

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 001
	BUNGE U.S. PENSION PLAN	1c Effective date of plan 04/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) 13-4977260
	Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number 314-292-2394
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions) 311200
	BUNGE NORTH AMERICA, INC.	
1391 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JESSICA WHEELER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BUNGE U.S. PENSION PLAN COMMITTEE 1391 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	3b Administrator's EIN 13-4977260																						
	3c Administrator's telephone number 314-292-2394																						
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 4664																						
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.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">1072</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1017</td></tr> <tr><td>6b</td><td style="text-align: right;">2141</td></tr> <tr><td>6c</td><td style="text-align: right;">854</td></tr> <tr><td>6d</td><td style="text-align: right;">4012</td></tr> <tr><td>6e</td><td style="text-align: right;">519</td></tr> <tr><td>6f</td><td style="text-align: right;">4531</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>			6a(1)	1072	6a(2)	1017	6b	2141	6c	854	6d	4012	6e	519	6f	4531	6g(1)		6g(2)		6h	0
6a(1)	1072																						
6a(2)	1017																						
6b	2141																						
6c	854																						
6d	4012																						
6e	519																						
6f	4531																						
6g(1)																							
6g(2)																							
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						

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

1A 1I 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA, INC.	D Employer Identification Number (EIN) 13-4977260	

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

(a) Name of insurance carrier
AMERICAN NATIONAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-0484030	60739	7063	4703	10/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	359708064

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERICAN NATIONAL INSURANCE COMP
1 MOODY PLAZA
GALVESTON, TX 77550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	359708064	PREMIUMS PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	359708064

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	359708064
c Premiums due but unpaid at the end of the year	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☒**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUNGE NORTH AMERICA, INC.	D Employer Identification Number (EIN) 13-4977260
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	477200364	
b	Actuarial value	2b	477220364	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2656	302150519	302150519
b	For terminated vested participants	969	53642551	53642551
c	For active participants	1072	115141019	117806556
d	Total	4697	470934089	473599626
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	5.20 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	2053000	
c	Target normal cost	6c	2053000	

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 PHILIP HELPPI, FSA Type or print name of actuary MERCER Firm name ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD, MI 48076 Address of the firm	10/13/2025 Date 23-08575 Most recent enrollment number 773-530-6120 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.62</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2633
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>5.29</u> %		139
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		2772
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.76 %
15 Adjusted funding target attainment percentage	15	100.76 %
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	94.16 %
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
04/11/2024	1099000	0			
07/12/2024	1099000	0			
Totals ►			18(b)	2198000	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	2153744

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	2053000
b Excess assets, if applicable, but not greater than line 31a		31b	2053000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	2153744
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2153744
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA, INC.	D Employer Identification Number (EIN) 13-4977260

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

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

MERCER

13-2834414

(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 14 17 50	CONSULTANT	1378175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS ASSET MGMT LP

13-3575636

(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?
22 50	CONSULTANT	253611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	CUSTODIAN	120037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

QUARLES & BRADY LLP

39-0432630

(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	CONSULTANT	43232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARMANINO, LLP

33-2514127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	CONSULTANT	36225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK CORP

94-3123057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INV MGMT	7047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ERIN MALONE	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	500 DALLAS STREET, SUITE 1400 HOUSTON, TX 77002	e Telephone:	713-276-2127

Explanation: THE ENROLLED ACTUARY FOR THE PLAN HAS CHANGED FROM ERIN MALONE (EA #23-08152) TO PHILIP HELPPI (EA #23-08575), DUE TO A TEAM CHANGE WITHIN MERCER. THERE HAS BEEN NO CHANGE IN THE FIRM PROVIDING ACTUARIAL SERVICES TO THE PLAN.

a Name:	ARMANINO LLP	b EIN:	94-6214841
c Position:	ACCOUNTANT		
d Address:	6 CITYPLACE DRIVE ST. LOUIS, MO 63141	e Telephone:	314-983-1200

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan BUNGE U.S. PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA, INC.				D Employer Identification Number (EIN) 13-4977260	
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: COLLECTIVE SHORT TERM INVESTED FD					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS,INC.					
c EIN-PN 45-6138589-084		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106539957	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 1	

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

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

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

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

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

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

A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA, INC.	D Employer Identification Number (EIN) 13-4977260

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4800000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	142097	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3242414	0
(2) U.S. Government securities	1c(2)	16114033	0
(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)	448930622	106539957
(10) Value of interest in pooled separate accounts	1c(10)	0	359708064
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2744398	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1374484	0

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	477348048	466248021
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	477348048	466248021

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)	2198000	
(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)		2198000
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)		20677367
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		22875367

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31556484	
(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)		31556484
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)	36225	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	326403	
(6) Bank or trust company trustee/custodial fees	2i(6)	130957	
(7) Actuarial fees	2i(7)	1424427	
(8) Legal fees	2i(8)	27954	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	472944	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2418910
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33975394

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11100027
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **ARMANINO**

(2) EIN: **33-2514127**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 560324.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BUNGE U.S. PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUNGE NORTH AMERICA, INC.		D Employer Identification Number (EIN) 13-4977260
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): _____		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 77.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF BUNGE U.S. PENSION PLAN COMMITTEE	D Administrator's EIN 13-4977260	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer BUNGE NORTH AMERICA, INC.	2b EIN 13-4977260	2c Percentage of Total Contributions for the Plan Year 100.00	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer BUNGE - SCF GRAIN, LLC	2b EIN 27-4157769	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer EGT, LLC	2b EIN 20-4863280	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Bunge U.S. Pension Plan

Financial Statements
and Supplemental Schedules

December 31, 2024 (In Liquidation) and 2023 (Ongoing)



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INDEPENDENT AUDITOR'S REPORT

To the Participants and Bunge U.S. Retirement Plans
Committee of the
Bunge U.S. Pension Plan

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

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

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Audits of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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. 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 Bunge U.S. Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, the Bunge U.S. Pension Plan was formally amended to terminate effective December 31, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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) audits 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 Bunge U.S. Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 generally accepted auditing standards 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 audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Bunge U.S. Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Armenino LLP

St. Louis, Missouri

October 14, 2025

Bunge U.S. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	(In Liquidation) <u>2024</u>	(Ongoing) <u>2023</u>
ASSETS		
Cash and cash equivalents	\$ -	\$ 3,242,414
Investments, at fair value	466,248,021	469,163,537
Employer contribution	-	4,800,000
Accrued investment income	<u>-</u>	<u>142,097</u>
Total assets	466,248,021	477,348,048
LIABILITIES		
Accrued liabilities expected to be incurred in liquidation	<u>2,930,427</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 463,317,594</u></u>	<u><u>\$ 477,348,048</u></u>

The accompanying notes are an integral part of these financial statements.

Bunge U.S. Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	(In Liquidation) 2024	(Ongoing) 2023
Additions		
Contribution		
Employer contribution	\$ 2,198,000	\$ 4,800,000
Total contribution	<u>2,198,000</u>	<u>4,800,000</u>
Investment income		
Investment income	10,539,645	6,542,334
Net appreciation in the fair value of investments	<u>10,137,722</u>	<u>44,079,778</u>
Total investment income	<u>20,677,367</u>	<u>50,622,112</u>
Total additions	<u>22,875,367</u>	<u>55,422,112</u>
Deductions		
Benefits paid to participants	31,556,484	49,415,118
Administrative expenses	<u>5,349,337</u>	<u>4,023,298</u>
Total deductions	<u>36,905,821</u>	<u>53,438,416</u>
Net increase (decrease) in net assets available for benefits	(14,030,454)	1,983,696
Net assets available for benefits, beginning of year (ongoing)	<u>477,348,048</u>	<u>475,364,352</u>
Net assets available for benefits, end of year (in liquidation)	<u>\$ 463,317,594</u>	<u>\$ 477,348,048</u>

The accompanying notes are an integral part of these financial statements.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

1. PLAN DESCRIPTION

The following description of the Bunge U.S. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan Administrator.

General

The Plan was established on June 1, 1951. Effective June 1, 1965, Bunge North America, Inc. established the Bunge Corporation Master Trust (the "Master Trust") under a Trust Agreement to hold and invest the assets of the Plan. The Plan and the Trust Agreement subsequently have been amended. The Master Trust was dissolved effective January 1, 2004, and then Bunge US Pension Trust (the "Trust") was established to hold and invest the assets of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is a noncontributory, defined benefit pension plan administered by the Bunge U.S. Retirement Plans Committee (the "Pension Committee"), appointed by the Board of Directors of Bunge North America, Inc. (the "Company"). Employees who have attained age 21 with at least one year of continuous service are participants in the Plan. Contributions by the Company, its subsidiaries, and participating employers are accumulated and invested in the Trust. Trust investments are managed by the trustees.

In October 2024, the Company purchased a buy-in group annuity contract ("GAC") from a highly rated insurer and announced plans to fully terminate the Plan (see Note 9). The benefit obligation for the qualified pension plan assumes that a portion of eligible active and deferred vested participants will elect lump sum payments. Pension obligations will be distributed through a combination of lump sum cash payments to eligible participants who elect such and a transfer of remaining obligations to a qualified replacement plan.

Effective December 31, 2024, the Plan was amended and restated to reflect the termination of the Plan.

Benefits

The normal retirement date is the first day of the month coincident with or next following a participant's sixty-fifth birthday. Early and deferred retirements are permitted. As a participant retires, benefits are provided from the assets of the Trust. In the event of a vested participant's death prior to commencement of benefits, a 50% joint and survivor benefit is payable to the surviving spouse of the vested participant in accordance with plan provisions.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

1. PLAN DESCRIPTION (continued)

Benefits (continued)

Retirement benefits are based on a participant's salary and length of service, but, in the event of deferred retirement, additional benefits are earned after age 65. Benefits are reduced at 5% per annum for benefit payments commencing prior to the normal retirement date for participants who retired prior to April 1, 2001. Benefits are reduced at 2% per annum from age 60 to 65 and 6% per annum from age 55 to 60 for payments commencing prior to normal retirement date on or after April 1, 2001, and prior to January 1, 2004. Effective January 1, 2004, the Plan was amended such that benefits are reduced by 4.8% per annum from age 60 to 62 and 6% per annum from age 55 to 60 for payments commencing prior to normal retirement date on or after January 1, 2004.

Effective January 1, 2018, the Plan's participation was frozen to new participants. An individual hired on or after January 1, 2018 will not be eligible to participate in the Plan. Moreover, an individual rehired or reemployed on or after January 1, 2018 will not be able to re-enter the Plan and will not be to accrue additional benefits under the Plan.

Effective March 1, 2022, the Plan was amended to freeze the participation and benefit accruals of union members employed at the Company's Worthington, Indiana facility.

The Plan was amended and restated effective January 1, 2022. Except as otherwise provided in the Plan, a person who prior to January 1, 2022 had retired or had terminated service with a vested right, or such person's designated beneficiary, will continue to receive, or prospectively will receive, such benefits if any as provided in accordance with the terms of the appropriate plan in effect at the time such person had retired or terminated service. Effective December 31, 2022, the Plan is frozen. No accruals shall occur under the Plan after such date due to compensation paid or years of service completed after such date or due to any other reason.

Vesting

Employees who have five years of completed service will be entitled to receive 100% of the participant's retirement benefit base as described in the Plan document. Effective December 31, 2024, all eligible participants actively employed by the Company were 100% vested, see Note 9.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

As a result of the plan termination described in Note 1, the Plan has adopted the liquidation basis of accounting effective December 31, 2024, in accordance with accounting principles generally in the United States of America ("U.S. GAAP"). Under the liquidation basis of accounting, assets are recorded at fair value and the Plan recorded estimated accrued liabilities expected to be incurred in liquidation.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan administrator and management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. The principal items requiring estimation include fair value of investments, the accumulated benefit obligation, and accrued liabilities expected to be incurred in liquidation. Actual results could differ from those estimates.

Valuation of investments

Investments are presented at fair value or net asset value ("NAV"). Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Short-term investments are stated at amortized cost which approximates fair value. Quoted market prices are used to value all mutual funds. Group annuity contracts are valued at the purchase price and adjusted to fair value using changes to market conditions impacting the cash flow assumptions that were priced into the original contract.

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

Benefit payments

Benefit payments to participants are recorded upon distribution. Disability retirement benefits are available to eligible employees as described by the terms of the Plan Document.

Expenses

Administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. Investment-related expenses are included in net appreciation in fair value of investments.

Reclassifications

Certain 2023 amounts within the financial statement footnotes have been reclassified, where appropriate, to conform to the presentation used in the 2024 financial statements.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

3. CERTIFICATION OF INVESTMENT INFORMATION BY THE TRUSTEES (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under ERISA. U.S. Bank National Association, for the period January 1, 2023 through February 29, 2024, The Northern Trust Company ("Northern Trust"), for the period December 1, 2023 through December 31, 2024, and American National Insurance Company as of December 31, 2024, the Trustees, have certified the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the supplemental Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2024, the supplemental Schedule H, Line 4j Schedule of Reportable Transactions during the year ended December 31, 2024, and the information related to investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

4. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

4. FAIR VALUE MEASUREMENTS (continued)

U.S. treasury bonds - Valued at amortized cost which approximates fair value.

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

Group annuity contract - Valued by the insurer at the purchase price and subsequently adjusted to fair value using changes to market conditions impacting the cash flow assumptions that were priced into the original contract.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Group annuity contract	<u>\$ -</u>	<u>\$ -</u>	<u>\$359,708,064</u>	\$359,708,064
Investments measured at NAV (a)				<u>106,539,957</u>
				<u>\$466,248,021</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 81,510,404	\$ -	\$ -	\$ 81,510,404
U.S. treasury bonds	-	16,114,033	-	16,114,033
Other investments	<u>-</u>	<u>1,374,484</u>	<u>-</u>	<u>1,374,484</u>
	<u>\$ 81,510,404</u>	<u>\$ 17,488,517</u>	<u>\$ -</u>	98,998,921
Investments measured at NAV (a)				<u>370,164,616</u>
				<u>\$469,163,537</u>

(a) Collective trust funds are typically collective trusts valued at NAV that are calculated by the investment manager or sponsor of the fund and have daily or monthly liquidity. Using the practical expedient in ASC 820, *Fair Value Measurements*, these investments are not categorized within the fair value hierarchy, but are included in the table above so that they can be reconciled to the line items presented in the statements of net assets available for benefits.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

4. FAIR VALUE MEASUREMENTS (continued)

The following table represents the Level 3 assets as of December 31, 2024:

Balance, beginning of period	\$ -
Purchases	383,008,180
Sales	(7,852,713)
Unrealized loss	<u>(15,447,403)</u>
	<u>\$ 359,708,064</u>

5. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NET ASSET VALUE

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024:

Product	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 106,539,957	\$0	Daily	Daily

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023:

Product	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 370,164,616	\$0	Daily	Daily

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The actuarial present value of accumulated plan benefits as of January 1 is as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving payments	\$ 259,506,756	\$ 264,608,461
Other participants	<u>129,028,819</u>	<u>147,416,145</u>
	388,535,575	412,024,606
Nonvested benefits	<u>2,557,734</u>	<u>3,013,565</u>
	<u><u>\$ 391,093,309</u></u>	<u><u>\$ 415,038,171</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2024, are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2023	\$ 415,038,171
Benefits accumulated net of actuarial experiences	(2,267,312)
Interest due to decrease in discount period	27,568,001
Benefits paid	(49,415,118)
Change in actuarial assumptions	<u>169,567</u>
	<u><u>\$ 391,093,309</u></u>

The significant assumptions used in the January 1, 2024 and 2023, valuations were:

- Actuarial cost method - Unit Credit as of January 1, 2024 and 2023.
- Investment return - 7.09% (net of 0.2% for administrative expenses expected to be paid) as of January 1, 2024, and 7.10% (net of 0.2% for administrative expenses expected to be paid) as of January 1, 2023.
- Mortality — Non-annuitants: Pri-2012 employee sex distinct base table with no contingent survivor adjustments and blue collar adjustments applied. Annuitants: The Mercer Industry Longevity Experience Study generational annuitant only mortality table, with blue collar adjustments for the Consumer Goods and Food and Drink industry as of January 1, 2024, and January 1, 2023. Both tables are projected using the mortality improvement projection scale implied by the Social Security Administration's rate of mortality.
- Retirement age - Graded rates from 55 to 71 as of January 1, 2024 and 2023.

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

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The actuarial present value of accumulated Plan benefits under the liquidation basis as of December 31, 2024 was not reasonably determinable.

7. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Company and related Trust are related parties to the Plan. Certain professional and administrative costs of the Plan have been paid by the Company. Personnel and facilities of the Company have been used by the Plan for accounting and other activities at no charge to the Plan. Expenses incurred in connection with investment and benefit check service transactions, actuary fees, and legal fees are paid by the Plan.

Certain Plan investments were managed by U.S. Bank National Association for the period January 1, 2023 through February 29, 2024. U.S. Bank National Association is considered a Trustee of the Plan for the period January 1, 2023 through February 29, 2024, therefore, these transactions qualify as party-in-interest transactions.

Certain Plan investments are managed by Northern Trust for the period from December 1, 2023 through December 31, 2024. Northern Trust is considered a Trustee of the Plan for the period from December 1, 2023 through December 31, 2024, therefore, these transactions qualify as party-in-interest transactions.

Certain Plan investments are managed by Goldman Sachs, American National Insurance Company, and Blackrock Corporation who are investment advisors of the Plan, and therefore, considered a parties-in-interest.

9. PLAN TERMINATION

The Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

9. PLAN TERMINATION (continued)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions, however, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In December 2024, the Company elected to terminate the Plan, effective December 31, 2024. The Company applied for and received approval for the termination from the IRS on July 10, 2025 (see Note 10). As of the termination date, the rights of all eligible participants who are actively employed by the Company on the termination date to benefits accrued under the Plan as of the termination date are 100% vested and nonforfeitable. Participants not currently receiving payments may elect to receive their accumulated plan benefits as a lump sum distribution during a benefit election window. If a lump sum election is not made, the accrued benefit will be transferred to a qualified replacement plan.

10. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 10, 2025, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related Trust is tax-exempt. As a result, no provision for income taxes has been recorded in the Plan's financial statements.

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

11. RISKS AND UNCERTAINTIES

The Plan invests in a money market fund, U.S. government bonds, collective trust funds, mutual funds and a group annuity contract. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Bunge U.S. Pension Plan
Notes to Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

11. RISKS AND UNCERTAINTIES (continued)

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.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for benefits per the financial statements	\$ 463,317,594
Accrued liabilities expected to be incurred in liquidation	<u>2,930,427</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 466,248,021</u></u>

The following is a reconciliation of administrative expenses per the financial statements to Form 5500 for the year ended December 31, 2024:

Administrative expenses per the financial statements	\$ 5,349,337
Accrued liabilities expected to be incurred in liquidation	<u>(2,930,427)</u>
Administrative expenses per the Form 5500	<u><u>\$ 2,418,910</u></u>

13. SUBSEQUENT EVENT

The Plan has evaluated subsequent events for potential recognition and disclosure through October 14, 2025, the date the financial statements were available to be issued.

On October 1, 2025, the Plan completed cash payments of \$95,829,931 to certain Plan participants electing the lump sum buyout. The Company expects to make the final lump sum payments and settle the remaining obligation through conversion of the previously acquired buy-in contract to a buy-out arrangement with the insurance company by the end of 2025.

SUPPLEMENTAL SCHEDULES

Bunge U.S. Pension Plan
 EIN: 13-4977260; Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2024 (In Liquidation)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Units/ Par Value	(d) Cost	(e) Current Value
	Collective Investment Trusts			
*	Northern Trust Collective Short Term Investment Fund	\$ 106,136,183	\$ 106,539,957	\$ 106,539,957
	Insurance Company General Account			
*	American National Group Annuity Contract	\$ 359,708,064	\$ 375,262,715	<u>359,708,064</u>
				<u><u>\$ 466,248,021</u></u>
*	Indicated party-in-interest to the Plan			

Bunge U.S. Pension Plan
 EIN: 13-4977260; Plan: 001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 December 31, 2024

(a) Identity of Party Involved	Total Number of Transactions	Purchase Price (1)(2)	Selling Price (2)	Cost of Asset (1)	(i) Net Gain or (Loss)
Single transaction in excess 5%					
Goldman Sachs Collective Trust Intermediate Duration Credit Fund	1	\$ -	\$ 127,793,808	\$ 101,871,221	\$ 25,922,587
Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	1	\$ -	\$ 24,856,882	\$ 27,071,937	\$ (2,215,055)
Northern Trust Short Term Investment Fund	1	\$ 102,531,097	\$ -	\$ 102,531,097	\$ -
Northern Trust Short Term Investment Fund	1	\$ 34,215,880	\$ -	\$ 34,215,880	\$ -
Northern Trust Short Term Investment Fund	1	\$ 235,999,925	\$ -	\$ 235,999,925	\$ -
Northern Trust Short Term Investment Fund	1	\$ 369,392,898	\$ -	\$ 369,392,898	\$ -
Northern Trust Short Term Investment Fund	1	\$ 81,067,837	\$ -	\$ 81,067,837	\$ -
Northern Trust Short Term Investment Fund	1	\$ 167,400,198	\$ -	\$ 167,400,198	\$ -
Northern Trust Short Term Investment Fund	1	\$ 83,700,797	\$ -	\$ 83,700,797	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 368,794,123	\$ 368,794,123	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 378,569,237	\$ 378,569,237	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 44,597,577	\$ 44,597,577	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,619,355	\$ 83,619,355	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,700,273	\$ 83,700,273	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,700,055	\$ 83,700,055	\$ -
Goldman Sachs Global Managed Beta Fund	1	\$ -	\$ 78,721,931	\$ 64,470,472	\$ 14,251,459
Goldman Sachs Collective Trust Long Duration Credit Fund	1	\$ -	\$ 120,200,000	\$ 123,512,567	\$ (3,312,567)
Goldman Sachs Collective Trust Long Duration Credit Fund	1	\$ -	\$ 31,368,611	\$ 33,614,816	\$ (2,246,205)
American National Group Annuity Contract	1	\$ 376,891,088	\$ -	\$ 376,891,088	\$ -
Series of transactions by issue in excess of 5%					
Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	12	\$ 3,001,192	\$ 25,956,882	\$ 28,311,030	\$ (2,354,148)
Goldman Sachs Collective Trust Long Duration Credit Fund	4	\$ -	\$ 167,568,611	\$ 174,419,014	\$ (6,850,406)
Goldman Sachs Global Managed Beta Fund	5	\$ -	\$ 90,221,931	\$ 75,136,522	\$ 15,085,409
Northern Trust Short Term Investment Fund	593	\$ 1,250,907,663	\$ 1,172,607,285	\$ 1,172,607,285	\$ -
Series of transactions with same party in excess of 5%					
Goldman Sachs Multi-Manager Real Assets Strategy Fund	2	\$ -	\$ 8,167,008	\$ 7,387,343	\$ 779,665
Goldman Sachs Collective Trust Long Duration Credit Fund	4	\$ -	\$ 167,568,611	\$ 174,419,017	\$ (6,850,403)

(1) Current value on transaction date is the same as the purchase price and cost of asset.

(2) The commissions and fees related to the purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

Schedule SB, line 26 — Schedule of Active Participant Data**Bunge North America, Inc. (excludes EGT, LLC and Bunge-SCF Grain, LLC)**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29		1	10								11
30–34			63	16							79
			\$466								
35–39		1	86	49	14						150
			\$587	\$1,127							
40–44		1	52	39	22	8					122
			\$723	\$1,226	\$2,066						
45–49		3	50	56	20	25	2				156
			\$665	\$1,061	\$1,836	\$2,755					
50–54		1	45	52	21	25	15	4			163
			\$845	\$826	\$1,986	\$1,619					
55–59		1	38	50	29	22	17	9	4		170
			\$856	\$826	\$1,762	\$1,971					
60–64			17	44	21	20	7	7	8	6	130
				\$632	\$1,928	\$2,187					
65–69			6	16	2	4	4	4		1	37
70 & up			2	3		2		1			8
Total		8	369	325	129	106	45	25	12	7	1,026

In each cell, the number is the count of active participants for each age/service combination and the bottom number is average monthly frozen benefit. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data

EGT, LLC

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39			1	2							3
40–44				7							7
45–49			2								2
50–54				5							5
55–59			1	3							4
60–64				2	1						3
65–69				1							1
70 & up											
Total			4	20	1						25

In each cell, the number is the count of active participants for each age/service combination. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Bunge-SCF Grain, LLC**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			2								2
35–39			2	3							5
40–44			1	1							2
45–49			1	1							2
50–54											
55–59			4	2							6
60–64			3								3
65–69			1								1
70 & up											
Total			14	7							21

In each cell, the number is the count of active participants for each age/service combination. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Total**

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											
25-29		1	10								11
30-34			65	16							81
			\$457								
35-39		1	89	54	14						158
			\$582	\$1,083							
40-44		1	53	47	22	8					131
			\$716	\$1,151	\$2,066						
45-49		3	53	57	20	25	2				160
			\$659	\$1,053	\$1,836	\$2,755					
50-54		1	45	57	21	25	15	4			168
			\$845	\$815	\$1,986	\$1,619					
55-59		1	43	55	29	22	17	9	4		180
			\$790	\$835	\$1,762	\$1,971					
60-64			20	46	22	20	7	7	8	6	136
			\$940	\$655	\$1,953	\$2,187					
65-69			7	17	2	4	4	4		1	39
70 & up			2	3		2		1			8
Total		8	387	352	130	106	45	25	12	7	1,072

In each cell, the number is the count of active participants for each age/service combination and the bottom number is average monthly frozen benefit. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for funding valuation**

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	Nonstabilized	PBGC
• First 5 years	4.75%	4.37%	5.01%
• Next 15 years	4.96%	4.96%	5.13%
• Over 20 years	5.59%	4.95%	5.15%
Mortality sponsor elections			
• All participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with the IRS regulation 1.430(h)(3)-1. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale.		
Other economic assumptions			
• Salary increases	Not applicable		
• Flat-dollar benefit increases	Not applicable		
• Social Security taxable wage base increases	Not applicable		
• Inflation	2.25% per year		
• Expected investment return	Not applicable.		
• Expenses	\$2,053,000 added to current year normal cost		

Rationale for economic assumptions

- Discount rate – Assumption is prescribed by the IRS.
- Expenses – The expected expenses for the current year are based on the actual expenses paid from the trust for the prior year adjusted for the expected change in the PBGC premiums for the current year.

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

- **Withdrawal** Special table of ultimate rates based on the 2003 Society of Actuaries Turnover Study with modifications for rates at all ages. See table of sample rates.

- **Disability incidence** None assumed.

Retirement age	Attained age	Percentage
	Under 55	0%
	55	5%
	56-57	10%
	58-59	6%
	60-61	11%
	62	25%
	63-64	18%
	65-70	35%
	71 and above	100%

- **Benefit commencement age for**

– Future vested deferred Age 63, if more than 10 years of Vesting Service, else age 65.

– Current vested deferred Age 63, if more than 10 years of Vesting Service, else age 65.

- **Spouse assumptions**

– Percentage married 65% 65%

– Spouse age difference 2 years younger 2 years older

Form of payment	Life Annuity	100% J&S	10-Year Certain Only
• Active retirements	20%	40%	40%
• Future vested deferred	40%	40%	20%
• Future deaths	0%	100%	0%
• Current vested deferred	40%	40%	20%

Unpredictable contingent event assumptions Not applicable

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Ultimate withdraw
20	26.2%
25	19.5%
30	13.6%
35	11.5%
40	10.5%
45	9.6%
50	8.6%
55	7.6%
60	6.7%
65	3.7%

Rationale for demographic assumptions

- **Mortality** – This assumption is prescribed by the IRS.
- **Withdrawal** – This assumption is based on an experience analysis completed in 2022 covering the period from January 1, 2018 to December 31, 2021 and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- **Retirement age** – This assumption is based on an experience analysis completed in 2022 covering the period from January 1, 2018 to December 31, 2021 and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- **Benefit commencement age** – This assumption is based on an experience study completed in 2022 covering the period from January 1, 2018 to December 31, 2021 which showed the benefit commenced at age 63.
- **Form of payment** – Based on an experience study undertaken in 2022 using the data from January 1, 2018 to December 31, 2021. The Bunge Corporation believes these results are appropriate for the future.
- **Spouse assumptions** – Based on an experience study undertaken in 2022 using the data from January 1, 2018 to December 31, 2021. The Bunge Corporation believes these results are appropriate for the future.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value.

Assets are allocated between Bunge North America, Inc. (excludes EGT, LLC and Bunge-SCF Grain, LLC), EGT, LLC and Bunge-SCF Grain, LLC based on the procedure in ERISA 4044. *Note that this asset allocation is solely for calculating the minimum and maximum amounts and that all assets in the trust are available to pay benefits due to any participant regardless of the employer for which the participant was employed.*

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Bunge U.S. Pension Plan
 EIN: 13-4977260; Plan: 001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 December 31, 2024

(a) Identity of Party Involved	Total Number of Transactions	Purchase Price (1)(2)	Selling Price (2)	Cost of Asset (1)	(i) Net Gain or (Loss)
Single transaction in excess 5%					
Goldman Sachs Collective Trust Intermediate Duration Credit Fund	1	\$ -	\$ 127,793,808	\$ 101,871,221	\$ 25,922,587
Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	1	\$ -	\$ 24,856,882	\$ 27,071,937	\$ (2,215,055)
Northern Trust Short Term Investment Fund	1	\$ 102,531,097	\$ -	\$ 102,531,097	\$ -
Northern Trust Short Term Investment Fund	1	\$ 34,215,880	\$ -	\$ 34,215,880	\$ -
Northern Trust Short Term Investment Fund	1	\$ 235,999,925	\$ -	\$ 235,999,925	\$ -
Northern Trust Short Term Investment Fund	1	\$ 369,392,898	\$ -	\$ 369,392,898	\$ -
Northern Trust Short Term Investment Fund	1	\$ 81,067,837	\$ -	\$ 81,067,837	\$ -
Northern Trust Short Term Investment Fund	1	\$ 167,400,198	\$ -	\$ 167,400,198	\$ -
Northern Trust Short Term Investment Fund	1	\$ 83,700,797	\$ -	\$ 83,700,797	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 368,794,123	\$ 368,794,123	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 378,569,237	\$ 378,569,237	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 44,597,577	\$ 44,597,577	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,619,355	\$ 83,619,355	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,700,273	\$ 83,700,273	\$ -
Northern Trust Short Term Investment Fund	1	\$ -	\$ 83,700,055	\$ 83,700,055	\$ -
Goldman Sachs Global Managed Beta Fund	1	\$ -	\$ 78,721,931	\$ 64,470,472	\$ 14,251,459
Goldman Sachs Collective Trust Long Duration Credit Fund	1	\$ -	\$ 120,200,000	\$ 123,512,567	\$ (3,312,567)
Goldman Sachs Collective Trust Long Duration Credit Fund	1	\$ -	\$ 31,368,611	\$ 33,614,816	\$ (2,246,205)
American National Group Annuity Contract	1	\$ 376,891,088	\$ -	\$ 376,891,088	\$ -
Series of transactions by issue in excess of 5%					
Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	12	\$ 3,001,192	\$ 25,956,882	\$ 28,311,030	\$ (2,354,148)
Goldman Sachs Collective Trust Long Duration Credit Fund	4	\$ -	\$ 167,568,611	\$ 174,419,014	\$ (6,850,406)
Goldman Sachs Global Managed Beta Fund	5	\$ -	\$ 90,221,931	\$ 75,136,522	\$ 15,085,409
Northern Trust Short Term Investment Fund	593	\$ 1,250,907,663	\$ 1,172,607,285	\$ 1,172,607,285	\$ -
Series of transactions with same party in excess of 5%					
Goldman Sachs Multi-Manager Real Assets Strategy Fund	2	\$ -	\$ 8,167,008	\$ 7,387,343	\$ 779,665
Goldman Sachs Collective Trust Long Duration Credit Fund	4	\$ -	\$ 167,568,611	\$ 174,419,017	\$ (6,850,403)

(1) Current value on transaction date is the same as the purchase price and cost of asset.

(2) The commissions and fees related to the purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the trustees.

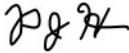
SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan BUNGE U.S. PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUNGE NORTH AMERICA, INC.	D Employer Identification Number (EIN) 13-4977260
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	477,200,364	
b	Actuarial value	2b	477,220,364	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2,656	302,150,519	302,150,519
b	For terminated vested participants	969	53,642,551	53,642,551
c	For active participants	1,072	115,141,019	117,806,556
d	Total	4,697	470,934,089	473,599,626
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	5.20%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	2,053,000	
c	Target normal cost	6c	2,053,000	

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	 Signature of actuary	10/13/2025 Date
PHILIP HELPPI, FSA Type or print name of actuary		2308575 Most recent enrollment number
MERCER Firm name		773-530-6120 Telephone number (including area code)
ONE TOWNE SQUARE, SUITE 1100 SOUTHFIELD MI 48076 Address of the firm		

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.62%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,633
	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>5.29%</u>		139
	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		2,772
	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	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.76 %
15	Adjusted funding target attainment percentage	15	100.76 %
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	94.16 %
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
04/11/2024	1,099,000	0			
07/12/2024	1,099,000	0			
Totals ►			18(b)	2,198,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2,153,744
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
0	0
(3) 3rd	(4) 4th
0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.96 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	62
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	2, 053, 000
b	Excess assets, if applicable, but not greater than line 31a	31b	2, 053, 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
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36
			0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
			2, 153, 744
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
			2, 153, 744
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, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	100.00	5.00	275.00
56	10.0%	95.00	9.50	532.00
57	10.0%	85.50	8.55	487.35
58	6.0%	76.95	4.62	267.79
59	6.0%	72.33	4.34	256.06
60	11.0%	67.99	7.48	448.75
61	11.0%	60.51	6.66	406.05
62	25.0%	53.86	13.46	834.79
63	18.0%	40.39	7.27	458.06
64	18.0%	33.12	5.96	381.57
65	35.0%	27.16	9.51	617.90
66	35.0%	17.65	6.18	407.81
67	35.0%	11.48	4.02	269.09
68	35.0%	7.46	2.61	177.52
69	35.0%	4.85	1.70	117.09
70	35.0%	3.15	1.10	77.21
71	100.0%	2.05	2.05	145.44
Total			100	6,159.46
Average				61.59

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for funding valuation**

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	0		
	Stabilized	Nonstabilized	PBGC
• First 5 years	4.75%	4.37%	5.01%
• Next 15 years	4.96%	4.96%	5.13%
• Over 20 years	5.59%	4.95%	5.15%
Mortality sponsor elections			
• All participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with the IRS regulation 1.430(h)(3)-1. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale.		
Other economic assumptions			
• Salary increases	Not applicable		
• Flat-dollar benefit increases	Not applicable		
• Social Security taxable wage base increases	Not applicable		
• Inflation	2.25% per year		
• Expected investment return	Not applicable.		
• Expenses	\$2,053,000 added to current year normal cost		

Rationale for economic assumptions

- Discount rate – Assumption is prescribed by the IRS.
- Expenses – The expected expenses for the current year are based on the actual expenses paid from the trust for the prior year adjusted for the expected change in the PBGC premiums for the current year.

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

- **Withdrawal** Special table of ultimate rates based on the 2003 Society of Actuaries Turnover Study with modifications for rates at all ages. See table of sample rates.

- **Disability incidence** None assumed.

Retirement age	Attained age	Percentage
	Under 55	0%
	55	5%
	56-57	10%
	58-59	6%
	60-61	11%
	62	25%
	63-64	18%
	65-70	35%
	71 and above	100%

- **Benefit commencement age for**

– **Future vested deferred** Age 63, if more than 10 years of Vesting Service, else age 65.

– **Current vested deferred** Age 63, if more than 10 years of Vesting Service, else age 65.

- **Spouse assumptions**

– **Percentage married** 65% 65%

– **Spouse age difference** 2 years younger 2 years older

Form of payment	Life Annuity	100% J&S	10-Year Certain Only
• Active retirements	20%	40%	40%
• Future vested deferred	40%	40%	20%
• Future deaths	0%	100%	0%
• Current vested deferred	40%	40%	20%

Unpredictable contingent event assumptions Not applicable

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Ultimate withdraw
20	26.2%
25	19.5%
30	13.6%
35	11.5%
40	10.5%
45	9.6%
50	8.6%
55	7.6%
60	6.7%
65	3.7%

Rationale for demographic assumptions

- **Mortality** – This assumption is prescribed by the IRS.
- **Withdrawal** – This assumption is based on an experience analysis completed in 2022 covering the period from January 1, 2018 to December 31, 2021 and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- **Retirement age** – This assumption is based on an experience analysis completed in 2022 covering the period from January 1, 2018 to December 31, 2021 and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- **Benefit commencement age** – This assumption is based on an experience study completed in 2022 covering the period from January 1, 2018 to December 31, 2021 which showed the benefit commenced at age 63.
- **Form of payment** – Based on an experience study undertaken in 2022 using the data from January 1, 2018 to December 31, 2021. The Bunge Corporation believes these results are appropriate for the future.
- **Spouse assumptions** – Based on an experience study undertaken in 2022 using the data from January 1, 2018 to December 31, 2021. The Bunge Corporation believes these results are appropriate for the future.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is the fair market value.

Assets are allocated between Bunge North America, Inc. (excludes EGT, LLC and Bunge-SCF Grain, LLC), EGT, LLC and Bunge-SCF Grain, LLC based on the procedure in ERISA 4044. *Note that this asset allocation is solely for calculating the minimum and maximum amounts and that all assets in the trust are available to pay benefits due to any participant regardless of the employer for which the participant was employed.*

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 2004 Restated plan: January 1, 2022 Plan year: Calendar year
Status of the plan	New employees hired prior to January 1, 2018 are eligible to participate in the plan once they satisfy the participation requirements. New employees hired on or after January 1, 2018 will not be eligible to participate in the plan. The plan is frozen as of December 31, 2022.
Significant events that occurred during the year	The plan offered deferred vested cashout window in 2023. 334 Bunge North America, Inc. participants, 2 EGT, LLC participants, and 3 Bunge-SCF Grain, LLC participants elected to receive their benefit as a lump sum during the window.
Definitions	
Covered employees	Employees of Bunge North America, Inc., EGT, LLC, Bunge-SCF Grain, LLC or any other member of the controlled group that has adopted the plan, other than (a) a person covered under another qualified defined benefit pension plan, (b) a non-resident alien, (c) a person employed on a temporary basis, (d) a Leased Employee or (e) a member of a collective bargaining unit for which a separate plan is established or no plan has been established after collective bargaining.
Participation	The first day of the calendar month coinciding with or next following attainment of age 21 and completion of one year of service. New employees after January 1, 2018 are not eligible to participate in the plan.
Employee contributions	Employee contributions are neither required nor permitted.
Vesting service	One year of service for each 12 months in which an individual performs services as an employee.
Credited service	One year of service for each 12 months in which an individual performs services as an employee. Credited service was frozen December 31, 2022.
Pensionable earnings	Effective January 1, 2002, regular base wages plus 50% of bonuses, overtime, and commissions.
Final average earnings	Annual average of highest 60 months of pensionable earnings in the earlier of the last 120 months of employment and December 31, 2022.
Average social security wage base	Average of the Social Security Wage Bases during the 35 calendar years ending with the year an individual attains his or her Social Security Normal Retirement Age. Any Social Security Wage Base after December 31, 2022 will not be included in calculating the Average Social Security Wage Base.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit	The sum of a) and b) below, divided by 12: a) 1% of final average earnings multiplied by years of service. b) 0.5% of final average earnings in excess of the Average Social Security Wage Base, multiplied by years of service to a maximum of 35. Former participants in the Bunge non-union hourly and Emporia plans are entitled to their accrued benefit at December 31, 2003 under the prior plan plus the benefit calculated under the above formula based on years of service after December 31, 2003. Former participants in the Bunge North America, Inc. Shawneetown Elevator Plan Employees' Pension Plan are entitled to their accrued benefits at March 31, 2006 under the prior plan plus the benefit calculated under the above formula based on years of service after March 31, 2006. Former participants in the Bunge Ft. Worth plan are entitled to their accrued benefit at December 31, 2008 under the prior plan plus the benefit calculated under the above formula based on years of service after December 31, 2008. Former participants in the Bunge Oils, Inc. Chattanooga Pension Plan are entitled to their accrued benefit at December 31, 2014 under the prior plan. Former participants in the Bunge Oils, Inc. Bradley Pension Plan are entitled to their accrued benefit at December 31, 2017 under the prior plan. Former participants in the Cairo Elevator and Vegetable Oil Plant Employee's Pension Plan are entitled to their accrued benefit at August 31, 2018 under the prior plan. The accrued benefit is frozen as of December 31, 2022.
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Normal Retirement

• Eligibility	Age 65.
• Benefit	Accrued benefit payable at age 65.

Early Retirement

• Eligibility	Age 55 with 10 years of service or for Central Soya participants at December 31, 2003, sum of age plus years of service equal 70.
• Benefit	Accrued benefit reduced 0.4% for each month of the first 24 months that commencement precedes age 62, 0.5% for each month that commencement precedes age 60, and 0.25% for each month that commencement precedes age 55.

Schedule SB, Part V — Summary of Plan Provisions

Late Retirement	
• Eligibility	The first day of the month coinciding with or next following actual retirement after the participant's Normal Retirement Date.
• Benefit	Accrued benefit commencing at late retirement date.
Deferred Vested	
• Eligibility	Five years of Vesting Service.
• Benefit	Accrued benefit commencing on the earlier of (a) Normal Retirement Date or (b) elected Early Retirement Date. For the amount of such benefit under (b) above shall be reduced in accordance with the Early Retirement Benefit provisions.
Disability	None
Pre-Retirement Death	
• Eligibility	Five years of Vesting Service.
• Benefit	100% of accrued benefit reduced for early commencement and for 100% joint and survivor option.
Form Of Benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 100% joint and survivor annuity.
• Optional forms	Reduced 100%, 75%, 66-2/3%, and 50% joint and survivor, 10-year certain and continuous, and 10-year certain options.
• Optional form conversion factors	RP-2000 Combined Mortality Table (50% male/50% female) and 8% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2022 and amended through the first amendment dated October 5, 2023, are included in this valuation:

- **Most recent plan amendments included:** The Plan was last amended October 5, 2023.
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**

- *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70½. There is only a small portion of the population for which this applies.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**

- *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.
- The Plan was amended to allow for the deferred vested cashout window that occurred in 2023.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from \$1,564,897 to \$2,053,000 to reflect our expectations for the current plan year.

Schedule SB, line 26 — Schedule of Active Participant Data**Bunge North America, Inc. (excludes EGT, LLC and Bunge-SCF Grain, LLC)**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29		1	10								11
30–34			63	16							79
			\$466								
35–39		1	86	49	14						150
			\$587	\$1,127							
40–44		1	52	39	22	8					122
			\$723	\$1,226	\$2,066						
45–49		3	50	56	20	25	2				156
			\$665	\$1,061	\$1,836	\$2,755					
50–54		1	45	52	21	25	15	4			163
			\$845	\$826	\$1,986	\$1,619					
55–59		1	38	50	29	22	17	9	4		170
			\$856	\$826	\$1,762	\$1,971					
60–64			17	44	21	20	7	7	8	6	130
				\$632	\$1,928	\$2,187					
65–69			6	16	2	4	4	4		1	37
70 & up			2	3		2		1			8
Total		8	369	325	129	106	45	25	12	7	1,026

In each cell, the number is the count of active participants for each age/service combination and the bottom number is average monthly frozen benefit. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data

EGT, LLC

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39			1	2							3
40–44				7							7
45–49			2								2
50–54				5							5
55–59			1	3							4
60–64				2	1						3
65–69				1							1
70 & up											
Total			4	20	1						25

In each cell, the number is the count of active participants for each age/service combination. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Bunge-SCF Grain, LLC**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			2								2
35–39			2	3							5
40–44			1	1							2
45–49			1	1							2
50–54											
55–59			4	2							6
60–64			3								3
65–69			1								1
70 & up											
Total			14	7							21

In each cell, the number is the count of active participants for each age/service combination. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB, line 26 — Schedule of Active Participant Data**Total**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29		1	10								11
30–34			65	16							81
			\$457								
35–39		1	89	54	14						158
			\$582	\$1,083							
40–44		1	53	47	22	8					131
			\$716	\$1,151	\$2,066						
45–49		3	53	57	20	25	2				160
			\$659	\$1,053	\$1,836	\$2,755					
50–54		1	45	57	21	25	15	4			168
			\$845	\$815	\$1,986	\$1,619					
55–59		1	43	55	29	22	17	9	4		180
			\$790	\$835	\$1,762	\$1,971					
60–64			20	46	22	20	7	7	8	6	136
			\$940	\$655	\$1,953	\$2,187					
65–69			7	17	2	4	4	4		1	39
70 & up			2	3		2		1			8
Total		8	387	352	130	106	45	25	12	7	1,072

In each cell, the number is the count of active participants for each age/service combination and the bottom number is average monthly frozen benefit. Average monthly frozen benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Schedule SB - Information for Each Individual Employer

		Bunge North America,	Bunge-SCF Grain,		
Line	Description	Inc.	LLC	EGT, LLC	Consolidated
Part 1 - Basic Information					
1)	Valuation date	01/01/2024	01/01/2024	01/01/2024	01/01/2024
2)	Assets:				
	a) Market value	473,084,246	1,083,325	3,052,793	477,220,364
	b) Actuarial value	473,084,246	1,083,325	3,052,793	477,220,364
3)	Funding target breakdown				
	a) For retired participants and beneficiaries receiving payment	301,569,714	211,921	368,884	302,150,519
	b) For terminated vested participants	53,377,562	103,380	161,609	53,642,551
	c) For active participants:				
	(1) Non-vested benefits	2,613,558	14,117	37,862	2,665,537
	(2) Vested benefits	112,614,241	568,453	1,958,325	115,141,019
	(3) Total active	115,227,799	582,570	1,996,187	117,806,556
	d) Total	470,175,075	897,871	2,526,680	473,599,626
4)	At-risk status	N/A	N/A	N/A	N/A
5)	Effective interest rate	5.20%	5.36%	5.33%	5.20%
6)	Target normal cost				
	a) Present value of current plan year accruals	0	0	0	0
	b) Expected plan related expenses	2,053,000	0	0	2,053,000
	c) Total	2,053,000	0	0	2,053,000
Part 2 - Beginning of Year Carryover Prefunding Balances					
Column (a) - Carryover Balance					
7)	Carryover balance at beginning of prior year	0	0	0	0
8)	Portion used in prior year	0	0	0	0
9)	Amount remaining	0	0	0	0
10)	Interest on item 9	0	0	0	0
11)	Prior year's excess contributions	N/A	N/A	N/A	N/A
12)	Reduction in balances due to elections or deemed elections	0	0	0	0
13)	Carryover balance at beginning of current year	0	0	0	0
Column (b) - Prefunding Balance					
7)	Prefunding balance at beginning of prior year	0	0	0	0
8)	Portion used in prior year	0	0	0	0
9)	Amount remaining	0	0	0	0
10)	Interest on item 9	0	0	0	0
11)	Prior year's excess contributions				
	a) Present value	2,633	0	0	2,633
	b) Interest on (a) using prior year's effective interest rate 5.29%	139	0	0	139
	c) Total available at beginning of current year	2,772	0	0	2,772
	d) Portion of (c) to be added	0	0	0	0
12)	Reduction in balances due to elections or deemed elections	0	0	0	0
13)	Prefunding balance at beginning of current year	0	0	0	0
Part 3 - Funding Percentages					
14)	Funding target attainment percentage	100.61%	120.65%	120.82%	100.76%
15)	Adjusted funding target attainment percentage	100.61%	120.65%	120.82%	100.76%
16)	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	93.83%	143.81%	143.33%	94.16%
17)	If the current value of the assets of the plan is less than 70% of the funding target, enter such percentage				
Part 4 - Contributions and liquidity shortfalls					
18)	Total contributions made to the plan				
	a) Date	4/11/2024			4/11/2024
	b) Amount	1,099,000			1,099,000
	a) Date	7/12/2024			7/12/2024
	b) Amount	1,099,000			1,099,000
	b) Total Amount	2,198,000	0	0	2,198,000
19)	a) Contributions allocated toward unpaid minimum required contirbution from prior years	0	0	0	0
	b) Contributions made to avoid restrictions adjusted to valuation date	0	0	0	0
	c) Contributions allocated toward minimum required contribution for current year adjusted to valuation date	2,153,744	0	0	2,153,744
20)	a) Did the plan have a "funding shortfall" for the prior year?	Yes	No	No	Yes
	b) If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes			Yes
	c 1)	0			0
	c 2)	0			0
	c 3)	0			0
	c 4)	0			0

Schedule SB - Information for Each Individual Employer

Line	Description	Bunge North America, Inc.	Bunge-SCF Grain, LLC	EGT, LLC	Consolidated
Part 5 - Assumptions Used to Determine Funding Target and Target Normal Cost					
21)	a) Segment rates	4.75/4.96/5.59	4.75/4.96/5.59	4.75/4.96/5.59	4.75/4.96/5.59
	b) Applicable month	0	0	0	0
22)	Weighted average retirement age	62	62	62	62
23)	Mortality table	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate
Part 6 - Miscellaneous Items					
24)	Has a change been made in the non-prescribed actuarial assumptions for the current plan year?	Yes	Yes	Yes	Yes
25)	Has a method change been made for the current plan year?	No	No	No	No
26)	a) Is the plan required to provide a Schedule of Active Participants?	Yes	Yes	Yes	Yes
26)	b) Is the plan required to provide a projection of expected benefit payments?	Yes	Yes	Yes	Yes
27)	N/A				
Part 7 - Reconciliation of Unpaid Minimum Required Contributions for Prior Years					
28)	Unpaid minimum required contribution for all prior years	0	0	0	0
29)	Line 19a	0	0	0	0
30)	Line 28 minus line 29	0	0	0	0
Part 8 - Minimum Required Contribution for Current Year					
31)	a) Target normal cost	2,053,000	0	0	2,053,000
	b) Excess assets, if applicable, not greater than line 31a	2,053,000	0	0	2,053,000
32)	a) Net shortfall amortization installment				
	Outstanding Balance	0	0	0	0
	Installment	0	0	0	0
	b) Waiver amortization installment				
	Outstanding Balance	0	0	0	0
	Installment	0	0	0	0
33)	Waiver	N/A	N/A	N/A	N/A
34)	Total funding requirement before reflecting carryover/prefunding balances	0	0	0	0
35)	Carryover/prefunding balances used to offset funding requirement	0	0	0	0
36)	Additional cash requirement (line 34 minus 35)	0	0	0	0
37)	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	2,153,744	0	0	2,153,744
38)	a) Total interest-adjusted excess contributions for current year	2,153,744	0	0	2,153,744
	b) Portion attributable to PFB or COB	0	0	0	0
39)	Unpaid minimum required contribution for current year	0	0	0	0
40)	Unpaid minimum required contribution for all years	0	0	0	0
Part 9 - Pension Funding Relief Under Pension Relief Act of 2010					
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	2021	2021	2021	2021

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	100.00	5.00	275.00
56	10.0%	95.00	9.50	532.00
57	10.0%	85.50	8.55	487.35
58	6.0%	76.95	4.62	267.79
59	6.0%	72.33	4.34	256.06
60	11.0%	67.99	7.48	448.75
61	11.0%	60.51	6.66	406.05
62	25.0%	53.86	13.46	834.79
63	18.0%	40.39	7.27	458.06
64	18.0%	33.12	5.96	381.57
65	35.0%	27.16	9.51	617.90
66	35.0%	17.65	6.18	407.81
67	35.0%	11.48	4.02	269.09
68	35.0%	7.46	2.61	177.52
69	35.0%	4.85	1.70	117.09
70	35.0%	3.15	1.10	77.21
71	100.0%	2.05	2.05	145.44
Total			100	6,159.46
Average				61.59

Schedule SB - Information for Each Individual Employer

		Bunge North America,	Bunge-SCF Grain,		
		Inc.	LLC	EGT, LLC	Consolidated
Part 1 - Basic Information					
1)	Valuation date	01/01/2024	01/01/2024	01/01/2024	01/01/2024
2)	Assets:				
	a) Market value	473,084,246	1,083,325	3,052,793	477,220,364
	b) Actuarial value	473,084,246	1,083,325	3,052,793	477,220,364
3)	Funding target breakdown				
	a) For retired participants and beneficiaries receiving payment	301,569,714	211,921	368,884	302,150,519
	b) For terminated vested participants	53,377,562	103,380	161,609	53,642,551
	c) For active participants:				
	(1) Non-vested benefits	2,613,558	14,117	37,862	2,665,537
	(2) Vested benefits	112,614,241	568,453	1,958,325	115,141,019
	(3) Total active	115,227,799	582,570	1,996,187	117,806,556
	d) Total	470,175,075	897,871	2,526,680	473,599,626
4)	At-risk status	N/A	N/A	N/A	N/A
5)	Effective interest rate	5.20%	5.36%	5.33%	5.20%
6)	Target normal cost				
	a) Present value of current plan year accruals	0	0	0	0
	b) Expected plan related expenses	2,053,000	0	0	2,053,000
	c) Total	2,053,000	0	0	2,053,000
Part 2 - Beginning of Year Carryover Prefunding Balances					
Column (a) - Carryover Balance					
7)	Carryover balance at beginning of prior year	0	0	0	0
8)	Portion used in prior year	0	0	0	0
9)	Amount remaining	0	0	0	0
10)	Interest on item 9	0	0	0	0
11)	Prior year's excess contributions	N/A	N/A	N/A	N/A
12)	Reduction in balances due to elections or deemed elections	0	0	0	0
13)	Carryover balance at beginning of current year	0	0	0	0
Column (b) - Prefunding Balance					
7)	Prefunding balance at beginning of prior year	0	0	0	0
8)	Portion used in prior year	0	0	0	0
9)	Amount remaining	0	0	0	0
10)	Interest on item 9	0	0	0	0
11)	Prior year's excess contributions				
	a) Present value	2,633	0	0	2,633
	b) Interest on (a) using prior year's effective interest rate 5.29%	139	0	0	139
	c) Total available at beginning of current year	2,772	0	0	2,772
	d) Portion of (c) to be added	0	0	0	0
12)	Reduction in balances due to elections or deemed elections	0	0	0	0
13)	Prefunding balance at beginning of current year	0	0	0	0
Part 3 - Funding Percentages					
14)	Funding target attainment percentage	100.61%	120.65%	120.82%	100.76%
15)	Adjusted funding target attainment percentage	100.61%	120.65%	120.82%	100.76%
16)	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	93.83%	143.81%	143.33%	94.16%
17)	If the current value of the assets of the plan is less than 70% of the funding target, enter such percentage				
Part 4 - Contributions and liquidity shortfalls					
18)	Total contributions made to the plan				
	a) Date	4/11/2024			4/11/2024
	b) Amount	1,099,000			1,099,000
	a) Date	7/12/2024			7/12/2024
	b) Amount	1,099,000			1,099,000
	b) Total Amount	2,198,000	0	0	2,198,000
19)	a) Contributions allocated toward unpaid minimum required contribution from prior years	0	0	0	0
	b) Contributions made to avoid restrictions adjusted to valuation date	0	0	0	0
	c) Contributions allocated toward minimum required contribution for current year adjusted to valuation date	2,153,744	0	0	2,153,744
20)	a) Did the plan have a "funding shortfall" for the prior year?	Yes	No	No	Yes
	b) If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes			Yes
	c 1)	0			0
	c 2)	0			0
	c 3)	0			0
	c 4)	0			0

Schedule SB - Information for Each Individual Employer

Line	Description	Bunge North America, Inc.	Bunge-SCF Grain, LLC	EGT, LLC	Consolidated
Part 5 - Assumptions Used to Determine Funding Target and Target Normal Cost					
21)	a) Segment rates	4.75/4.96/5.59	4.75/4.96/5.59	4.75/4.96/5.59	4.75/4.96/5.59
	b) Applicable month	0	0	0	0
22)	Weighted average retirement age	62	62	62	62
23)	Mortality table	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate	Current Regulation Prescribed - separate
Part 6 - Miscellaneous Items					
24)	Has a change been made in the non-prescribed actuarial assumptions for the current plan year?	Yes	Yes	Yes	Yes
25)	Has a method change been made for the current plan year?	No	No	No	No
26)	a) Is the plan required to provide a Schedule of Active Participants?	Yes	Yes	Yes	Yes
26)	b) Is the plan required to provide a projection of expected benefit payments?	Yes	Yes	Yes	Yes
27)	N/A				
Part 7 - Reconciliation of Unpaid Minimum Required Contributions for Prior Years					
28)	Unpaid minimum required contribution for all prior years	0	0	0	0
29)	Line 19a	0	0	0	0
30)	Line 28 minus line 29	0	0	0	0
Part 8 - Minimum Required Contribution for Current Year					
31)	a) Target normal cost	2,053,000	0	0	2,053,000
	b) Excess assets, if applicable, not greater than line 31a	2,053,000	0	0	2,053,000
32)	a) Net shortfall amortization installment				
	Outstanding Balance	0	0	0	0
	Installment	0	0	0	0
	b) Waiver amortization installment				
	Outstanding Balance	0	0	0	0
	Installment	0	0	0	0
33)	Waiver	N/A	N/A	N/A	N/A
34)	Total funding requirement before reflecting carryover/prefunding balances	0	0	0	0
35)	Carryover/prefunding balances used to offset funding requirement	0	0	0	0
36)	Additional cash requirement (line 34 minus 35)	0	0	0	0
37)	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	2,153,744	0	0	2,153,744
38)	a) Total interest-adjusted excess contributions for current year	2,153,744	0	0	2,153,744
	b) Portion attributable to PFB or COB	0	0	0	0
39)	Unpaid minimum required contribution for current year	0	0	0	0
40)	Unpaid minimum required contribution for all years	0	0	0	0
Part 9 - Pension Funding Relief Under Pension Relief Act of 2010					
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	2021	2021	2021	2021

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,163,827	795,088	31,076,586	33,035,502
2025	2,286,826	867,058	30,024,485	33,178,369
2026	3,300,138	1,028,819	29,105,806	33,434,763
2027	4,264,474	1,428,719	28,025,946	33,719,139
2028	5,171,234	1,627,371	25,815,762	32,614,367
2029	6,036,785	2,014,068	24,273,681	32,324,534
2030	6,827,542	2,340,035	23,423,431	32,591,008
2031	7,529,400	2,712,488	22,327,232	32,569,119
2032	8,178,635	3,320,522	20,942,091	32,441,248
2033	8,817,469	3,551,812	19,625,813	31,995,094
2034	8,760,833	3,764,890	18,783,049	31,308,772
2035	8,691,355	4,076,639	18,034,225	30,802,219
2036	8,651,908	4,272,567	17,252,238	30,176,713
2037	8,641,587	4,454,654	16,438,610	29,534,852
2038	8,594,438	4,615,092	15,595,515	28,805,046
2039	8,592,468	4,660,033	14,725,879	27,978,380
2040	8,620,351	4,626,363	13,833,457	27,080,171
2041	8,580,798	4,564,599	12,922,897	26,068,294
2042	8,637,657	4,591,208	11,999,758	25,228,623
2043	8,635,368	4,665,284	11,070,490	24,371,142
2044	8,661,635	4,552,733	10,142,390	23,356,758
2045	8,647,244	4,436,340	9,223,419	22,307,003
2046	8,668,964	4,431,029	8,321,962	21,421,954
2047	8,711,866	4,334,131	7,446,540	20,492,537
2048	8,813,531	4,295,365	6,605,470	19,714,366
2049	8,806,189	4,197,323	5,806,623	18,810,134
2050	8,625,649	4,198,145	5,057,080	17,880,875
2051	8,484,706	4,176,854	4,362,652	17,024,211
2052	8,259,912	4,055,761	3,727,610	16,043,283
2053	8,011,179	3,929,036	3,154,546	15,094,762
2054	7,714,415	3,825,652	2,644,294	14,184,361
2055	7,443,836	3,698,210	2,196,089	13,338,135
2056	7,137,882	3,542,194	1,807,694	12,487,770
2057	6,772,353	3,374,476	1,475,630	11,622,458
2058	6,373,352	3,191,101	1,195,460	10,759,913
2059	5,992,024	3,039,117	962,102	9,993,242
2060	5,655,498	2,827,670	770,124	9,253,292
2061	5,303,595	2,621,618	614,014	8,539,227
2062	4,971,923	2,426,582	488,419	7,886,924
2063	4,653,381	2,238,080	388,313	7,279,774
2064	4,350,766	2,055,809	309,140	6,715,715
2065	4,047,659	1,885,341	246,892	6,179,893
2066	3,756,542	1,718,571	198,150	5,673,263
2067	3,486,334	1,567,142	160,058	5,213,534
2068	3,227,660	1,421,985	130,281	4,779,926
2069	2,978,875	1,280,936	106,959	4,366,770
2070	2,739,544	1,158,348	88,607	3,986,500
2071	2,511,661	1,042,922	74,071	3,628,654
2072	2,291,566	936,464	62,471	3,290,501
2073	2,080,448	837,795	53,131	2,971,374

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 2004 Restated plan: January 1, 2022 Plan year: Calendar year
Status of the plan	New employees hired prior to January 1, 2018 are eligible to participate in the plan once they satisfy the participation requirements. New employees hired on or after January 1, 2018 will not be eligible to participate in the plan. The plan is frozen as of December 31, 2022.
Significant events that occurred during the year	The plan offered deferred vested cashout window in 2023. 334 Bunge North America, Inc. participants, 2 EGT, LLC participants, and 3 Bunge-SCF Grain, LLC participants elected to receive their benefit as a lump sum during the window.
Definitions	
• Covered employees	Employees of Bunge North America, Inc., EGT, LLC, Bunge-SCF Grain, LLC or any other member of the controlled group that has adopted the plan, other than (a) a person covered under another qualified defined benefit pension plan, (b) a non-resident alien, (c) a person employed on a temporary basis, (d) a Leased Employee or (e) a member of a collective bargaining unit for which a separate plan is established or no plan has been established after collective bargaining.
• Participation	The first day of the calendar month coinciding with or next following attainment of age 21 and completion of one year of service. New employees after January 1, 2018 are not eligible to participate in the plan.
• Employee contributions	Employee contributions are neither required nor permitted.
• Vesting service	One year of service for each 12 months in which an individual performs services as an employee.
• Credited service	One year of service for each 12 months in which an individual performs services as an employee. Credited service was frozen December 31, 2022.
• Pensionable earnings	Effective January 1, 2002, regular base wages plus 50% of bonuses, overtime, and commissions.
• Final average earnings	Annual average of highest 60 months of pensionable earnings in the earlier of the last 120 months of employment and December 31, 2022.
• Average social security wage base	Average of the Social Security Wage Bases during the 35 calendar years ending with the year an individual attains his or her Social Security Normal Retirement Age. Any Social Security Wage Base after December 31, 2022 will not be included in calculating the Average Social Security Wage Base.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit	The sum of a) and b) below, divided by 12: a) 1% of final average earnings multiplied by years of service. b) 0.5% of final average earnings in excess of the Average Social Security Wage Base, multiplied by years of service to a maximum of 35. Former participants in the Bunge non-union hourly and Emporia plans are entitled to their accrued benefit at December 31, 2003 under the prior plan plus the benefit calculated under the above formula based on years of service after December 31, 2003. Former participants in the Bunge North America, Inc. Shawneetown Elevator Plan Employees' Pension Plan are entitled to their accrued benefits at March 31, 2006 under the prior plan plus the benefit calculated under the above formula based on years of service after March 31, 2006. Former participants in the Bunge Ft. Worth plan are entitled to their accrued benefit at December 31, 2008 under the prior plan plus the benefit calculated under the above formula based on years of service after December 31, 2008. Former participants in the Bunge Oils, Inc. Chattanooga Pension Plan are entitled to their accrued benefit at December 31, 2014 under the prior plan. Former participants in the Bunge Oils, Inc. Bradley Pension Plan are entitled to their accrued benefit at December 31, 2017 under the prior plan. Former participants in the Cairo Elevator and Vegetable Oil Plant Employee's Pension Plan are entitled to their accrued benefit at August 31, 2018 under the prior plan. The accrued benefit is frozen as of December 31, 2022.
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Normal Retirement

• Eligibility	Age 65.
• Benefit	Accrued benefit payable at age 65.

Early Retirement

• Eligibility	Age 55 with 10 years of service or for Central Soya participants at December 31, 2003, sum of age plus years of service equal 70.
• Benefit	Accrued benefit reduced 0.4% for each month of the first 24 months that commencement precedes age 62, 0.5% for each month that commencement precedes age 60, and 0.25% for each month that commencement precedes age 55.

Schedule SB, Part V — Summary of Plan Provisions

Late Retirement	
• Eligibility	The first day of the month coinciding with or next following actual retirement after the participant's Normal Retirement Date.
• Benefit	Accrued benefit commencing at late retirement date.
Deferred Vested	
• Eligibility	Five years of Vesting Service.
• Benefit	Accrued benefit commencing on the earlier of (a) Normal Retirement Date or (b) elected Early Retirement Date. For the amount of such benefit under (b) above shall be reduced in accordance with the Early Retirement Benefit provisions.
Disability	None
Pre-Retirement Death	
• Eligibility	Five years of Vesting Service.
• Benefit	100% of accrued benefit reduced for early commencement and for 100% joint and survivor option.
Form Of Benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 100% joint and survivor annuity.
• Optional forms	Reduced 100%, 75%, 66-2/3%, and 50% joint and survivor, 10-year certain and continuous, and 10-year certain options.
• Optional form conversion factors	RP-2000 Combined Mortality Table (50% male/50% female) and 8% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2022 and amended through the first amendment dated October 5, 2023, are included in this valuation:

- **Most recent plan amendments included:** The Plan was last amended October 5, 2023.
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**

- *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70½. There is only a small portion of the population for which this applies.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**

- *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2023 to 2024.
- The Plan was amended to allow for the deferred vested cashout window that occurred in 2023.

Bunge U.S. Pension Plan
 EIN: 13-4977260; Plan: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2024 (In Liquidation)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Units/ Par Value	(d) Cost	(e) Current Value
	Collective Investment Trusts			
*	Northern Trust Collective Short Term Investment Fund	\$ 106,136,183	\$ 106,539,957	\$ 106,539,957
	Insurance Company General Account			
*	American National Group Annuity Contract	\$ 359,708,064	\$ 375,262,715	<u>359,708,064</u>
				<u><u>\$ 466,248,021</u></u>
*	Indicated party-in-interest to the Plan			

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from \$1,564,897 to \$2,053,000 to reflect our expectations for the current plan year.