

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 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARROW FINANCIAL CORPORATION</u> <u>250 GLEN STREET</u> <u>GLENS FALLS, NY 12801</u>	1c Effective date of plan <u>01/01/1960</u> 2b Employer Identification Number (EIN) <u>22-2448962</u> 2c Plan Sponsor's telephone number <u>518-793-4121</u> 2d Business code (see instructions) <u>522110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	AMY MERCHANT
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	810
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	401
	6a(2)	459
	6b	146
	6c	211
	6d	816
	6e	18
	6f	834
	6g(1)	
6g(2)		
6h		8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARROW FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>22-2448962</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>59199513</u>		
b Actuarial value	2b	<u>59199513</u>		
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	<u>165</u>	<u>14348181</u>	<u>14348181</u>	
b For terminated vested participants	<u>249</u>	<u>9857223</u>	<u>9857223</u>	
c For active participants	<u>401</u>	<u>18706103</u>	<u>19236557</u>	
d Total	<u>815</u>	<u>42911507</u>	<u>43441961</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>5.20 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>1627164</u>		
b Expected plan-related expenses	6b	<u>144000</u>		
c Target normal cost	6c	<u>1771164</u>		

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

SIGN HERE			
	Signature of actuary	<u>07/04/2025</u>	Date
	<u>KAREN A. OLIVER, FSA, EA, MAAA</u>	<u>23-07555</u>	Most recent enrollment number
	Type or print name of actuary	<u>315-703-8934</u>	Telephone number (including area code)
	<u>BPAS ACTUARIAL & PENSION SERVICES</u>		
	Firm name		
	<u>706 N. CLINTON STREET</u> <u>SYRACUSE, NY 13204</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.08</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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	136.27 %
15	Adjusted funding target attainment percentage	15	136.27 %
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	133.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1771164	
b Excess assets, if applicable, but not greater than line 31a	31b	1771164	
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
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARROW FINANCIAL CORPORATION	D Employer Identification Number (EIN) 22-2448962	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BPAS ACTUARIAL AND PENSION SERVICES

6 RHOADS DR #7
UTICA, NY 13502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	80130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARROW FINANCIAL CORPORATION	D Employer Identification Number (EIN) 22-2448962

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5875	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22022	69910
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1251145	2699192
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	52477843	55402665
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	128208

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	5442628	5592622
(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	59199513	63892597
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	59199513	63892597

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117718	
(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)		117718
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	212329	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3120752	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3333081
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	25843943	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	24768665	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1075278
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		4598948
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9125025

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4270203	
(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)		4270203
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	80130	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	81608	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		161738
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4431941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4693084
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WHITEMORE, DOWEN & RICCIARDELLI**

(2) EIN: **82-0548504**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543814.

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

A Name of plan <u>ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARROW FINANCIAL CORPORATION</u>	D Employer Identification Number (EIN) <u>22-2448962</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>14-6121999</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	66

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Independent Auditor's Report

Financial Statements and
Supplemental Information

Years Ended December 31, 2024 and 2023

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Arrow Financial Corporation Employees' Pension Plan and Trust

Opinion

We have audited the accompanying financial statements of Arrow Financial Corporation Employees' Pension Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Arrow Financial Corporation Employees' Pension Plan and Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Arrow Financial Corporation Employees' Pension Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), party-in-interest transactions and reportable transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Whittemore, Downen & Ricciardelli, LLP

Whittemore, Downen & Ricciardelli, LLP
Queensbury, New York

September 25, 2025

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Statements of Net Assets Available
for Benefits

December 31, 2024 and 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments, at Current Value (Schedule 1):		
Cash and cash equivalents	\$ 2,699,192	\$ 1,257,020
Arrow Financial Corp. common stock	5,592,622	5,442,628
Mutual funds	<u>55,402,664</u>	<u>52,477,843</u>
Total Investments	<u>63,694,478</u>	<u>59,177,491</u>
Receivables:		
Accrued interest and dividends	<u>69,910</u>	<u>22,022</u>
Total Receivables	<u>69,910</u>	<u>22,022</u>
Prepaid:		
Prepaid Distributions	<u>128,208</u>	<u>-</u>
Total Prepaid	<u>128,208</u>	<u>-</u>
Total Assets	<u>128,208</u>	<u>59,199,513</u>
Net Assets Available for Benefits	<u><u>\$ 63,892,596</u></u>	<u><u>\$ 59,199,513</u></u>

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Statements of Changes in Net Assets Available
for Benefits

December 31, 2024 and 2023

	2024	2023
Investment Income (Loss):		
Dividends	\$ 3,333,081	\$ 3,986,851
Interest	117,718	58,312
Net unrealized and realized gains (losses) on investments	5,674,225	3,954,773
Net Investment Income (Loss)	9,125,024	7,999,936
Deductions:		
Benefits paid to participants	4,270,203	2,957,053
Administrative expenses	161,738	143,747
Total Deductions	4,431,941	3,100,800
Net Increase (Decrease)	4,693,083	4,899,136
Net Assets Available for Benefits:		
Beginning of Year	59,199,513	54,300,377
End of Year	\$ 63,892,596	\$ 59,199,513

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Statements of Accumulated Plan Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Retirees and beneficiaries currently receiving benefits	\$ 12,799,661	\$ 13,084,167
Active and terminated participants not currently receiving benefits	26,120,653	25,403,831
Total Vested Benefits	38,920,314	38,487,998
Non-Vested Benefits	467,681	509,729
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 39,387,995	\$ 38,997,727

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 38,997,727	\$ 36,186,470
Increase (Decrease) During the Plan Year Attributable to:		
Net benefits accumulated (including actuarial gains and losses)	2,249,074	1,460,803
Changes in actuarial assumptions and plan design	15,326	2,051,491
Increase for interest due to the decrease in the discount period	2,396,071	2,256,016
Benefits paid, including lump sum amounts	(4,270,203)	(2,957,053)
Net Increase (Decrease)	390,268	2,811,257
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 39,387,995	\$ 38,997,727

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Description of Plan

The following description of Arrow Financial Corporation Employees' Pension Plan and Trust (the Plan) provides only general information. Participants and other readers of these financial statements should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a tax-qualified retirement plan which covers substantially all employees of Arrow Financial Corporation (the Company) and its subsidiary, Arrow Bank National Association, formerly known as Glens Falls National Bank. Glens Falls National Bank and Trust Company combined with Saratoga National Bank and Trust Company (SNB) on 12/31/2024 and subsequently changed its name to Arrow Bank National Association at close of business on 12/31/2024. The Plan also covers all employees of Upstate Agency, LLC who is a subsidiary of Arrow Bank National Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

A plan amendment effective January 1, 2003, gave all active participants a one-time irrevocable election to continue participating in the traditional defined benefit plan design or to begin participating in a new cash balance plan design. All employees who become participants after December 31, 2002, will automatically participate in the cash balance plan design.

Eligibility

Employees are eligible to participate in the Plan upon attainment of age 18 (21 prior to January 1, 2004) and completion of one year of continuous service, as defined in the Plan agreement.

Benefits

Pension benefits provided for under the terms of the Plan include those for normal retirement, early retirement, disability retirement, and death. Benefits are normally payable monthly for the life of the participant. The automatic form for qualified married participants upon retirement is a joint and 50% survivor benefit which is the actuarial equivalent of the normal form of benefit with the provision that the equivalent annuity will revert back to the full life annuity if the spouse dies first. Optional forms available at retirement include various contingent annuitant options as described in the Plan agreement.

The annual retirement benefit formula for the traditional defined benefit plan design is calculated based on the following criteria:

A participant may retire on his or her normal retirement date, which is the last day of the month next following the later of the attainment of age 65 or 5 years of vesting service. The annual benefit payable to a participant retiring on his or her normal retirement date equals 12 times the sum of (a), (b), and (c), where:

- (a) is equal to 1.25% of his or her final average earnings multiplied by years of service not greater than 35 years,
- (b) is equal to .50% of his or her final average earnings in excess of his or her covered compensation multiplied by years of service not greater than 35 years, and
- (c) is equal to 1.45% of his or her final average earnings multiplied by years of service in excess of 35 years (maximum of 10 years).

The annual benefit payable to a former participant of the United Vermont Bankcorporation Pension Plan retiring on his or her normal retirement date equals 12 times the sum of (a), (b), (c), and (d), where:

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Description of Plan – Continued

Benefits – Continued

- (a) is equal to 1.25% of his or her final average earnings multiplied by years of service after January 1, 1991, not greater than 35 total years with both banks,
- (b) is equal to .50% of his or her final average earnings in excess of his or her covered compensation multiplied by years of service after January 1, 1991, not greater than 35 total years with both banks,
- (c) is equal to 1.45% of his or her final average earnings multiplied by years of service after January 1, 1991, in excess of 35 total years (maximum of 10 years), and
- (d) is equal to the frozen monthly minimum benefit at December 31, 1990, accrued under the prior United Vermont Bankcorporation Pension Plan.

The annual retirement benefit formula for the account balance plan design is calculated based on the following criteria:

Account Balance - The account balance is a bookkeeping account which consists of the service credits and interest credits earned to date.

For participants in the Plan as of December 31, 2002, who made a one-time irrevocable election to participate in the account balance plan design as of that date, their opening account balance was computed to be the greater of (a) and (b) below:

- (a) The sum of (i) and (ii) below:
 - (i) 4.00% of the participant's final average earnings at January 1, 2003 (annual compensation for the three consecutive pension years, during the last ten pension years, which produce the highest average), multiplied by the participant's years of credited service as of January 1, 2003 (limited to 45 years), and
 - (ii) 2.00% of the participant's final average earnings at January 1, 2003, in excess of 2002 covered compensation, multiplied by the participant's years of credited service as of January 1, 2003 (limited to 35 years).
- (b) The lump sum present value of the participant's accrued benefit under the traditional plan design as of January 1, 2003. The lump sum present value was determined using the prevailing commissioners' standard mortality table as of January 1, 2003 (a 50/50 blend of the 1994 Group Annuity Reserve Table for males and females projected to 2002), and a 4.75% interest rate.

Service Credits - 6.00% of compensation for all employees who become participants on or after January 1, 2003. For those employees who are participants prior to January 1, 2003, service credits will be earned according to the following schedule based on the participant's age at the end of the plan year (or at the time of separation from service, if earlier). Service credits are normally credited to a participant's cash balance account at the end of each plan year.

<u>Attained Age at Time of Crediting</u>	<u>Annual Service Credit</u>
Under 40	6.00%
40-49	8.00%
50-54	10.00%
55 and Older	12.00%

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Description of Plan – Continued

Benefits – Continued

Participants who die or retire during a plan year will earn a service credit for their period of employment based on their compensation during that portion of the plan year and their age at the date of death or retirement, without respect to the number of hours worked during the plan year. Participants who terminate during a plan year for a reason other than death or retirement will only receive a service credit if they have worked a minimum of 1,000 hours during the plan year based on their compensation earned through their date of termination and their age at the date of termination.

For employees who begin participation on and after January 1, 2004, service credits will only be earned beginning in their year of participation. For these participants, the service credit earned in their year of participation will consider all hours worked during the plan year, but only compensation earned from their date of participation through the end of the plan year.

Interest Credits - Interest shall be credited to a participant's cash balance account at the end of each plan year (prior to adding any service credits earned for the year) based on the 30-year U.S. Treasury rate in effect for November of the prior plan year or 3.00%. Partial interest credits are earned for any participant who dies, terminates, or retires during a given plan year.

Vesting

Eligible employees become fully vested upon completion of three years of service (five years of service prior to January 1, 2008). Years of service before attainment of plan eligibility are credited towards vesting. Exclusion of service for purposes of vesting may only include service prior to age 18. All former participants in the United Vermont Bankcorporation Pension Plan became fully vested on January 1, 1991.

Effective January 1, 2005, a participant who terminates employment on or after age 65 with less than three years of vesting service will be considered 100% vested.

Summary of Significant Accounting Policies

The following is a summary of significant accounting policies which are in conformity with generally accepted accounting principles and the Trust for the Plan:

Cash Equivalents

The Plan considers principal cash, income cash, and cash temporarily invested in money market accounts to be cash equivalents.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation

Investments in common stocks traded on a national securities exchange are valued at the last reported sales price on the last business day of the year; securities traded in over-the-counter markets are valued at the last bid price. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are reflected on a trade-date basis.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Summary of Significant Accounting Policies – Continued

Investment Valuation – Continued

On March 1, 2001, the GFNB Special Equity held by the Plan were converted into the open-end mutual funds known respectively as the North Country Equity Growth Fund. The Fund is registered under the Investment Company Act of 1940, is regulated by the United States Securities and Exchange Commission, and is available to the general public. On March 31, 2021 the North Country Equity Growth Fund changes its name to North Country Large Cap Equity Fund.

Recognition of Income

Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Realized gain or loss on sales of securities is based on average cost.

Tax Status

The United States Department of the Treasury advised on August 30, 1960, that the fund constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and is exempt from Federal income taxes under Section 501(a) of the Code. During 2004, the Plan was restated to reflect the conversion of the Plan to a cash balance format effective January 1, 2003. Effective January 1, 2007, the Plan was amended and restated in its entirety for compliance with the Economic Growth and Tax Relief Reconciliation Act of 2001 and other requirements published in the applicable cumulative list. Effective January 1, 2012, the Plan was amended and restated in its entirety to incorporate all prior plan amendments and for compliance with the requirements published in the applicable cumulative list.

On August 23, 2013, the Plan received a favorable determination letter from the Internal Revenue Service on the amended and restated Plan. The Plan has been amended since receiving the determination letter. However, management feels that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Administrative Expenses

The companies covered under this Plan may pay all expenses incurred in the administration of the Plan, including expenses of the Trustee and certain professional fees, but are not obligated to do so. Any expenses and fees not paid by the companies shall be paid from the Plan. For the Plan years ended December 31, 2024 and 2023, the annual premium payment to the Pension Benefit Guaranty Corporation and certain actuary and audit fees were included in the administrative expenses paid by the Plan.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Funding

The Company contributes amounts based on actuarial determinations to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. This is accomplished by funding the Plan's annual or normal cost for the current year. The Plan was at least 100% funded as of December 31, 2024 and December 31, 2023, requiring no minimum contributions for those years. The Company did not make any contributions for the years ended December 31, 2024 and 2023.

Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables present fair value measurement information for certain financial instruments. The carrying values of receivables and cash equivalents included in the accompanying statements of net assets available for benefits approximated fair value at December 31, 2024 and 2023, and are thus not included in the following table.

Fair Value Measurements at Reporting Date Using:				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
December 31, 2024				
Sponsor company common stock	\$ 5,592,622	\$ 5,592,622	\$ -	\$ -
Mutual funds:				
Equity	45,139,833	45,139,833	-	-
Fixed	10,262,831	10,262,831	-	-
	55,402,664	55,402,664	-	-
Total	\$ 60,995,286	\$ 60,995,286	\$ -	\$ -

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Fair Value Measurement – Continued

	Fair Value Measurements at Reporting Date Using:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
December 31, 2023				
Sponsor company common stock	\$ 5,442,628	\$ 5,442,628	\$ -	\$ -
Mutual funds:				
Equity	40,473,204	40,473,204	-	-
Fixed	12,004,639	12,004,639	-	-
	52,477,843	52,477,843	-	-
Total	\$ 57,920,471	\$ 57,920,471	\$ -	\$ -

The fair value measurement authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When applicable, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair value of common stock, most corporate bonds, and mutual funds are based on quoted market prices.

Level 2 Fair Value Measurements

The fair value of U.S. Government Obligations is determined by using quoted prices for similar assets or liabilities in active markets.

Level 3 Fair Value Measurements

Valuation methodology is unobservable and significant to the fair value measurements.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Investments

During 2024 and 2023, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in value by \$5,674,225 and \$3,954,773, respectively, as follows:

Net Appreciation (Depreciation) in Fair Value:

	2024	2023
Sponsor company common stock - unrealized gain (loss)	\$ 149,994	\$ (968,665)
Mutual funds - unrealized gain (loss)	604,637	2,547,112
Total Unrealized Gain (Loss)	754,631	1,578,447
Mutual funds - realized gain	4,919,594	2,376,326
Total Realized Gain	4,919,594	2,376,326
Total Appreciation (Depreciation)	\$ 5,674,225	\$ 3,954,773

The following investments represent five percent or more of net assets available for benefits:

	2024	2023
North Country Large-Cap Equity Fund	\$ 18,740,396	\$ 20,011,898
Arrow Financial Corporation	5,592,622	5,442,628
SPDR Portfolio S&P 500 Value ETF	4,372,981	3,935,712
SPDR S&P 500 ETF Trust	-	3,503,985
iShares Core S&P Mid-Cap ETF	5,272,548	5,148,616
Investco QQQ Trust Series 1	10,258,341	3,960,468

Actuarial Present Value of Accumulated Benefits

The actuarial present value of accumulated benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated 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. The information presented in the statements of accumulated plan benefits is as of the latest valuation date available, January 1, 2025.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Actuarial Assumptions

As required by the Pension Protection Act, the actuarial cost method used by the actuary was the traditional unit credit cost method. The more significant assumptions underlying the computation were as follows:

	01/01/25 Valuation	01/01/24 Valuation
Expected rate of return on investments	6.50%	6.50%
Transitional three tier segment rates used to determine maximum contribution	5.00%, 5.27%, and 5.40%	4.37%, 4.96%, and 4.95%
Annual salary increase	4.00%	4.00%
Normal retirement age	65	65
Mortality table	Amount-Weighted Pri- 2012 Mortality Table for annuitants and non- annuitants with projected mortality improvements.	Amount-Weighted Pri- 2012 Mortality Table for annuitants and non- annuitants with projected mortality

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Upon a complete or partial termination, each participant affected by such termination or partial termination shall become fully vested and his or her benefit is nonforfeitable to the extent funded in the order of preference specified in the Plan. Any unfunded vested benefits are payable by the Pension Benefit Guaranty Corporation as limited by ERISA.

Party-in-Interest Transactions

During March 2001, the GFNB Special Equity and Fixed Income Funds held by the Plan were converted into the open-end mutual funds known respectively as the North Country Large-Cap Equity Fund and the North Country Intermediate Bond Fund. These Funds are registered under the Investment Company Act of 1940, are regulated by the United States Securities and Exchange Commission and are available to the general public. The investment adviser to the North Country Funds is North Country Investment Advisers, Inc., a wholly-owned subsidiary of Glens Falls National Bank and Trust Company which is a subsidiary of Arrow Financial Corp., the Plan sponsor. Glens Falls National Bank and Trust Company has obtained an opinion of counsel to the effect that acquisition or sale of shares of the North Country Funds by the Plan will not be subject to the prohibited transaction rules of ERISA provided the conditions set forth in Prohibited Transaction Class Exemption 77-3 are met. As of December 31, 2024 and 2023, the percentage of total plan assets (market value) invested in these two mutual funds is as follows:

	2024	2023
North Country Large-Cap Equity Fund	29.33%	33.80%

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Party-in-Interest Transactions – Continued

As of December 31, 2024, the Plan held 891,975.04 shares of the North Country Large-Cap Equity Fund valued at \$18,740,396. During 2024, the following transactions related to the mutual fund was made:

Transactions	North Country Large-Cap Equity Fund	
	Shares	Amount
Purchases	93,493.889	\$ 2,056,866
Sales (proceeds)	286,174.554	5,810,000

As of December 31, 2023, the Plan held 1,084,655.7030 shares of the North Country Large-Cap Equity Fund valued at \$20,011,898. During 2023, the following transaction related to the mutual fund was made:

Transactions	North Country Large-Cap Equity Fund	
	Shares	Amount
Purchases	156,576.203	\$ 2,760,438
Sales (proceeds)	263,092.732	5,150,000

The Plan has a number of service providers. Such parties are parties-in-interest under ERISA.

At December 31, 2024 and 2023, Arrow stock shares held by the plan for 2024 and 2023 were 194,797, respectively.

Plan Amendments

Effective October 2013, the Plan was amended regarding benefit cash outs. If a participant terminates employment before reaching normal retirement age and their vested account balance is \$5,000 or less, it will automatically be distributed in a lump sum payment. If the participant does not make an affirmative election to either receive or rollover the distribution, then the Plan will rollover the distribution to an IRA if the amount exceeds \$200.

Effective December 2013, the Plan was amended to provide a special adjustment to the monthly benefits received by certain retirees.

Effective October 31, 2015, the Plan was amended to remove Loomis & LaPann, Inc. from the list of Affiliated Employers Whose Employees are Eligible Employees, due to the sale of Loomis & LaPann, Inc.

Effective March 1, 2016, the Plan was amended to allow commencement of vested terminated participant benefits prior to normal retirement or otherwise permissible commencement dates provided the lump sum present value of the benefits does not exceed \$15,000 as of the annuity starting date.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

Risk and Uncertainties

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

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

Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of investments per the financial statements to investments as reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Total investments per the financial statements	\$63,694,478	\$ 59,177,491
Total investments reported on Form 5500	<u>63,822,686</u>	<u>59,177,491</u>
Difference represents prepaid distributions of \$128,208 reflected as a prepaid expense on the financial statements and as other investments on Form 5500.	<u>\$ 128,208</u>	<u>\$ -</u>

Subsequent Events

The Plan has evaluated all events through September 25, 2025, the date which these financial statements were available to be issued, and determined that there are no subsequent events which require disclosure.

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Schedule 1)
EIN/PIN 22-2448962/001

December 31, 2024

(a) Parties in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		<u>Cash and Cash Equivalents</u>		
	Fidelity	Investments Treasury Portfolio	\$ 2,699,192	\$ 2,699,192
	Total Cash and Cash Equivalents		<u>2,699,192</u>	<u>2,699,192</u>
		<u>Employer Stock</u>		
*	Arrow Financial Corporation	Arrow Common Stock	<u>2,698,207</u>	<u>5,592,622</u>
		<u>Mutual Funds</u>		
*	North Country Funds	Large-Cap Equity Fund	13,406,559	18,740,396
	Invesco	QQQ Trust Series 1	8,123,260	10,258,341
	iShares	Core MSCI Dev Mkts ETF	2,132,836	2,057,108
	iShares	Core S&P Mid-Cap ETF	2,969,314	5,272,548
	iShares	Core S&P Small-Cap ETF	316,699	442,675
	iShares	iBonds Dec 2025 Term Corp	601,539	605,308
	iShares	iBonds Dec 2026 Term Corp	599,889	600,763
	iShares	iBonds Dec 2027 Term Corp	599,909	596,293
	iShares	iBonds Dec 2028 Term Corp	597,883	591,549
	iShares	iBonds Dec 2029 Term Corp	584,279	588,194
	iShares	iBonds Dec 2030 Term Corp	582,394	584,346
	iShares	iBonds Dec 2031 Term Corp	583,938	581,644
	iShares	iBonds Dec 2032 Term Corp	586,845	579,842
	iShares	iBonds Dec 2033 Corp	593,591	576,647
	iShares	iBonds 2025 H/Y INC	1,234,085	1,226,886
	Lord Abbett	Short Duration Income - I	2,698,265	2,641,259
	Payden	High Income Fund	1,035,970	1,090,101
	Real Estate	Select Sector SPDR Fund	502,386	459,205
	SPDR	Portfolio S&P 500 Value ETF	3,749,085	4,372,981
	SPDR	S&P Homebuilders ETF	1,000,884	840,912
	Vanguard	S&P 500 ETF	<u>2,525,908</u>	<u>2,695,666</u>
	Total Mutual Funds		<u>45,025,518</u>	<u>55,402,664</u>
	Total Assets Held for Investment Purposes		<u>\$ 50,422,917</u>	<u>\$ 63,694,478</u>

* indicates party-in-interest to the Plan

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Schedule 1)
EIN/PIN 22-2448962/001

December 31, 2023

(a) Parties in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Cash and Cash Equivalents</u>				
	Cash	Cash on Hand	\$ 5,875	\$ 5,875
	Blackrock Liquidity Funds	Temporary Fund	<u>1,251,145</u>	<u>1,251,145</u>
	Total Cash and Cash Equivalents		<u>1,257,020</u>	<u>1,257,020</u>
<u>Employer Stock</u>				
*	Arrow Financial Corporation	Arrow Common Stock	<u>2,698,207</u>	<u>5,442,628</u>
<u>Mutual Funds</u>				
*	North Country Funds	Large-Cap Equity Fund	15,417,408	20,011,898
	Invesco	QQQ Trust Series 1	3,420,587	3,960,468
	iShares	Core MSCI Dev Mkts ETF	1,985,625	1,891,721
	iShares	Core S&P Mid-Cap ETF	3,178,238	5,148,616
	iShares	Core S&P Small-Cap ETF	998,715	1,428,900
	iShares	iBonds Dec 2024 Term Corp	616,919	616,174
	iShares	iBonds Dec 2025 Term Corp	619,807	616,425
	iShares	iBonds Dec 2026 Term Corp	620,427	616,740
	iShares	iBonds Dec 2027 Term Corp	622,191	617,250
	iShares	iBonds Dec 2028 Term Corp	619,521	617,164
	iShares	iBonds Dec 2029 Term Corp	606,188	617,606
	iShares	iBonds Dec 2030 Term Corp	607,445	617,497
	iShares	iBonds Dec 2031 Term Corp	607,972	617,908
	iShares	iBonds Dec 2032 Term Corp	609,688	617,883
	iShares	iBonds Dec 2033 Corp	616,880	616,135
	iShares	iBonds 2024 H/Y INC	1,251,397	1,248,977
	iShares	10-20 Year Treasury Bond ETF	715,591	761,501
	Lord Abbett	Short Duration Income - I	2,772,462	2,702,187
	Payden	High Income Fund	1,069,340	1,121,191
	SPDR	Portfolio S&P 500 Value ETF	3,623,550	3,935,712
	SPDR	S&P 500 ETF Trust	1,485,358	3,503,985
	Victory	Market Neutral Income - I	<u>640,026</u>	<u>591,905</u>
	Total Mutual Funds		<u>42,705,335</u>	<u>52,477,843</u>
	Total Assets Held for Investment Purposes		<u>\$ 46,660,562</u>	<u>\$ 59,177,491</u>

* indicates party-in-interest to the Plan

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule of Party-in-Interest Transactions
(Schedule 2)

Year Ended December 31, 2024

<u>Party Involved</u>	<u>Relationship</u>	<u>Description of Transaction</u>
North Country Investment Advisers, Inc. (a 100% owned subsidiary of Glens Falls National Bank and Trust Co.)	Investment Advisor for North Country Large-Cap Equity Fund	Purchased 93,493.889 shares for \$2,056,866 and sold 286,174.554 shares for \$5,810,000 during 2024.

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4j - Schedule of Reportable Transactions
(Schedule 3)
EIN/PIN 22-2448962/001

December 31, 2024

(a) Identity of Party Involved	Description of Transaction	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Blackrock Treasury Fund	28 Sales Transactions	Money Market Fund	N/A	\$1 per share	N/A	N/A	\$ 8,014,052	\$ 8,014,052	\$ -
Blackrock Treasury Fund	65 Purchase Transactions	Money Market Fund	\$1 per share	N/A	N/A	N/A	\$ 6,762,907	\$ 6,762,907	\$ -
Invesco QQQ Trust Series 1	5 Purchase Transactions	Mutual Fund	various	N/A	N/A	N/A	\$ 4,702,674	\$ 4,702,674	\$ -
North Country Large-Cap Equity Fund	8 Sales Transactions	Mutual Fund	N/A	various	N/A	N/A	\$ 4,067,715	\$ 5,810,000	\$ 1,742,285
SPDR S&P 500 Value ETF	3 Sales Transaction	Mutual Fund	N/A	various	N/A	N/A	\$ 1,665,408	\$ 4,095,426	\$ 2,430,018

The above transactions are required to be reported under ERISA in that they involve amounts in excess of five percent of the value of Plan assets at the end of the year.

Arrow Financial Corporation Employees' Pension Plan
 Schedule SB, Line 26 - Schedule of Active Participant Data
 EIN/PN: 22-2448962/001

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	1	10	1	0	0	0	0	0	0	0	12
25 to 29	1	34	6	0	0	0	0	0	0	0	41
30 to 34	1	17	16	7	0	0	0	0	0	0	41
35 to 39	1	21	14	7	3	0	0	0	0	0	46
40 to 44	0	21	10	4	6	4	0	0	0	0	45
45 to 49	0	15	5	7	4	2	3	0	0	0	36
50 to 54	1	17	14	6	6	7	3	3	0	0	57
55 to 59	1	11	11	7	5	6	5	6	7	0	59
60 to 64	0	15	6	5	7	6	2	3	1	1	46
65 to 69	0	3	0	6	3	0	0	1	0	3	16
70 & up	0	0	2	0	0	0	0	0	0	0	2
Total	6	164	85	49	34	25	13	13	8	4	401

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2024

Demographic Information: The demographic information was provided as of January 1, 2024 by Arrow Financial Corporation. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: Market Value of Assets

Anticipated Rate of Return on Plan Assets: 6.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The January 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Arrow Financial Corporation. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	4.96%
Segment 3	5.59%

Effective Interest Rate
5.20%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDROM”) of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	4.37%
Segment 2	4.96%
Segment 3	4.95%

Effective Interest Rate
4.92%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are assumed to increase at 4.00% per year, based the Plan Sponsor’s review of historical experience as well as future expectations.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: Rates of retirement were based on experience from the November 2015 experience study using valuation data from January 1, 2010 through January 1, 2015 and further determined to be reasonable in the November 2022 Experience study using valuation data from January 1, 2017 through January 1, 2022. Future experience is not expected to deviate significantly from these results. The annual number of retirements expected per 1,000 active employees eligible to retire at each age is illustrated below:

Age	Percentage
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	30.00%
63	20.00%
64	20.00%
65	75.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

ACTUARIAL ASSUMPTIONS AND METHODS

Turnover: Rates of turnover are based on 135% of the published rates from the SOA 2003 Turnover Study Small Plan Service Table for 1,000 lives or less. Illustrative rates are shown below:

Years of Service	Rate
1	24.4%
5	16.6%
10	10.0%
15	5.9%
20	3.4%
25	1.9%
30	1.1%
35	0.5%

Rates of turnover were determined based on experience from the November 2022 experience study using valuation data from January 1, 2017 through January 1, 2022. Future experience is not expected to deviate significantly from these results.

Disability: Rates of disability were not assumed.

Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance: 4.66% per year. This assumption was selected based on the interest crediting rate for the plan year beginning on the valuation date.

Interest (To Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts): Three segment rates described under “Interest Rates for Minimum Required Contribution” and “Interest Rates for Maximum Recommended Contribution” in this section and elected by Arrow Financial Corporation.

Mortality (To Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts): The applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B). This table is currently a 50/50 blend of male and female rates from the sex distinct optional combined mortality tables, as prescribed for the plan year beginning on the Valuation Date.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 100% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

ACTUARIAL ASSUMPTIONS AND METHODS

Form of Benefit: The assumed form of benefit was determined based on experience from the November 2015 experience study using valuation data from January 1, 2010 through January 1, 2015 and further determined to be reasonable in the November 2022 experience study using valuation data from January 1, 2017 through January 1, 2022. Future experience is not expected to deviate significantly from these results.

Death: Immediate lump sum distribution.

Termination: Deferred lump sum payable at Normal Retirement Date.

Retirement: 50% of participants are assumed to elect an immediate lump sum distribution and 50% are assumed to elect an immediate life annuity.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	5.50%
Segment 2	5.76%
Segment 3	5.83%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Arrow Financial Corporation Employees' Pension Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 22-2448962/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	50	2.75
56	50	2.66
57	50	2.57
58	50	2.49
59	50	2.40
60	100	4.64
61	100	4.25
62	300	11.66
63	200	5.53
64	200	4.49
65	750	13.69
66	300	1.39
67	300	0.99
68	300	0.70
69	300	0.50
70	1000	1.18

Weighted Average Retirement Age:

61.9

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4j - Schedule of Reportable Transactions
(Schedule 3)
EIN/PIN 22-2448962/001

December 31, 2024

(a) Identity of Party Involved	Description of Transaction	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Blackrock Treasury Fund	28 Sales Transactions	Money Market Fund	N/A	\$1 per share	N/A	N/A	\$ 8,014,052	\$ 8,014,052	\$ -
Blackrock Treasury Fund	65 Purchase Transactions	Money Market Fund	\$1 per share	N/A	N/A	N/A	\$ 6,762,907	\$ 6,762,907	\$ -
Invesco QQQ Trust Series 1	5 Purchase Transactions	Mutual Fund	various	N/A	N/A	N/A	\$ 4,702,674	\$ 4,702,674	\$ -
North Country Large-Cap Equity Fund	8 Sales Transactions	Mutual Fund	N/A	various	N/A	N/A	\$ 4,067,715	\$ 5,810,000	\$ 1,742,285
SPDR S&P 500 Value ETF	3 Sales Transaction	Mutual Fund	N/A	various	N/A	N/A	\$ 1,665,408	\$ 4,095,426	\$ 2,430,018

The above transactions are required to be reported under ERISA in that they involve amounts in excess of five percent of the value of Plan assets at the end of the year.

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

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

A Name of plan ARROW FINANCIAL CORPORATION EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARROW FINANCIAL CORPORATION	D Employer Identification Number (EIN) 22-2448962	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	59,199,513	
b Actuarial value	2b	59,199,513	
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	165	14,348,181	14,348,181
b For terminated vested participants	249	9,857,223	9,857,223
c For active participants	401	18,706,103	19,236,557
d Total	815	42,911,507	43,441,961
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.20%	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,627,164	
b Expected plan-related expenses	6b	144,000	
c Target normal cost	6c	1,771,164	

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	Karen Oliver <i>KO</i>	07/04/2025
	Signature of actuary	Date
	KAREN A. OLIVER, FSA, EA, MAAA	2307555
	Type or print name of actuary	Most recent enrollment number
	BPAS Actuarial & Pension Services	315-703-8934
	Firm name	Telephone number (including area code)
	706 N. Clinton Street	
	SYRACUSE NY 13204	
	Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>15.08%</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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	136.27%
15 Adjusted funding target attainment percentage	15	136.27%
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	133.98%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 1,771,164
b Excess assets, if applicable, but not greater than line 31a				31b 1,771,164
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	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: Arrow Financial Corporation
EIN/PN: 22-2448962/001

TRADITIONAL PLAN DESIGN

Effective Date of Plan

January 1, 1960

Eligibility for Participation

Each full-time employee shall become a participant on the first day of the month next following completion of one year of service and attainment of age 21. All former participants of the United Vermont Bancorporation Pension Plan became participants in the Arrow Financial Corporation Employees' Pension Plan on January 1, 1991.

Employee Contributions

No employee contributions are required or permitted.

Monthly Earnings

One-twelfth of a participant's W-2 earnings, including amounts deferred to a plan under Code Section 401(k), under the employer's flexible benefit plan, and under the provisions of the Senior Officers Deferred Compensation Plan of Arrow Financial Corporation.

Final Average Earnings

The average of a participant's monthly earnings over the last 60 months of service ending on or before the participant's date of retirement, termination, or death.

Year of Service

Prior to January 1, 2000, one month of credited service for benefit purposes will be earned for each month in which an employee worked at least 15 days. Effective January 1, 2000, one year of credited service for benefit purposes will be earned for each plan year in which an employee worked at least 1,000 hours, except for the plan year containing the employee's date of hire, termination, death or retirement. In those plan years, one month of credited service for benefit purposes will be earned for each month in which an employee worked at least 15 days.

A year of vesting service will be credited if the participant works 1,000 hours in a plan year. Service prior to age 21 and 18 will be disregarded, respectively, for purposes of benefit accrual and vesting.

Arrow Financial Corporation

Employees' Pension Plan

EIN/PN: 22-2448962/001

Schedule SB, Part V – Summary of Plan Provisions

BPAS

Valuation Date: January 1, 2024

Normal Retirement

A participant may retire on his normal retirement date, which is the last of the month next following the later of the attainment of age 65 or 5 years of vesting service. The annual benefit payable to a participant retiring on his normal retirement date equal 12 times the sum of (a), (b), and (c), where:

- (a) is equal to 1.25% of his final average earnings multiplied by years of service not greater than 35 years.
- (b) is equal to .50% of his final average earnings in excess of his covered compensation multiplied by years of service not greater than 35 years.
- (c) is equal to 1.45% of his final average earnings multiplied by years of service in excess of 35 years (maximum of 10 years).

The annual benefit payable to a former participant of the United Vermont Bancorporation Pension Plan retiring on his normal retirement date equals 12 times the sum of (a), (b), (c), and (d), where:

- (a) is equal to 1.25% of his final average earnings multiplied by years of service after January 1, 1991 not greater than 35 total years with both banks.
- (b) is equal to .50% of his final average earnings in excess of his covered compensation multiplied by years of service after January 1, 1991 not greater than 35 total years with both banks.
- (c) is equal to 1.45% of his final average earnings multiplied by years of service after January 1, 1991 in excess of 35 total years with both banks (maximum of 10 years).
- (d) is equal to the frozen monthly minimum benefit at December 31, 1990 accrued under the prior United Vermont Bancorporation Pension Plan.

Deferred Retirement

A participant may defer his retirement past age 65. The benefit is determined in the same manner as the benefit payable upon normal retirement, based upon earnings and years of service to his actual retirement date.

Early Retirement

A participant who has completed 25 years of service, or who has attained age 55 and completed 10 years of service, may elect early retirement. The early retirement benefit is determined in the same manner as for normal retirement, but is reduced for early commencement. Components (a), (b), (c), and (d) of the normal retirement formula are reduced by specific schedules in the plan document. Benefits do not begin before age 55.

Vesting

A participant who terminates his employment after five years of service will be entitled to a deferred pension beginning at age 65, (or as early as age 55, but reduced for early commencement), determined in the same manner as the normal retirement benefit but based upon his service and earnings to his date of termination. All former participants in the United Vermont Bancorporation Pension Plan became fully vested on January 1, 1991.

Payment of Benefits

Benefits are normally payable monthly for the life of the participant. The automatic form for qualified married participants upon retirement is a joint and 50% survivor benefit which is the actuarial equivalent of the normal form of benefit, with the provision that the equivalent annuity will revert back to the full life annuity if the spouse dies first.

Optional forms available at retirement include various contingent annuitant options, a 10-year certain and life option, a life annuity option, a single lump sum option and are provided on the following actuarially equivalent basis:

Annuities:

Mortality Table: A 50/50 blend of male and female rates from the RP-2000 Mortality Table with White Collar adjustment.

Interest Rate: 7.50 percent per annum.

For lump sum payments, the basis for actuarial equivalent is based upon the Applicable Mortality Table and Applicable Interest Rate as follows:

Applicable Mortality Table: The mortality table based on the applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B) as of the Valuation Date.

Applicable Interest Rate: The three corporate bond segment rates for November of the preceding plan year, pursuant to the Pension Protection Act of 2006.

Disability Benefit

A disabled participant not otherwise eligible for benefits under this Plan or the Bank's long term disability program may receive his accrued benefit at his Normal Retirement Date.

Spouse's Benefit

In the event of the death of a vested participant prior to the commencement of any benefit payments, his surviving spouse will receive the benefit that would have been payable if the participant had terminated employment just prior to his death, survived to his earliest commencement date, retired electing a 50% joint and survivor option, and then died.

If a participant whose service and age equal or exceed 65 dies while in active service, the death benefit will be at least actuarially equivalent to the participant's accrued benefit computed as of the day before his death, limited to 50% of his pension payable at normal retirement age, reduced by 1/6th of one percent for each month that a surviving spouse is more than 5 years younger than the participant.

ACCOUNT BALANCE PLAN DESIGN

Effective Date of the Plan

The Plan became effective as of January 1, 1960.

Plan Entry

Effective January 1, 2004, each full-time employee shall become a participant on the first day of the month next following completion of one year of service and attainment of age 18. Prior to January 1, 2004, employees became participants on the first date of the month next following completion of one year of service and attainment of age 21.

Employee Contributions

No employee contributions are required or permitted.

Compensation

Participant's W-2 earnings, including amounts deferred to a plan under Code Section 401(k), under the employer's flexible benefit plan, and under the provisions of the Senior Officers' Deferred Compensation Plan of Arrow Financial Corporation.

Year of Service

One year of credited service for benefit purposes will be earned for each plan year, (beginning in the year of hire for participants prior to January 1, 2004 and beginning in the year of participation for participants on and after January 1, 2004) in which an employee worked at least 1,000 hours, except for the plan year containing the employee's date of death or retirement. In those plan years, an employee will receive a year of credited service for benefit purposes, regardless of the hours worked.

A year of vesting service will be credited if the participant works 1,000 hours in a plan year. Service prior to age 21 (prior to age 18 for participants on and after January 1, 2004) and 18 will be disregarded, respectively, for purposes of benefit accrual and vesting.

Account Balance

The account balance is a bookkeeping account which consists of the service credits and interest credits earned to date.

For participants in the Plan as of December 31, 2002 who made a one-time irrevocable election to participate in the account balance plan design as of that date, their opening account balance was computed to be the greater of (a) and (b) below:

- (a) The sum of (i) and (ii) below:
 - (i) 4.00% of the participant's final average earnings at January 1, 2003 (annual compensation for the three consecutive pension years, during the last ten pension years, which produce the highest average), multiplied by the participant's years of credited service as of January 1, 2003 (limited to 45 years); and
 - (ii) 2.00% of the participant's final average earnings at January 1, 2003 in excess of 2002 covered compensation, multiplied by the participant's years of credited service as of January 1, 2003 (limited to 35 years).
- (b) The lump sum present value of the participant's accrued benefit under the traditional plan design as of January 1, 2003. The lump sum present value was determined using the prevailing commissioners' standard mortality table as of January 1, 2003 (a 50/50 blend of the 1994 Group Annuity Reserve Table for males and females projected to 2002), and a 4.75% interest rate.

Service Credits

6.00% of compensation for all employees who become participants on or after January 1, 2003. For those employees who are participants prior to January 1, 2003, service credits will be earned according to the following schedule based on the participant's age at the end of the plan year (or at the time of separation from service, if earlier). Service credits are normally credited to participant's account balance at the end of each plan year.

Attained Age at time of Crediting	Annual Service Credit
Under 40	6.00%
40 –49	8.00%
50-54	10.00%
55 and over	12.00%

Effective January 1, 2018, an individual Highly Compensated employee will receive an Annual Service Credit of 30.00% for each year of employment going forward.

Participants who die or retire during a plan year will earn a service credit for their period of employment based on their compensation during that portion of the plan year and their age at the date of death or retirement, without respect to the number of hours worked during the plan year. Participants who terminate during a plan year for a reason other than death or retirement will only receive a service credit if they have worked a minimum of 1,000 hours during the plan year based on their compensation earned through their date of termination and their age at the date of termination.

For employees who begin participation on and after January 1, 2004, service credits will only be earned beginning in their year of participation. For these participants, the service credit earned in their year of participation will consider all hours worked during the plan year, but only compensation earned from their date of participation through the end of the plan year.

Interest Credits

Interest shall be credited to a participant's account balance at the end of each plan year (prior to adding any service credits earned for the year) based on the greater of the 30-year U.S. Treasury rate in effect for November of the prior plan year, or 3.00%. Partial interest credits are earned for any participant who dies, terminates or retires during a given plan year.

Normal Retirement

Eligibility – Age 65 with 5 years of vesting service.

The annual normal retirement benefit of a participant who becomes eligible for benefits shall be an annuity, which is actuarially equivalent to the participant's account balance.

Deferred Retirement

A participant may defer his retirement past age 65. The benefit is determined in the same manner as the benefit payable upon normal retirement, based upon service credits and interest credits earned through his or her actual retirement date.

Early Retirement

A participant who has completed 25 years of vesting service, or who has attained age 55 and completed 10 years of vesting service, may elect early retirement. The early retirement benefit is determined in the same manner as for normal retirement, but is reduced .25% per month for early commencement. Benefits may not commence before age 55.

For participants who terminate with a vested benefit prior to early retirement eligibility and subsequently become eligible for early retirement, benefits are reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which their early retirement date precedes their normal retirement date.

Vesting

A participant shall become vested in accordance with the following schedule:

Years of Vesting Service	Vested Percentage
Less than 3 years	0%
3 years or more	100%

In addition, effective January 1, 2005, a participant who terminates employment on or after age 65 with less than three years of vesting service will be considered 100% vested.

Amount of Benefit - Account balance payable immediately (only if less than \$15,000 prior to early retirement eligibility), or an actuarially equivalent annuity commencing at normal retirement date, or in a reduced amount at an early retirement date.

Payment of Benefits

Benefits are normally payable monthly for the life of the participant. The automatic form for qualified married participants upon retirement is a joint and 50% survivor benefit which is the actuarial equivalent of the normal form of benefit, with the provision that the equivalent annuity will revert back to the full life annuity if the spouse dies first.

Optional forms available at retirement include various contingent annuitant options, a 10-year certain and life option, a life annuity option, a single lump sum option (equal to the participant's account balance), and are provided on the following actuarially equivalent basis:

Mortality Table:	A 50/50 blend of male and female rates from the RP-2000 Mortality Table with White Collar adjustment.
Interest Rate:	7.50 percent per annum.

Death Benefit

In the event of the death of a vested participant (whether or not married) prior to the commencement of any benefit payments, the participant's spouse or beneficiary shall receive the entire vested portion of the participant's account balance payable as a single lump sum, or as an actuarially equivalent annuity benefit allowed under the Plan.

Disability Benefit

A disabled participant not otherwise eligible for benefits under this Plan or the Bank's long term disability program may receive his or her account balance immediately, or an actuarially equivalent benefit at normal retirement date

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Schedule 1)
EIN/PIN 22-2448962/001

December 31, 2024

(a) Parties in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		<u>Cash and Cash Equivalents</u>		
	Fidelity	Investments Treasury Portfolio	\$ 2,699,192	\$ 2,699,192
	Total Cash and Cash Equivalents		<u>2,699,192</u>	<u>2,699,192</u>
		<u>Employer Stock</u>		
*	Arrow Financial Corporation	Arrow Common Stock	<u>2,698,207</u>	<u>5,592,622</u>
		<u>Mutual Funds</u>		
*	North Country Funds	Large-Cap Equity Fund	13,406,559	18,740,396
	Invesco	QQQ Trust Series 1	8,123,260	10,258,341
	iShares	Core MSCI Dev Mkts ETF	2,132,836	2,057,108
	iShares	Core S&P Mid-Cap ETF	2,969,314	5,272,548
	iShares	Core S&P Small-Cap ETF	316,699	442,675
	iShares	iBonds Dec 2025 Term Corp	601,539	605,308
	iShares	iBonds Dec 2026 Term Corp	599,889	600,763
	iShares	iBonds Dec 2027 Term Corp	599,909	596,293
	iShares	iBonds Dec 2028 Term Corp	597,883	591,549
	iShares	iBonds Dec 2029 Term Corp	584,279	588,194
	iShares	iBonds Dec 2030 Term Corp	582,394	584,346
	iShares	iBonds Dec 2031 Term Corp	583,938	581,644
	iShares	iBonds Dec 2032 Term Corp	586,845	579,842
	iShares	iBonds Dec 2033 Corp	593,591	576,647
	iShares	iBonds 2025 H/Y INC	1,234,085	1,226,886
	Lord Abbett	Short Duration Income - I	2,698,265	2,641,259
	Payden	High Income Fund	1,035,970	1,090,101
	Real Estate	Select Sector SPDR Fund	502,386	459,205
	SPDR	Portfolio S&P 500 Value ETF	3,749,085	4,372,981
	SPDR	S&P Homebuilders ETF	1,000,884	840,912
	Vanguard	S&P 500 ETF	<u>2,525,908</u>	<u>2,695,666</u>
	Total Mutual Funds		<u>45,025,518</u>	<u>55,402,664</u>
	Total Assets Held for Investment Purposes		<u>\$ 50,422,917</u>	<u>\$ 63,694,478</u>

* indicates party-in-interest to the Plan

See Independent Auditor's Report and Notes

ARROW FINANCIAL CORPORATION
EMPLOYEES' PENSION PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Schedule 1)
EIN/PIN 22-2448962/001

December 31, 2023

(a) Parties in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Cash and Cash Equivalents</u>				
	Cash	Cash on Hand	\$ 5,875	\$ 5,875
	Blackrock Liquidity Funds	Temporary Fund	<u>1,251,145</u>	<u>1,251,145</u>
	Total Cash and Cash Equivalents		<u>1,257,020</u>	<u>1,257,020</u>
<u>Employer Stock</u>				
*	Arrow Financial Corporation	Arrow Common Stock	<u>2,698,207</u>	<u>5,442,628</u>
<u>Mutual Funds</u>				
*	North Country Funds	Large-Cap Equity Fund	15,417,408	20,011,898
	Invesco	QQQ Trust Series 1	3,420,587	3,960,468
	iShares	Core MSCI Dev Mkts ETF	1,985,625	1,891,721
	iShares	Core S&P Mid-Cap ETF	3,178,238	5,148,616
	iShares	Core S&P Small-Cap ETF	998,715	1,428,900
	iShares	iBonds Dec 2024 Term Corp	616,919	616,174
	iShares	iBonds Dec 2025 Term Corp	619,807	616,425
	iShares	iBonds Dec 2026 Term Corp	620,427	616,740
	iShares	iBonds Dec 2027 Term Corp	622,191	617,250
	iShares	iBonds Dec 2028 Term Corp	619,521	617,164
	iShares	iBonds Dec 2029 Term Corp	606,188	617,606
	iShares	iBonds Dec 2030 Term Corp	607,445	617,497
	iShares	iBonds Dec 2031 Term Corp	607,972	617,908
	iShares	iBonds Dec 2032 Term Corp	609,688	617,883
	iShares	iBonds Dec 2033 Corp	616,880	616,135
	iShares	iBonds 2024 H/Y INC	1,251,397	1,248,977
	iShares	10-20 Year Treasury Bond ETF	715,591	761,501
	Lord Abbett	Short Duration Income - I	2,772,462	2,702,187
	Payden	High Income Fund	1,069,340	1,121,191
	SPDR	Portfolio S&P 500 Value ETF	3,623,550	3,935,712
	SPDR	S&P 500 ETF Trust	1,485,358	3,503,985
	Victory	Market Neutral Income - I	<u>640,026</u>	<u>591,905</u>
	Total Mutual Funds		<u>42,705,335</u>	<u>52,477,843</u>
	Total Assets Held for Investment Purposes		<u>\$ 46,660,562</u>	<u>\$ 59,177,491</u>

* indicates party-in-interest to the Plan

See Independent Auditor's Report and Notes

Arrow Financial Corporation Employees' Pension Plan
Schedule SB, line 24 – Change in Actuarial Assumptions
EIN/PN: 22-2448962/001

The salary scale assumption was updated from 3.50% to 4.00% as of January 1, 2024 based on the Sponsor's expectation of future salary increases. The change in the salary scale assumption did not affect the liabilities but resulted in an increase in normal cost.