

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CADENCE RETIREMENT PLAN AND TRUST AGREEMENT
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): CADENCE BANK
2b Employer Identification Number (EIN): 64-0117230
2c Plan Sponsor's telephone number: 662-680-2558
2d Business code (see instructions): 522110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7396
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)	5242
	6a(2)	4486
	6b	905
	6c	1282
	6d	6673
	6e	106
	6f	6779
	6g(1)	
6g(2)		
6h		198
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 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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>CADENCE RETIREMENT PLAN AND TRUST AGREEMENT</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>CADENCE BANK</u>	D Employer Identification Number (EIN) <u>64-0117230</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>337803252</u>
	b Actuarial value	2b	<u>337803252</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>988</u>	<u>86504074</u>
	b For terminated vested participants	<u>1166</u>	<u>15206476</u>
	c For active participants	<u>5242</u>	<u>98968574</u>
	d Total	<u>7396</u>	<u>200679124</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>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>10056341</u>
	b Expected plan-related expenses	6b	<u>1200000</u>
	c Target normal cost	6c	<u>11256341</u>

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

SIGN HERE			
	Signature of actuary	<u>09/17/2025</u>	Date
	<u>JENNIFER MOREL</u>	<u>23-07955</u>	Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u>	<u>617-563-7000</u>	Telephone number (including area code)
	<u>155 SEAPORT BOULEVARD BOSTON, MA 02110</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)	63328477	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	63328477	0
10	Interest on line 9 using prior year's actual return of <u>10.34</u> %	6548165	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>5.25</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)	69876642	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	130.63 %
15	Adjusted funding target attainment percentage	15	164.71 %
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	134.25 %
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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input 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 checked="" type="checkbox"/> Yes	<input 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	11256341	
b Excess assets, if applicable, but not greater than line 31a	31b	11256341	
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
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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 CADENCE RETIREMENT PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CADENCE BANK	D Employer Identification Number (EIN) 64-0117230	

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

JPMORGAN DISTRIBUTION SERVICES, INC **1111 POLARIS PARKWAY**
FLOOR 1F
COLUMBUS, OH 43240

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

PIONEER INVESTMENT MANAGEMENT, INC **60 STATE STREET**
BOSTON, MA 02109

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

JOHN HANCOCK FUNDS, LLC **601 CONGRESS STREET**
BOSTON, MA 02210-2805

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

FRANKLIN TEMPLETON INVESTMENTS **ONE FRANKLIN PARKWAY**
SAN MATEO, CA 94403-1906

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

MERIDIAN INVESTMENT ADVISORS, INC. 501 PENNSYLVANIA PARKWAY
SUI TE 155
INDIANAPOLIS, IN 46280

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

T. ROWE PRICE ASSOCIATES, INC. 100 EAST PRATT STREET
BALTIMORE, MD 21202

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

GOLDMAN SACHS ASSET MANAGEMENT 200 WEST STREET
NEW YORK, NY 10282

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

DODGE & COX FUNDS P.O. BOX 219502
KANSAS CITY, MO 64121-9502

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

FIRST EAGLE GLOBAL VALUE FUND, LP

26-3416056

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

FIDELITY INVESTMENTS P.O. BOX 770002
CINCINNATI, OH 45277-0086

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

CURASSET CAPITAL MANAGEMENT LLC

45-0756860

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

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

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

FID INV INST OPS CO

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	869088	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 15 17 50	NONE	19644	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"/>

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 CADENCE RETIREMENT PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CADENCE BANK	D Employer Identification Number (EIN) 64-0117230

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	681602	645702
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42524533	38169564
(2) U.S. Government securities	1c(2)	19573779	27428558
(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)	272588998	272349370
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	2434340	2834167
(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	337803252	341427361
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	337803252	341427361

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)	105852	
(B) U.S. Government securities.....	2b(1)(B)	612857	
(C) Corporate debt instruments.....	2b(1)(C)	716789	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	249621	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1685119
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8382367	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8382367
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	110410053	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	98495484	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		11914569
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		5915270
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27897325

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22188044	
(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)		22188044
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)	1338176	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	746996	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2085172
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24273216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3624109
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556219.

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>CADENCE RETIREMENT PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CADENCE BANK</u>	D Employer Identification Number (EIN) <u>64-0117230</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>53-0181291</u> <u>04-3275867</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	801

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: 81.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 7.8 %
 High-Yield Debt: 7.9 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.3 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT

EIN 64-0117230

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT

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Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2024	11
Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2024	13
Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.	

Independent Auditor's Report

Audit Committee and Retirement Committee of Cadence Bank
Cadence Retirement Plan and Trust Agreement
Tupelo, Mississippi

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023 and the changes in its net assets available for benefits for the years then ended in accordance with 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern within one year after the date that these 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental 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 listed in the table of contents 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 GAAS.

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.

Forvis Mazars, LLP

**Jackson, Mississippi
October 14, 2025**

Federal Employer Identification Number: 44-0160260

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT
Statements of Net Assets Available for Plan Benefits
December 31, 2024 and 2023

	2024	2023
Investments, at fair value (note 6):		
Cash and cash equivalents	\$ 50,000	\$ —
U.S government debt obligations	6,879,732	5,894,847
U.S. agency debt obligations	20,548,825	13,678,932
Mutual funds	272,349,370	272,588,997
Common stock of Cadence Bank	2,834,167	2,434,340
Money market funds	11,408,949	7,821,911
Brokered certificates of deposit	26,710,616	34,702,623
Total investments	340,781,659	337,121,650
Accrued interest and dividends	645,702	681,602
Net assets available for plan benefits	\$ 341,427,361	\$ 337,803,252

See accompanying notes to the financial statements.

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT
Statements of Changes in Net Assets Available for Plan Benefits
Years ended December 31, 2024 and 2023

	2024	2023
Investment income:		
Net appreciation in fair value of investments	\$ 17,623,056	\$ 23,502,711
Interest	1,786,050	1,929,544
Dividends	8,382,368	7,967,519
Total investment income	27,791,474	33,399,774
Benefits paid to participants	(22,082,192)	(35,905,763)
Administrative expenses	(2,085,173)	(1,319,457)
Net increase (decrease)	3,624,109	(3,825,446)
Net assets available for plan benefits:		
Beginning of year	337,803,252	341,628,698
End of year	<u>\$ 341,427,361</u>	<u>\$ 337,803,252</u>

See accompanying notes to the financial statements.

Notes to Financial Statements
Cadence Retirement Plan and Trust Agreement
December 31, 2024 and 2023

(1) Description of Plan

The following brief description of the Cadence Retirement Plan and Trust Agreement (the Plan) is provided for general informational purposes only. Participants should refer to the plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan covering all qualifying employees of Cadence Bank (the Company). Effective January 1, 2012, the Plan was amended and restated to include two components: a final average pay component and a cash balance component. Prior to the amendment, all eligible participants were included in the final average pay component. Eligible participants were defined as having one year of service and having attained age 21, with a hire date prior to January 1, 2006.

Effective January 1, 2012, employees are eligible to participate in the Plan with at least one year of employment, including at least 1,000 hours of service, and who have attained age 21 for the final average pay component and age 18 for the cash balance component. Participation by component is determined based on date of hire. Employees hired prior to January 1, 2006 are included within the final average pay component. Employees hired after January 1, 2006 are included within the cash balance component. Effective January 1, 2017, all participants were transitioned to the cash balance component.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the Company.

(b) Vesting

Employees are 100% vested upon completion of three years of vesting service. Prior to the amended and restated agreement, employees were 100% vested upon completion of five years of vesting service.

(c) Pension Benefits

Employees included within the final average pay component with three or more years of service are entitled to monthly pension benefits beginning at normal retirement (age 65) as follows: Number of years of service (up to 35 years) times 0.65% times the sum of (i) the employee's highest five-year average monthly compensation and (ii) any amount by which the five-year average monthly compensation exceeds the 35-year average of the maximum taxable wage base under Social Security (which varies by year of birth for each employee).

Employees included within the cash balance component of the Plan with three or more years of vested service are entitled to benefits based on an account balance which is calculated by crediting 2.50% of your compensation annually, with interest credited at a rate of 150 basis points over the six-month Treasury Rate published in the month of September prior to the beginning of the relevant Plan year.

Under either component, benefits are paid for the lifetime of the employee with options available to elect a lesser benefit that may continue to a surviving spouse or in a lump-sum payment. Employees with 10 years of service may elect early retirement at a reduced benefit between the ages of 55 – 64.

(d) Pre-Retirement Death and Disability Benefits

The Plan provides for a death benefit equal to the greater of the present value of the decedent's benefit at the time of death or a qualified pre-retirement survivor annuity.

Active employees who become totally disabled are entitled to payments beginning on his or her normal retirement date. The benefit will be equal to the accrued benefits the participant would have had on his or her normal retirement date had the participant remained employed until that date.

(e) *Administrative Expenses*

During 2011, the Plan began paying consulting fees and other actuarial related expenses to the extent such costs were reasonable and otherwise reimbursable under the Plan as Plan expenses. All remaining administrative expenses of the Plan were paid by the Company. The Company provides administrative services at no cost to the Plan.

(2) *Summary of Significant Accounting Policies*

The following are the significant accounting policies followed by the Plan:

(a) *Basis of Presentation*

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”) and present the net assets available for Plan benefits and changes in those net assets.

(b) *Revision*

An immaterial revision was made to the 2023 fair value table in Note 6 to reflect money market funds within level 1 of the fair value hierarchy. This revision had no impact on net assets available for plan benefits or changes in net assets available for plan benefits.

(c) *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(d) *Valuation of Investments and Income Recognition*

Quoted market prices, when available, are used to value the investments in cash and cash equivalents, mutual funds, money market funds, and common stock. Investments in U.S. government debt obligations, U.S. agency debt obligations, and brokered certificates of deposit are based on quoted market prices or other observable inputs such as quoted prices for similar assets or inputs corroborated by observable market data.

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

(e) *Tax Status*

The Plan is exempt from federal income taxes under the provisions of Section 401 of the Internal Revenue Code (IRC). A favorable opinion to that effect, dated February 28, 2023, has been received. The Plan has been amended since receiving the opinion. However, the plan administrator believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Company’s Tax Department has confirmed that there are no uncertain tax

positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

(f) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died or been disabled, and (c) present employees or their beneficiaries.

The accumulated plan benefits presented herein for active employees are based primarily on their average monthly compensation. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the actuarial valuation date and the expected date of payment.

The significant actuarial assumption used in the valuation for 2024 and 2023 include, (a) a discount rate of 7.25% and 7.00%, respectively, (b) return on investment rate of 7.25% and 7.00%, respectively, (c) assumed retirement age based on decrements between age 55 and 70, and (d) mortality will occur using static tables with separate mortality rates for annuitants and non-annuitants. The foregoing actuarial assumptions are based on the assumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The following sets forth the actuarial present value of accumulated plan benefits:

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 75,959,154	\$ 75,208,506
Other participants	98,963,441	99,426,103
	<u>174,922,595</u>	<u>174,634,609</u>
Nonvested benefits		
Total present value of accumulated benefits	883,682	3,697,646
	<u>\$ 175,806,277</u>	<u>\$ 178,332,255</u>

The summary of the changes in the actuarial present value of accumulated plan are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits:		
at beginning of year	\$ 178,332,255	\$ 187,373,516
Increase (decrease) during the year attributable to:		
Benefits accumulated	10,771,674	15,096,102
Interest	11,723,453	11,030,787
Benefits paid to participants	(22,082,192)	(35,903,411)
Change in actuarial assumption	(2,938,913)	(7,294,631)
Plan amendments	—	8,029,892
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 175,806,277</u>	<u>\$ 178,332,255</u>

The assumptions were as follows. The segment rates used to calculate the funding target normal cost were updated to September 2024 and reflect the MAP-21 interest rate corridors. Mortality is the prescribed mortality assumption under Section 430(h)(3)(A) of the IRC using the generational mortality table option with separate mortality rates for annuitants and non-annuitants. The interest credit rate was updated from 3.79% to 4.08% for the cash basis accounts. For plan accounting, the discount rate was updated from 7.00% to 7.25%, and the interest rate used to calculate lump sums was updated from 7.00% to 7.25%.

(4) Funding Policy

The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay retirement benefits to Plan participants. Although the Company has not expressed any intent to terminate the retirement plan agreement, it may do so at any time subject to the provisions set forth in ERISA.

There were no minimum funding requirements of ERISA for 2024 or 2023. No employer contributions were made during the years ended December 31, 2024 and 2023.

The contributions of the Company are designed to fund the Plan's current service costs on a current basis and to fund over 30 years any increase in the estimated accrued benefit cost arising from Plan amendments. The unit credit cost method is used for ERISA Funding Target and FASB ASC 960 purposes. The minimum funding requirements of ERISA have been met.

(5) Plan Termination

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

- (a) Benefits former employees or their beneficiaries have been receiving for at least three years before the termination date of the Plan or that employees eligible to retire for that three-year period would have been receiving if the employee had retired based on Plan provisions in effect during the five years prior to termination, which produce the least benefits
- (b) All other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (discussed below)
- (c) All other vested benefits under the Plan
- (d) All nonvested benefits under the Plan

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, the ceiling was \$7,108 and \$6,750 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Similarly, the maximum guarantee is higher for an individual who starts receiving benefits from PBGC after age 65. The maximum guarantee by age can be found on PBGC's website, www.pbgc.gov. The guaranteed amount is also reduced if a benefit will be provided to a survivor of the plan participant.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(6) Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The following tables set forth by level, within the ASC Topic 820 fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

Investments at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 50,000	\$ —	\$ —	\$ 50,000
U.S. agency debt obligations	—	20,548,825	—	20,548,825
Mutual Funds	272,349,370	—	—	272,349,370
U.S. government debt obligations	—	6,879,732	—	6,879,732
Company common stock	2,834,167	—	—	2,834,167
Money market funds	11,408,949	—	—	11,408,949
Brokered certificates of deposit	—	26,710,616	—	26,710,616
Total investments in the fair value hierarchy	<u>\$ 286,642,486</u>	<u>\$ 54,139,173</u>	<u>\$ —</u>	<u>\$ 340,781,659</u>

Investments at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
U.S. agency debt obligations	\$ —	\$ 13,678,932	\$ —	\$ 13,678,932
Mutual Funds	272,588,997	—	—	272,588,997
U.S. government debt obligations	—	5,894,847	—	5,894,847
Company common stock	2,434,340	—	—	2,434,340
Money market funds	7,821,911	—	—	7,821,911
Brokered certificates of deposit	—	34,702,623	—	34,702,623
Total investments in the fair value hierarchy	<u>\$ 282,845,248</u>	<u>\$ 54,276,402</u>	<u>\$ —</u>	<u>\$ 337,121,650</u>

Fair values are determined based on valuation techniques categorized as follows: Level 1 means the use of quoted prices for identical instruments in active markets; Level 2 means the use of quoted prices for similar instruments in active markets or quoted prices for identical or similar instruments in markets that are not active or are directly or indirectly observable; Level 3 means the use of unobservable inputs.

See note 2(d), Valuation of Investments and Income Recognition, for information regarding the methods used to determine the fair value of the Plan's investments. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023.

(7) Risks and Uncertainties

The Plan's investments include funds that invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several 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 those changes could materially affect the amounts reported in the Plan's financial statements and supplemental schedules.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

(8) Related-Party Transactions

The Plan's investments are held by Cadence Bank, the trustee of the Plan. No fees were paid to Cadence Bank from the Plan during years ended December 31, 2024 and 2023.

(7) Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date that the financial statements were available to be issued.

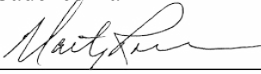
SIGNATURES

The Plan. Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Cadence Retirement Plan and Trust Agreement

October 14, 2025

By: Cadence Bank

By: 

**Marty Rowe, Deputy Chief Human
Resources Officer**

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Age and Service Distribution of Active Members¹

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25											
Number	0	178	5	0	0	0	0	0	0	0	183
Average Pay	0	46,712	\$	0	0	0	0	0	0	0	\$
25-29											
Number	0	380	90	2	0	0	0	0	0	0	472
Average Pay	0	53,591	48,849	\$	0	0	0	0	0	0	\$
30-34											
Number	0	358	153	28	4	0	0	0	0	0	543
Average Pay	0	74,851	76,264	52,878	\$	0	0	0	0	0	\$
35-39											
Number	0	329	121	74	50	3	0	0	0	0	577
Average Pay	0	80,987	77,878	117,910	88,679	\$	0	0	0	0	\$
40-44											
Number	0	339	120	54	72	45	1	0	0	0	631
Average Pay	0	104,694	106,571	211,584	162,901	76,765	\$	0	0	0	\$
45-49											
Number	0	301	119	42	66	64	26	1	0	0	619
Average Pay	0	111,636	95,712	121,047	84,933	118,120	80,082	\$	0	0	\$
50-54											
Number	0	328	111	40	63	58	40	12	1	0	653
Average Pay	0	111,091	87,572	128,662	158,374	85,740	100,180	\$	\$	0	\$
55-59											
Number	0	290	121	45	71	86	43	17	11	1	685
Average Pay	0	115,305	116,264	109,764	141,267	120,490	108,753	\$	\$	\$	118,880
60-64											
Number	0	238	106	52	67	83	34	10	7	3	600
Average Pay	0	120,653	105,192	135,767	104,004	173,394	121,103	\$	\$	\$	123,672
65-69											
Number	0	81	39	18	34	28	3	0	1	1	205
Average Pay	0	124,262	100,306	\$	120,138	256,822	\$	0	\$	\$	\$
Over 69											
Number	0	35	18	3	11	3	1	0	0	3	74
Average Pay	0	148,232	\$	\$	\$	\$	\$	0	0	\$	152,614
Total											
Number	0	2,857	1,003	358	438	370	148	40	20	8	5,242
Average Pay	0	92,775	90,571	140,810	\$	\$	\$	106,914	127,822	\$	101,714

¹ \$ = Confidential

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Age and Service Distribution of Active Members for Cash Balance Plans²

Completed Years of Credited Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25											
Number	0	178	5	0	0	0	0	0	0	0	183
Average Cash Balance	0	1,834	\$	0	0	0	0	0	0	0	\$
25-29											
Number	0	380	90	2	0	0	0	0	0	0	472
Average Cash Balance	0	2,524	5,479	\$	0	0	0	0	0	0	\$
30-34											
Number	0	358	153	28	4	0	0	0	0	0	543
Average Cash Balance	0	3,525	8,333	10,653	\$	0	0	0	0	0	\$
35-39											
Number	0	329	121	74	50	3	0	0	0	0	577
Average Cash Balance	0	3,933	9,989	17,317	16,151	\$	0	0	0	0	\$
40-44											
Number	0	339	120	54	72	45	1	0	0	0	631
Average Cash Balance	0	4,929	12,586	26,361	24,280	12,533	\$	0	0	0	\$
45-49											
Number	0	301	119	42	66	64	26	1	0	0	619
Average Cash Balance	0	5,036	13,654	27,405	17,833	13,235	13,192	\$	0	0	\$
50-54											
Number	0	328	111	40	63	58	40	12	1	0	653
Average Cash Balance	0	4,936	12,001	30,746	27,246	14,002	17,078	\$	\$	0	\$
55-59											
Number	0	290	121	45	71	86	43	17	11	1	685
Average Cash Balance	0	5,471	16,570	24,349	24,873	17,166	17,475	\$	\$	\$	13,434
60-64											
Number	0	238	106	52	67	83	34	10	7	3	600
Average Cash Balance	0	5,420	14,919	26,177	22,000	18,035	18,143	\$	\$	\$	13,552
65-69											
Number	0	81	39	18	34	28	3	0	1	1	205
Average Cash Balance	0	5,377	14,988	\$	28,608	19,989	\$	0	\$	\$	\$
Over 69											
Number	0	35	18	3	11	3	1	0	0	3	74
Average Cash Balance	0	6,476	\$	\$	\$	\$	\$	0	0	\$	18,369
Total											
Number	0	2,857	1,003	358	438	370	148	40	20	8	5242
Average Cash Balance	0	4,265	12,023	23,927	\$	\$	\$	16,010	18,583	\$	9,996

² \$ = Confidential

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: 4.00% for all years (previously 5.00% for 2023; 4.00% all other years).

Increase in Consumer Price Index (CPI): 2.75% (previously 2.75%). This is based on current long-term rounded inflation expectations published by the Federal Reserve as of the valuation date.

Increase in Social Security Taxable Wage Base: 3.50% (previously 3.50%). This is based on the CPI assumption, increased 0.75% based on the historical difference between the CPI and TWB of 0.50% - 1.00%.

Cash Balance Interest Crediting Rate: 3.79% (previously 3.98%). Greater of 1.50% and accounting discount rate less 150 basis points.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Actuarial Assumptions and Methods (continued)

Administrative Expenses included in Target Normal Cost: \$1,200,000 (previously \$1,200,000). Assumption based on previous year expenses and expected PBGC premiums.

Mortality:

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables. (Previously IRS 2023 Static Mortality Table).

Retirement Rates: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement:

<u>Age</u>	<u>Rates</u>
55-58	5.0%
59-61	8.0%
62	15.0%
63	7.5%
64	10.0%
65	40.0%
66-69	25.0%
70	100%

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Actuarial Assumptions and Methods (continued)

Termination Rates: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Age	Rates
20	37.70%
25	23.12%
30	15.69%
35	11.98%
40	9.07%
45	7.55%
50	6.91%
55	9.27%
≥ 60	0.00%

Disability Rates: Rate varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Age	Rates
55	0.39%
56	0.41%
57	0.44%
58	0.48%
59	0.53%
60	0.59%
61	0.66%
62	0.74%
63	0.83%
64	0.93%
65	1.04%

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Actuarial Assumptions and Methods (continued)

Marital Status: 100% of males and females are assumed married, with females 0 years younger than males based on the assumption used by the prior actuary for this plan.

Maximum Benefit: \$275,000 for 2024.

Maximum Salary: \$345,000 for 2024.

Form of Payment: It has been assumed that 15% of benefits will be paid in the normal annuity form applicable to the particular benefit and 85% will be paid as a lump sum. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Timing of Payment:

- **Retirement benefit:** Annuities are payable monthly at the beginning of the month starting on date of decrement. Lump sums are payable on date of decrement.
- **Deferred vested benefit:** Annuities are payable monthly at the beginning of the month starting at the later of age 65 or termination of employment. Lump sums are payable on date of decrement.
- **Disability benefit:** Annuities are payable monthly at the beginning of the month starting at normal retirement date. Lump sums are payable on date of decrement.
- **Preretirement death benefit:** Annuities are payable monthly at the beginning of the month starting on date of decrement.

Data Assumptions: None.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Gain /(Loss)
Series Transactions (Type iii):						
Goldman Sachs Government Money Market	Money market fund	\$ 48,561,546	\$ —	\$ 48,561,546	\$ —	\$ —
Goldman Sachs Government Money Market	Money market fund	—	44,974,508	44,974,508	—	—

See accompanying independent auditor’s report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 CADENCE RETIREMENT PLAN AND TRUST AGREEMENT		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CADENCE BANK		D Employer Identification Number (EIN) 64-0117230	
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	337,803,252	
b Actuarial value.....	2b	337,803,252	
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.....	988	86,504,074	86,504,074
b For terminated vested participants	1,166	15,206,476	15,206,476
c For active participants.....	5,242	98,968,574	103,377,815
d Total.....	7,396	200,679,124	205,088,365
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.....			5.13%
6 Target normal cost			
a Present value of current plan year accruals			10,056,341
b Expected plan-related expenses			1,200,000
c Target normal cost			11,256,341

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	<p><u>Jennifer Morel</u> </p> <p>Signature of actuary</p>	<p><u>9/17/2025</u></p> <p>Date</p>
	<p>Jennifer Morel</p> <p>Type or print name of actuary</p>	<p><u>2307955</u></p> <p>Most recent enrollment number</p>
	<p>Fidelity Investments</p> <p>Firm name</p>	<p><u>617-563-7000</u></p> <p>Telephone number (including area code)</p>
	<p>155 SEAPORT BOULEVARD</p> <p>BOSTON MA 02110</p> <p>Address of the firm</p>	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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)	63,328,477	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	63,328,477	0
10	Interest on line 9 using prior year's actual return of <u>10.34%</u>	6,548,165	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>5.25%</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)	69,876,642	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	130.63%
15	Adjusted funding target attainment percentage	15	164.71%
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	134.25%
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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 11,256,341

b Excess assets, if applicable, but not greater than line 31a **31b** 11,256,341

	Outstanding Balance	Installment
32 Amortization installments:		
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).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			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. 2019 2020 2021

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$15,004,451	\$7,185,076	\$8,387,551	\$30,577,078
2025	\$11,232,142	\$30,128	\$8,104,676	\$19,366,946
2026	\$10,581,664	\$114,586	\$7,934,527	\$18,630,777
2027	\$10,188,762	\$209,275	\$7,751,053	\$18,149,090
2028	\$9,216,271	\$262,999	\$7,554,341	\$17,033,611
2029	\$8,932,113	\$334,424	\$7,331,916	\$16,598,453
2030	\$8,058,448	\$373,290	\$7,095,578	\$15,527,316
2031	\$7,480,824	\$409,462	\$6,847,724	\$14,738,010
2032	\$6,997,909	\$445,695	\$6,588,676	\$14,032,280
2033	\$5,782,557	\$503,661	\$6,315,600	\$12,601,818
2034	\$5,547,131	\$539,114	\$5,939,643	\$12,025,888
2035	\$4,651,906	\$560,509	\$5,619,341	\$10,831,756
2036	\$4,293,222	\$586,379	\$5,287,126	\$10,166,727
2037	\$3,850,189	\$633,699	\$4,943,889	\$9,427,777
2038	\$3,340,886	\$648,336	\$4,592,208	\$8,581,430
2039	\$3,194,614	\$677,991	\$4,235,149	\$8,107,754
2040	\$2,830,617	\$702,859	\$3,876,192	\$7,409,668
2041	\$2,697,232	\$724,433	\$3,519,157	\$6,940,822
2042	\$2,542,117	\$769,661	\$3,168,120	\$6,479,898
2043	\$2,427,957	\$791,838	\$2,827,181	\$6,046,976
2044	\$2,325,406	\$791,250	\$2,500,253	\$5,616,909
2045	\$2,180,303	\$784,965	\$2,190,889	\$5,156,157
2046	\$2,079,152	\$790,708	\$1,902,082	\$4,771,942
2047	\$2,031,598	\$783,514	\$1,636,096	\$4,451,208
2048	\$1,932,800	\$768,655	\$1,394,442	\$4,095,897
2049	\$1,830,851	\$746,043	\$1,177,829	\$3,754,723
2050	\$1,772,318	\$722,516	\$986,204	\$3,481,038
2051	\$1,662,223	\$693,801	\$818,880	\$3,174,904
2052	\$1,601,440	\$662,041	\$674,611	\$2,938,092
2053	\$1,526,385	\$636,204	\$551,760	\$2,714,349
2054	\$1,466,608	\$603,759	\$448,406	\$2,518,773
2055	\$1,420,118	\$569,287	\$362,440	\$2,351,845
2056	\$1,350,872	\$534,495	\$291,715	\$2,177,082
2057	\$1,298,197	\$499,675	\$234,120	\$2,031,992
2058	\$1,248,968	\$465,116	\$187,651	\$1,901,735
2059	\$1,206,830	\$431,071	\$150,470	\$1,788,371
2060	\$1,163,147	\$397,759	\$120,919	\$1,681,825
2061	\$1,121,006	\$365,358	\$97,550	\$1,583,914
2062	\$1,070,314	\$334,016	\$79,118	\$1,483,448

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

2063	\$1,024,892	\$303,857	\$64,580	\$1,393,329
2064	\$982,563	\$274,973	\$53,085	\$1,310,621
2065	\$936,112	\$247,438	\$43,952	\$1,227,502
2066	\$883,146	\$221,307	\$36,644	\$1,141,097
2067	\$832,502	\$196,630	\$30,738	\$1,059,870
2068	\$783,577	\$173,462	\$25,915	\$982,954
2069	\$735,004	\$151,862	\$21,935	\$908,801
2070	\$687,614	\$131,874	\$18,620	\$838,108
2071	\$641,777	\$113,530	\$15,840	\$771,147
2072	\$597,766	\$96,854	\$13,492	\$708,112
2073	\$555,152	\$81,848	\$11,501	\$648,501

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 –Weighted Average Retirement Age
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

Development of Weighted Average Retirement Age

(1)	(2)		(3)		(4)	(5)
Age	Lives		Retirement Decrement	=	Number Retiring	Age X Number Retiring (1) X (4)
55	1,389.1848	X	0.0322	=	44.6780	2,457.2880
56	1,337.0120	X	0.0318	=	42.4897	2,379.4257
57	1,319.5736	X	0.0315	=	41.5344	2,367.4611
58	1,296.1749	X	0.0314	=	40.6397	2,357.1026
59	1,252.2343	X	0.0507	=	63.4466	3,743.3483
60	1,217.2440	X	0.0530	=	64.5503	3,873.0197
61	1,271.6196	X	0.0529	=	67.2062	4,099.5764
62	1,321.7619	X	0.1004	=	132.7223	8,228.7808
63	1,296.9282	X	0.0495	=	64.2291	4,046.4310
64	1,315.0653	X	0.0670	=	88.1138	5,639.2860
65	1,300.6874	X	0.3972	=	516.5963	33,578.7608
66	835.3867	X	0.2480	=	207.2085	13,675.7639
67	655.7212	X	0.2478	=	162.5045	10,887.8041
68	504.2459	X	0.2476	=	124.8494	8,489.7607
69	391.9211	X	0.2473	=	96.9391	6,688.8011
70	307.7026	X	1.0000	=	307.7026	21,539.1821
71	17.0000	X	1.0000	=	17.0000	1,207.0000
72	13.0000	X	1.0000	=	13.0000	936.0000
73	9.0000	X	1.0000	=	9.0000	657.0000
74	7.0000	X	1.0000	=	7.0000	518.0000
75	4.0000	X	1.0000	=	4.0000	300.0000
76	4.0000	X	1.0000	=	4.0000	304.0000
77	2.0000	X	1.0000	=	2.0000	154.0000
78	2.0000	X	1.0000	=	2.0000	156.0000
79	2.0000	X	1.0000	=	2.0000	158.0000
80	1.0000	X	1.0000	=	1.0000	80.0000
81	1.0000	X	1.0000	=	1.0000	81.0000
82	1.0000	X	1.0000	=	1.0000	82.0000
83	0.0000	X	1.0000	=	0.0000	0.0000
84	1.0000	X	1.0000	=	1.0000	84.0000
85	1.0000	X	1.0000	=	1.0000	85.0000
86	0.0000	X	1.0000	=	0.0000	0.0000
87	0.0000	X	1.0000	=	0.0000	0.0000
88	0.0000	X	1.0000	=	0.0000	0.0000
89	0.0000	X	1.0000	=	0.0000	0.0000
90	1.0000	X	1.0000	=	<u>1.0000</u>	<u>90.0000</u>
					2,131.4106	138,943.7924

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 –Weighted Average Retirement Age
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024**

**EIN: 64-0117230
Plan Number: 001**

Total of (5) Divided by Number Retiring

138,943.7924 / 2,131.4106

Weighted Average Retirement Age:

65.19

Rounded Weighted Average Retirement Age:

65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024**

**EIN: 64-0117230
Plan Number: 001**

Plan Provisions

Name of Plan: Cadence Retirement Plan and Trust Agreement.

Employer Identification Number / Plan Number: 64-0117230/001.

Effective Date: February 1, 1960. The plan was amended effective November 28, 2023.

Covered Employees:

- **Final Average Pay:** Employees hired prior to January 1, 2006 are eligible to participate in the Final Average Pay Plan on the first day of the month coincident with or next following the later of attaining age 21 and completing one year of Eligibility Service.
- **Cash Balance:** Employees hired on or after January 1, 2006 are eligible to participate in the Cash Balance Plan on the first day of the month coincident with or next following the later of attaining age 18 and completing one year of Eligibility Service.

Participation Date: Date of becoming a covered employee. “Employee” means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.

Definitions:

Vesting service: One year of vesting service for each year during which 1,000 or more hours were completed.

Credited service: Service from date of hire to date of termination, based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn credited service during a calendar year.

Eligibility service: One year of eligibility service is the period of 12 consecutive calendar months during which 1,000 or more hours were completed. For purposes of determining eligibility, the initial eligibility computation period shall be the 12 consecutive month period beginning on the employee’s date of hire.

Covered compensation: A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the years of termination is used. For purposes of this plan, this amount is frozen as of December 31, 2016.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024

EIN: 64-0117230
Plan Number: 001

Plan Provisions (continued)

Pensionable pay: W-2 pay plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to \$200,000 (indexed beginning in 2003) as required.

Final average earnings: The monthly average of the 5 consecutive years' compensation that gives the highest average. This amount is frozen as of December 31, 2016.

Normal retirement date (NRD): First of month coinciding with or next following the attainment of age 65.

Pension Benefits:

Final Average Pay formula: 0.65% of final average monthly compensation times credited service up to 35 years plus 0.65% of final average monthly compensation in excess of covered compensation times credited service up to 35 years.

- For former participants of the Jackson National Bank Retirement Plan, the benefit is equal to the accrued benefit under the Jackson plan as of September 30, 1992 plus the benefit based upon the above formula for service after September 30, 1992. The 35-year service limit is reduced for service earned under the Jackson plan.
- For former participants of the Laurel Federal Employees' Retirement Plan, the benefit is equal to the accrued benefit under the Laurel Federal plan as of March 31, 1995 plus the benefit based upon the above formula for service after March 31, 1995. The 35-year service limit is reduced for service earned under the Laurel Federal plan.
- For former participants of the First United Bancshares Inc. Defined Benefit Plan and Trust, the benefit is equal to the accrued benefit under the First United Bancshares Inc. plan as of May 15, 2000 plus the benefit based upon the above formula for service after August 31, 2000.
- This amount is frozen as of December 31, 2016.

Cash Balance formula: The pay credit is 2.50% of pay. An employee earns a pay credit for years with at least 1,000 hours worked. The interest credit is based on the yield of the 6-month Treasury Bill as of the prior September, plus 150 basis points.

Monthly pre-retirement spouse death benefit: For participants who leave their contributions in the plan, the greatest of (a) 50% of Monthly Pension Benefit as of the date of death, reduced for the 50% joint and survivor election and early retirement or (b) the present value of the accrued benefit as of the date of death.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024**

**EIN: 64-0117230
Plan Number: 001**

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Optional retirement - Age 55 and 10 years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing three years of Vesting Service. All participants are 100% vested in their benefit upon reaching normal retirement age.

Pre-retirement death benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits.

Disability: Total and permanent disability of participant prior to January 1, 2012 and prior to normal retirement date.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Pension Benefit determined as of NRD.

Early retirement:

- Final average pay formula: Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Early Retirement Benefit Factors

Age	Factors
65	100.00%
64	93.30%
63	86.70%
62	80.00%
60	66.70%
59	63.30%
58	60.00%
57	56.70%
56	53.30%
55	50.00%

Plan Provisions (continued)

Cash balance formula: Actuarial equivalent single life annuity of cash balance account payable in the normal form as of the early retirement date.

Postponed retirement: If retirement occurs after the normal retirement date, the late retirement income will be based on the greater of:

- a) the normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date, or
- b) the income provided by the single-sum value of the retirement income payable as of normal retirement date if employment had then terminated, accumulated with interest to actual retirement.

Termination with deferred vested benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive a reduced benefit commencing prior to the normal retirement date.

Death with pre-retirement spouse benefit: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to the greater of

- a) an amount equal to 50% of the amount the participant would have received if he had survived and elected the qualified joint and 50% contingent option payable at the earliest date allowed under the plan, or
- b) an amount that can be provided by the present value of the participant's accrued benefit as of the participant's date of death.

Disability: The monthly pension benefit is payable at normal retirement date. If the participant is eligible for early retirement, the participant may elect to commence reduced payments at an earlier date and forfeit continued accruals.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024**

**EIN: 64-0117230
Plan Number: 001**

Plan Provisions (continued)

Forms of Payment:

Normal form: Single life annuity.

Optional forms: Participants who retire under the plan may elect a ten-year certain and continuous annuity, life annuity, 50%, 75%, or 100% joint and survivor annuity, 50% joint annuity, or a lump sum distribution. Optional forms are calculated in accordance with the definition of actuarial equivalence as outlined in the plan document.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining the pension cost.

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Issuer	Number of shares or principal amount	Coupon	Maturity	Cost	Current Value
Cash and cash equivalents:					
United Fidelity Bank CD	50,000	4.600	09/06/2026	50,000	50,000
U.S. agency debt obligations:					
Federal Home Loan Bank	1,000,000	2.400	01/28/2030	\$ 902,220	\$ 901,040
Federal Home Loan Bank	525,000	2.200	03/29/2027	490,082	500,934
Federal Home Loan Bank	250,000	2.050	02/24/2027	232,520	238,018
Federal Home Loan Bank	1,000,000	2.000	02/27/2025	965,910	996,310
Federal Home Loan Bank	1,000,000	4.375	01/14/2028	997,650	996,320
Federal Home Loan Bank	1,000,000	4.625	02/09/2028	998,000	998,660
Federal Home Loan Bank	2,000,000	3.700	09/27/2029	2,000,000	1,927,940
Federal Home Loan Bank	2,000,000	4.050	09/24/2027	2,000,000	1,978,780
Federal Home Loan Bank	1,000,000	4.500	11/24/2025	1,000,312	1,000,060
Federal Home Loan Mortgage Corp	1,000,000	0.680	09/02/2025	975,800	976,450
Federal Farm Credit Bank	2,000,000	2.840	08/01/2030	1,935,180	1,834,260
Federal Farm Credit Bank	1,000,000	2.220	03/02/2026	978,990	975,640
Federal Farm Credit Bank	1,000,000	2.940	02/23/2032	1,000,000	888,010
Federal Farm Credit Bank	1,445,000	2.570	12/24/2026	1,455,650	1,395,740
Federal Farm Credit Bank	1,000,000	2.830	12/05/2029	980,140	927,740
Federal Farm Credit Bank	2,000,000	2.530	11/23/2027	1,956,040	1,899,180
Federal Farm Credit Bank	2,000,000	2.550	07/07/2025	1,979,780	1,982,820
Small Business Administration	135,259	2.845	03/10/2027	138,429	130,923
				<u>20,986,703</u>	<u>20,548,825</u>
Mutual Funds:					
John Hancock Discip Value Fund	922,625	N/A	N/A	17,591,159	20,712,939
John Hancock Discip Value Mid Cap Fund	733,057	N/A	N/A	14,534,330	19,755,896
JHANCOCK3 Intl Growth I	262,323	N/A	N/A	6,482,327	7,106,325
Applied Finance Select Fund	407,486	N/A	N/A	9,000,000	8,760,958
Curasset Capital Mgmt Core Bond Fund	3,473,972	N/A	N/A	34,435,590	30,536,213
Curasset Capital Mgmt Limited Term Inc Fund	3,915,612	N/A	N/A	38,927,461	38,020,596
Pioneer Multi-Asset Ultrashort Inc Fund	2,127,429	N/A	N/A	20,640,536	20,572,238
Franklin Mutual Discovery Z Fund	445,033	N/A	N/A	13,254,635	12,776,898
Fuller & Thaler Behavioral Small-Cap Growth Fund	196,638	N/A	N/A	9,000,000	9,466,161
First Eagle Global Fund Class R6	342,734	N/A	N/A	20,767,807	23,110,548
T. Rowe Price Mid-Cap Growth Fund	138,421	N/A	N/A	13,074,748	13,804,702
JPMorgan Large Cap Growth Fund	71,950	N/A	N/A	4,714,817	6,025,054
JPMorgan Equity Income R6	1,038,987	N/A	N/A	18,564,980	24,873,353
JPMorgan Strategic Income Opp Fund	1,748,612	N/A	N/A	20,107,284	20,056,585
JPMorgan Undiscovered Mgrs Behavioral Value	198,990	N/A	N/A	11,894,500	16,770,904
				<u>252,990,174</u>	<u>272,349,370</u>
U.S. government debt obligations:					
US Treasury Bill	1,000,000	N/A	02/20/2025	988,928	989,352
US Treasury Bill	1,000,000	N/A	10/02/2025	968,383	968,514
US Treasury Bill	1,000,000	N/A	11/28/2025	961,901	962,761
US Treasury Bill	1,000,000	N/A	05/22/2025	978,362	979,115
US Treasury Note	1,000,000	4.250	01/31/2026	996,601	1,000,180

CADENCE RETIREMENT PLAN AND TRUST AGREEMENT
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Issuer	Number of shares or principal amount	Coupon	Maturity	Cost	Current Value
US Treasury Note	1,000,000	3.750	08/31/2026	1,002,656	992,250
US Treasury Note	1,000,000	3.500	09/30/2026	993,555	987,560
				<u>6,890,386</u>	<u>6,879,732</u>
Money market funds:					
G/S Financial Square Government MMKT	11,408,949	N/A	N/A	11,408,949	11,408,949
Common stock:					
Common stock of Cadence Bank*	82,269	N/A	N/A	234,068	2,834,167
Brokered certificates of deposit:					
Alabama St Pub School & College	955,000	5.150	09/01/2027	1,091,661	969,230
Anoka-Hennepin Minn Indpt Sch Dist N	1,000,000	2.350	02/01/2028	1,000,000	943,340
Apple Inc Sr Glbl Nt	1,000,000	2.450	08/04/2026	1,001,530	969,920
Archer Daniels Midland Co Sr Glbl Nt	1,000,000	2.500	08/11/2026	999,990	966,610
Ascension	1,000,000	2.532	11/15/2029	1,063,190	898,578
Auburn ME	140,000	3.640	09/01/2027	149,439	138,075
Barnabas Health System	895,000	4.000	07/01/2028	1,002,695	869,516
Cintas Corp	1,000,000	3.700	04/01/2027	1,099,400	980,190
Comcast Corp	1,000,000	4.150	10/15/2028	1,169,680	975,230
Dte Electric Co	1,000,000	3.375	03/01/2025	1,037,450	997,320
Dallas Fort Worth TX Intl Arp	1,000,000	1.329	11/01/2025	978,090	975,720
Duke Energy Ohio	1,000,000	3.650	02/01/2029	1,139,950	954,820
Emerson Electric Co	400,000	1.950	10/15/2030	410,520	343,356
Geisinger Auth PA Health System	1,045,000	1.850	04/01/2025	1,058,334	1,036,818
Goldman Sachs Group Inc	1,000,000	3.750	02/25/2026	1,065,030	988,960
John Deere Capital Corp	1,000,000	3.400	09/11/2025	1,041,720	991,780
Kentucky Hsg Corp Hsg Rev	500,000	3.828	07/01/2029	526,545	487,995
Low Income Investment Fund	1,000,000	3.386	07/01/2026	1,060,500	968,740
Oklahoma Dev Fin Auth Lease Rev	605,000	2.850	06/01/2026	605,000	592,446
Orlando Health Obligated Group	1,000,000	3.777	10/01/2028	1,108,380	957,837
S M Edl Bldg Corp	665,000	3.100	03/01/2026	665,000	654,300
S M Edl Bldg Corp	685,000	3.250	03/01/2027	685,000	665,539
Schlumberger Hldgs Corp Sr 144a Nt	1,000,000	4.000	12/21/2025	1,090,920	992,820
State of Hawaii G/O	840,000	2.552	10/01/2025	836,674	829,525
Texas A M Univ Rev	200,000	2.508	05/15/2027	205,318	191,776
3M Co	1,000,000	3.000	08/07/2025	1,093,500	989,560
Toyota Motor Corp	1,500,000	1.339	03/25/2026	1,516,740	1,442,655
UPMC Health System	2,000,000	Variable	04/03/2025	2,135,100	1,993,680
University of Arkansas	1,000,000	3.235	04/01/2027	1,005,990	974,190
Verizon Communications Inc	1,000,000	2.625	08/15/2026	1,064,640	970,090
				<u>28,907,986</u>	<u>26,710,616</u>
				<u>\$321,468,266</u>	<u>\$340,781,659</u>

*Cadence Bank is a party in interest.
See accompanying independent auditor's report.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions
Cadence Bank Retirement Plan and Trust Agreement
For Plan Year Ended December 31, 2024**

**EIN: 64-0117230
Plan Number: 001**

Change in Actuarial Assumptions

Cash Balance Interest Crediting Rate:

- 3.79% (previously 3.98%). Greater of 1.50% and accounting discount rate less 150 basis points.

Salary Scale:

- 4.00% for all years (previously 5.00% for 2023; 4.00% all other years).