 2023, the Trust held an investment in AMETEK common stock, consisting of 200,057 and 232,710 shares with a cost of \$99,177 and \$115,365, respectively. At December 31, 2024 and 2023, the market value was \$36,062,275 and \$38,371,552, respectively. For the years 2024 and 2023, the Trust received \$233,207 and \$295,516, respectively, in related dividends.

AMETEK, Inc.
Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2024 and 2023

Certain of the Trust's assets are invested in funds managed by the Trustee of the Plans. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Subsequent Events

The Plans have evaluated, for consideration of recognition or disclosure, subsequent events through September 26, 2025, the date the financial statements were available to be issued and have determined that no significant events occurred after December 31, 2024, that would have a material impact on the financial statements.

AMETEK, Inc.

Defined Benefit Pension Plans

AMETEK, Inc. Pension Plan

EIN: 14-1682544 Plan # 012

Schedule G, Part III—Schedule of Nonexempt Transactions

For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Relationship to Plan, Employer, or Other Party-In-Interest	(c) Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(h) Cost of Asset	(i) Current Value of Asset
The Bank of New York Mellon/BNY Mellon, N.A.	Plan Trustee	Plan Trustee paid the Pension Plan’s benefit payments for November 2023 from the Employees’ Retirement Plan of AMETEK, Inc. assets.	\$116,119	\$ 116,119*

*Plan Trustee corrected the recording of the principal amount of the benefit payments in the affected Plan accounts in September 2024. Lost earnings will be calculated at the Plan’s earnings rate during each of the relevant periods and contributed to the Plan assets by the Plan Sponsor.

Columns (d) through (g) and (j) are not applicable.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	2	1	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	2	1	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	1	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-
45-49	0	1	1	3	0	0	0	0	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-	-
50-54	0	0	0	0	1	1	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-	-
55-59	0	0	0	2	0	1	0	0	0	1	0	4
	-	-	-	-	-	-	-	-	-	-	-	-
60-64	0	0	0	1	1	0	0	3	0	0	0	5
	-	-	-	-	-	-	-	-	-	-	-	-
65-69	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	0	0	0	1	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	3	4	8	2	2	0	4	1	0	0	24
	-	-	-	-	-	-	-	-	-	-	-	-

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

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- Applicable month January 2024
- Interest rate basis Segment Rates from one-month preceding valuation date

Interest rates:

	Reflecting corridors	Not reflecting corridors
■ First segment rate	4.75%	4.37%
■ Second segment rate	5.96%	4.96%
■ Third segment rate	5.59%	4.95%
■ Effective interest rate	5.19%	4.92%

Annual rates of increase

- Salaries 3.75%
- Future Social Security wage bases 3.25%
- Statutory limits on compensation N/A

Plan-related expenses

Plan-related expenses are assumed to be the actual plan-related expenses paid for the prior rounded up to the nearest ten-thousand dollars. The amount included this year for plan-related expenses for the plan is \$290,000.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as Healthy Mortality

Termination Rates varying by age and, for certain plans, by service during a select period.
Sample rates:

	Age			
	25	35	45	50
EDAX	.053	.045	.034	.015
Sound Com	.117	.073	.044	.034

Effective September 1, 2022, the Nesquehoning plant was closed and no new employees will become eligible to participant in or accrue benefits under the Nesquehoning Plan. There are no active participants associated with this plan.

Effective May 1, 2020, the Wapakoneta plant was closed and no new employees will become eligible to participant in or accrue benefits under the Wapakoneta Plan. There are no active participants associated with this plan.

Disability Rates varying by age and sex.
Sample Rates:

Plan	Age/Sex					
	25		40		55	
	Male	Female	Male	Female	Male	Female
EDAX	.00163	.00089	.00435	.00392	.01906	.01566
Nesquehoning	.00093	.00096	.00314	.00357	.01502	.01490
Wapakoneta	.00093	.00096	.00314	.00357	.01502	.01490
Sound Com	.00085	.00107	.00169	.00270	.00969	.00940

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

Sample rates:	Age				Expected Retirement Age
	55	60	62	65	
Plan					
EDAX	.00	.00	1.00	1.00	62
Sound Com	.00	.00	.00	1.00	65

Benefit Commencement Date

- Retirement benefit: Immediately upon retirement
- Deferred vested benefit:
 - EDAX – Age 65
 - Nesquehoning – Age 63
 - Wapakoneta – Age 64
 - SoundCom – Age 65

Form of payment

Plan	Assumption
EDAX	100% Joint and Survivor
Nesquehoning	20% Single Life Annuity/80% Joint and Survivor
Wapakoneta	50% Single Life Annuity/50% Joint and Survivor
Sound Com	25% Single Life Annuity/75% Joint and Survivor

Percentage married

Plan	Percent
EDAX	100%
Nesquehoning	80%
Wapakoneta	80%
Sound Com	75%

Spouse age

EDAX/Wapakoneta/Sound Com - Wife three years younger than husband
 Nesquehoning – Wife two years younger than husband

Covered pay

Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate. Benefits are frozen and are therefore not impacted by changes in covered pay.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.59% and 6.75% (with such expected earnings limited by the prior year's third segment rate as described in IRS Notice 2009-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA).</p> <p>These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p> <p>However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	<p>The plan pays small benefits with a present value up to \$5,000 in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.</p> <p>WTW has reviewed the plan provisions with AMETEK, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Data Sources

The plan sponsor furnished participant data as of January 1, 2024. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI and NAW will have on compensation increases over the longer term.
- **National average wages (NAW) (e.g., Social Security wage bases)** The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages based on a combination of recent rates and an expectation that the future rates will be lower (higher) than current conditions.
- **Increases in statutory limits (CPI)** The assumed CPI is based on a combination of current conditions, and future forecasts by economists. The final assumption represents a composite of current rates and long term expected rates.
- **Assumed return for asset smoothing** The assumed return used for asset smoothing is the lesser of the 3rd segment rate and the expected return on assets assumption chosen by the client for the current plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Plan-related expenses Plan-related expenses are assumed to be the actual plan-related expenses paid for the prior rounded up to the nearest ten-thousand dollars. As required by regulations, plan-related expenses should estimate the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Disability	Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Benefit commencement date for deferred benefits:	
■ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
■ Deferred vested benefit	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.
Form of Payment	The percentage of retiring participants assumed to take plan specific forms of payment is based on the plan sponsor's expectations for the future with periodic monitoring of changes caused by patterns different than assumed.
Percentage married	The assumed percentage married is based on plan experience, as well as general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed age difference for spouses is based on plan experience, as well as general population statistics of the age difference for married individuals of retirement age assumed.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Change in Assumptions and Methods

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

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

Plan-related expenses were updated to reflect the most recent experience.

Change in methods since prior valuation None.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

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

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 AMETEK INC. PENSION PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	36,423,776
	b Actuarial value	2b	36,465,215
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	219	15,831,346
	b For terminated vested participants	259	8,031,565
	c For active participants	24	680,132
	d Total	502	24,543,043
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	5.19%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	290,000
	c Target normal cost	6c	290,000

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	Jason D Rohrer, F.S.A., E.A. <i>JDR</i> Signature of actuary Jason D Rohrer, F.S.A., E.A. Type or print name of actuary Willis Towers Watson US LLC Firm name 1900 Market Street Floor 8 Philadelphia PA 19103-3527 Address of the firm	<u>9/16/2025</u> Date <u>2307974</u> Most recent enrollment number <u>215-246-6000</u> Telephone number (including area code)
------------------	--	--

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8,131,527
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	60,000
9	Amount remaining (line 7 minus line 8)	0	8,071,527
10	Interest on line 9 using prior year's actual return of <u>18.26%</u>	0	1,473,861
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>5.25%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	9,545,388

Part III		Funding Percentages	
14	Funding target attainment percentage	14	109.41%
15	Adjusted funding target attainment percentage	15	148.21%
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	113.19%
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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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	290,000
b Excess assets, if applicable, but not greater than line 31a	31b	290,000

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	60,000	60,000

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	AMETEK, Inc.
EIN/PN	14-1682544/012
Plan Name	AMETEK, Inc. Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jason D Rohrer, F.S.A., E.A.
Enrollment Number	23-07974

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

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

Former Plan Number: 046

Former Plan Name: EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.00	1,000	1.000000	0.000000	0.000000
61	0.00	1,000	1.000000	0.000000	0.000000
62	1.00	1,000	1.000000	1.000000	62.000000
63	0.00	0	0.000000	0.000000	0.000000
64	0.00	0	0.000000	0.000000	0.000000
65	1.00	0	0.000000	0.000000	0.000000
66	1.00	0	0.000000	0.000000	0.000000
67	1.00	0	0.000000	0.000000	0.000000
68	1.00	0	0.000000	0.000000	0.000000
69	1.00	0	0.000000	0.000000	0.000000
70	1.00	0	0.000000	0.000000	0.000000

Average age at retirement 62.000000

Rounded for Schedule SB item 22

62 ==> SCHB_WARA

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Former Plan Number: 002

Former Plan Name: Sound Com Corporation Defined Benefit Plan

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.00	1,000	1.000000	0.000000	0.000000
56	0.00	1,000	1.000000	0.000000	0.000000
57	0.00	1,000	1.000000	0.000000	0.000000
58	0.00	1,000	1.000000	0.000000	0.000000
59	0.00	1,000	1.000000	0.000000	0.000000
60	0.00	1,000	1.000000	0.000000	0.000000
61	0.00	1,000	1.000000	0.000000	0.000000
62	0.00	1,000	1.000000	0.000000	0.000000
63	0.00	1,000	1.000000	0.000000	0.000000
64	0.00	1,000	1.000000	0.000000	0.000000
65	1.00	1,000	1.000000	1.000000	65.000000
66	1.00	0	0.000000	0.000000	0.000000
67	1.00	0	0.000000	0.000000	0.000000
68	1.00	0	0.000000	0.000000	0.000000
69	1.00	0	0.000000	0.000000	0.000000
70	1.00	0	0.000000	0.000000	0.000000
Average age at retirement					65.000000

Rounded for Schedule SB item 22

65 ==> SCHB_WARA

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Name/No. AMETEK, Inc. Pension Plan/012 – Legacy EDAX Inc. Pension Plan for Hourly Employees District Lodge No. 15

Effective Date January 23, 1998. Amended and restated effective December 19, 2017.

Participation Each employee who was a participant in the Philips Electronics Instruments Company Pension Plan for Hourly Employees District Lodge No. 15 (the “Former Plan”) on January 22, 1998 is a Participant. All other hourly employees represented by District Lodge No. 15 of the International Association of Machinists and Aerospace Workers are eligible to participate on their date of hire.

Effective May 1, 2021 the EDAX plant was closed and no new employees will become eligible to participate in or to accrue benefits under the EDAX Plan.

Definitions

Plan Year Twelve-month period ending December 31.

Continuous Service Service from date of hire as a covered employee. Service is determined by the number of hours worked during a calendar year according to the following table:

1.	Hours of Service	2.	Continuous Service
3.		4.	
5.	Under 400	6.	None
7.	400–799	8.	.25 year
9.	800–999	10.	.50 year
11.	1,000 or more	12.	1 year

Credited Service Service from date of hire as a covered employee. Service is determined by the number of hours worked during a calendar year according to the following table:

13.	Hours of Service	14.	Credited Service
15.		16.	
17.	Under 400	18.	None
19.	400 – 799	20.	.25 year
21.	800 – 1,199	22.	.50 year
23.	1,200 – 1,599	24.	.75 year
25.	1,600 or more	26.	1 year

Normal Retirement Date (NRD) First of month coinciding with or next following attainment of age 65 with 5 years of Vesting Service.

Accrued Monthly Pension Credited service during a period multiplied by the applicable Accrual Rate.

27.	Period	28.	Accrual Rate
29.		30.	
31.	prior to 5/1/2002	32.	\$26.50
33.	5/1/2002 – 4/30/2003	34.	28.00
35.	5/1/2003 – 4/30/2004	36.	29.00
37.	5/1/2004 – 4/30/2005	38.	30.00
39.	5/1/2005 – 4/30/2006	40.	31.00
41.	5/1/2006 – 4/30/2007	42.	32.00
43.	5/1/2007 – 4/30/2008	44.	34.00
45.	5/1/2008 – 4/30/2009	46.	36.00
47.	5/1/2009 – 4/30/2010	48.	38.00
49.	5/1/2010 – 4/30/2011	50.	40.00
51.	5/1/2011 – 4/30/2012	52.	43.00
53.	5/1/2012 – 4/30/2013	54.	46.00
55.	5/1/2013 – 4/30/2014	56.	49.00
57.	5/1/2014 – 4/30/2015	58.	50.00
59.	5/1/2015 – 4/30/2016	60.	51.00
61.	5/1/2016 – 4/30/2017	62.	52.00
63.	5/1/2017 – 4/30/2018	64.	53.50
65.	5/1/2018 – 4/30/2019	66.	55.00
67.	5/1/2019 – 4/30/2020	68.	55.00
69.	5/1/2020 – 4/30/2021	70.	55.00

Actuarial Equivalence The conversion factors for optional forms of payment are determined based on one the following, whichever produces the greater value:

- Prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.

- UP 1984 Unisex mortality table and an interest rate of 6%.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 55 and completing 10 years of vesting service.
Disability Retirement	Attainment of age 35 after completing 10 years of Vesting Service due to a total and permanent disability incurred while a covered employee, which has lasted for at least six months and results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit, or after 10 years of vesting service.

Benefits Paid Upon the Following Events

Normal Retirement	Accrued monthly pension at actual retirement date.
Early Retirement	Accrued monthly pension at early retirement date, reduced based on one the following, whichever produces the greater value: <ul style="list-style-type: none"> ▪ Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution. ▪ 6.0% per year for pre-NRD commencement.
Disability Retirement	Accrued monthly pension at Normal Retirement Date, with payments commencing the sixth month of disablement or the date the participant files an application for disability pension, if later.
Vested Termination	Accrued monthly pension at termination date, reduced based on one the following, whichever produces the greater value: <ul style="list-style-type: none"> ▪ Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution. ▪ 6.0% per year for pre-NRD commencement.
Preretirement Death	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.
Forms of Payment	Monthly pension benefits are paid to unmarried participants as a five year certain and continuous annuity. Married participants are entitled to actuarially equivalent benefits in the form of a 50% joint and survivor

annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued

There have been no changes in benefits valued since the prior valuation.

Plan Provisions

Plan Name/No.	AMETEK, Inc. Pension Plan/012 – Legacy AMETEK Westchester Nesquehoning Hourly Employees’ Pension Plan
Effective Date	April 1, 1982. Amended and restated effective December 20, 2019.
Participation	Each hourly-paid employee at the Nesquehoning, PA location within the bargaining unit represented by the Union becomes a participant on his date of hire, or April 1, 1982 if later. Effective September 1, 2022, no new employees will become eligible to participate in or to accrue benefits under the Nesquehoning Plan.

Definitions

Plan Year	Twelve-month period ending December 31.
Vesting Service	Service from date of hire as a covered employee.
Accrual Service	Prior to April 1, 1982, years (and fractions thereof) of Vesting Service. Beginning on April 1, 1982, 1/12th of a year for each month in which the covered employee completes at least one hour of service. Effective September 1, 2020, Accrual Service is frozen and no additional service shall be earned
Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65.
Accrued Monthly Pension	Credited service during a period multiplied by the applicable Accrual Rate.

71.	Period	72.	Accrual Rate
73.		74.	
75.	Before 10/1/2003	76.	\$21.00
77.	10/1/2003 - 10/1/2006	78.	23.00
79.	10/1/2006 - 9/23/2007	80.	31.00
81.	9/24/2007 - 9/23/2008	82.	36.00
83.	9/24/2008 - 9/23/2009	84.	38.00
85.	9/24/2009 - 9/23/2010	86.	41.00
87.	9/24/2010 - 9/23/2011	88.	43.00
89.	9/24/2011 - 9/23/2012	90.	45.00
91.	9/24/2012 - 9/23/2013	92.	47.00

93.	9/24/2013 - 9/23/2014	94.	49.00
95.	9/24/2014 - 9/23/2015	96.	51.00
97.	9/24/2015 - 9/23/2016	98.	53.00
99.	9/24/2016 - 9/23/2017	100.	55.00
101.	9/24/2017 - 9/23/2018	102.	57.00
103.	9/24/2018 - 8/31/2022	104.	59.00

The Plan is frozen as of September 1, 2022 and no Accrued Monthly Pension will increase on or after that date.

Actuarial Equivalence

The conversion factors for optional forms of payment are determined based on one the following, whichever produces the greater value:

- Prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.
- UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 55 and completing 10 years of vesting service.
Disability Retirement	Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.
Preretirement Lump Sum Death	Die while actively employed.
Postretirement Death	Die while receiving a normal, early or disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement	Accrued monthly pension at actual retirement date.
Early Retirement	<p>Accrued monthly pension at early retirement date, reduced based on one the following, whichever produces the greater value:</p> <ul style="list-style-type: none"> ▪ Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution. ▪ 6% per year for pre-NRD commencement.
Disability Retirement	Accrued monthly pension at date of disability, with payments commencing immediately.
Vested Termination	<p>Accrued monthly pension at termination date, reduced based on one the following, whichever produces the greater value:</p> <ul style="list-style-type: none"> ▪ Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution. ▪ 6% per year for pre-NRD commencement.
Preretirement Death	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.
Preretirement Lump Sum Death	\$100 times years of vesting service, maximum \$1,000.
Postretirement Death	60 minus number of payments received prior to participant's death times accrued monthly pension at retirement (reduced for early commencement, if applicable).
Forms of Payment	Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

SCHEDULE SB ATTACHMENTS

Plan Provisions

Plan Name/No.	AMETEK, Inc. Pension Plan/012 – Legacy Chemical Products (Wapakoneta, OH Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan
Effective Date	January 19, 1972. Amended and restated effective January 25, 2016.
Participation	Each hourly-paid employee at the Wapakoneta, OH location within the bargaining unit represented by the Union becomes a participant on his date of hire, or January 19, 1972 if later. Effective May 1, 2020 the Wapakoneta, Ohio plant was closed and no new employees will become eligible to participate in or to accrue benefits under the Wapakoneta Plan.

Definitions

Plan Year	Twelve-month period ending December 31.
Vesting Service	Service from date of hire as a covered employee.
Accrual Service	Prior to January 1, 1976, years (and fractions thereof) of Vesting Service. Beginning on January 1, 1976, 1/12th of a year for each month in which the covered employee completes at least one hour of service. Effective May 1, 2020, Accrual Service is frozen and no additional service shall be earned.
Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65.
Accrued Monthly Pension	Credited service during a period multiplied by the applicable Accrual Rate.

105.	Period	106.	Accrual Rate
	Before 1/1/1998	107.	\$22.00
108.	1/1/1998 - 12/31/1998	109.	24.00
110.	1/1/1999 - 12/31/1999	111.	26.00
112.	1/1/2000 - 1/14/2001	113.	28.00
114.	1/14/2001 - 1/14/2004	115.	34.00
116.	1/15/2004 - 1/14/2007	117.	40.00
118.	1/15/2007 - 1/14/2008	119.	41.00
120.	1/15/2008 - 1/14/2009	121.	42.00
122.	1/15/2009 - 1/14/2010	123.	43.00

Plan Name:	AMETEK, Inc. Pension Plan
EIN / PN:	14-1682544/012
Plan Sponsor:	AMETEK, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

124.	1/15/2010 - 1/14/2011	125.	44.00
126.	1/15/2011 - 1/14/2012	127.	45.00
128.	1/15/2012 - 1/13/2013	129.	46.00
130.	1/14/2013 - 1/12/2014	131.	48.00
132.	1/13/2014 - 1/11/2015	133.	50.00
134.	1/12/2015 - 1/11/2016	135.	52.00
136.	1/12/2016 - 1/15/2017	137.	54.00
138.	1/16/2017 - 1/14/2018	139.	56.00
140.	1/15/2018 - 1/15/2019	141.	60.00
142.	1/16/2019 - 1/17/2020	143.	61.00
144.	1/18/2020 - 4/30/2020	145.	62.00

The Plan is frozen as of May 1, 2020 and no Accrued Monthly Pension will increase on or after that date.

Actuarial Equivalence

The conversion factors for optional forms of payment are determined based on one the following, whichever produces the greater value:

- Prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.
- UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 60 and completing 10 years of vesting service.
Disability Retirement	Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.

Plan Name: AMETEK, Inc. Pension Plan
 EIN / PN: 14-1682544/012
 Plan Sponsor: AMETEK, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement Death Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.

Postretirement Death Die while receiving a normal, early or disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement Accrued monthly pension at actual retirement date.

Early Retirement Accrued monthly pension at early retirement date, reduced based on one the following, whichever produces the greater value:

- Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.
- 1/15th per year for pre-NRD commencement.

Disability Retirement Accrued monthly pension at date of disability, with payments commencing immediately.

Vested Termination Accrued monthly pension at termination date, reduced based on one the following, whichever produces the greater value:

- Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.
- 1/15th per year for pre-NRD commencement.

Preretirement Death 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.

Preretirement Lump Sum Death \$100 times years of vesting service, maximum \$1,000.

Postretirement Death Lump sum paid to designated beneficiary equal to \$5,000 for participants who retired on or after February 1, 1992 and before January 15, 2001 and effective January 1, 2010, \$5,500 for participants who retired on or after January 15, 2001 and before January 20, 2004, and \$6,500 for participants retiring on or after January 20, 2004 and before January 25, 2016, and \$7,500 for participants retiring on or after January 25, 2016 and before January 16, 2019, and \$9,000 for participants retiring on or after January 16, 2019.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Forms of Payment Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions

Plan Name/No.	AMETEK, Inc. Pension Plan/012 – Legacy Sound Com Corporation Defined Benefit Plan
Effective Date	February 1, 1989. The plan was last amended and restated effective February 1, 2023. Effective February 1, 2023, the plan was merged with and into the AMETEK, Inc. Pension Plan.
Participation	First day of the calendar month coincident with or next following the date an eligible employee completes one (1) year of eligibility service, which is defined as 300 hours of service worked during an eligibility computation period. Any employee who is a member of Local 1377 I.B.E.W. shall be eligible to participant in the Plan upon satisfaction of these eligibility requirements. Effective February 1, 2023 the plan was frozen, and no new employees will become eligible to participate in or to accrue benefits or re-enter the Plan.

Definitions

Plan Year	Twelve-month period ending December 31.
Vesting Service	12-month consecutive period in which an employee is credited with at least 300 hours of service.
Accrual Service	12 consecutive months during which an employee is credited with at least 1000 hours of service with an employer. Partial credit will be granted on a prorated basis for hours of service greater than 300 but less than 1000.
Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65.
Accrued Monthly Pension	\$32 multiplied by the participant's years of credited service since January 31, 1979 at NRD or earlier termination of employment.
Actuarial Equivalence	The conversion factors for optional forms of payment are determined based on one the following, whichever produces the greater value:

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.
- 1994 Group Annuity Reserving Table with 50/50 blended rates and an interest rate equal to the 30 year Treasury for the November of the preceding year.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 60 and completing 5 years of vesting service.
Disability Retirement	Retire after completing 5 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement	Accrued monthly pension at actual retirement date.
Early Retirement	Reduced by 6.66% for each year that early retirement date preceded projected NRD.
Disability Retirement	Accrued monthly pension at date of disability, with payments commencing immediately.
Vested Termination	Accrued monthly pension at termination date, reduced, if eligible for Early Retirement, based on one the following, whichever produces the greater value: <ul style="list-style-type: none">▪ Actuarial equivalence factors base on prescribed 417(e)(3) (unisex) mortality table and the applicable 417(e)(3) rates in effect for the plan year of distribution.▪ 6.66% per year for pre-NRD commencement.
Preretirement Death	Spouse is eligible for 50% of the benefit that would have been payable, if the participant had lived to early retirement eligibility and elected a 50% qualified joint and survivor annuity. The benefit is payable upon the participant's early retirement eligibility date

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Forms of Payment Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% or 100% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: AMETEK, Inc. Pension Plan
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, Inc.
Valuation Date: January 1, 2024