

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>TRANSAMERICA PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA CORPORATION</u> <u>EMPLOYEE SERVICES</u> <u>6400 C ST CW</u> <u>CEDAR RAPIDS, IA 52499</u>	1c Effective date of plan <u>01/01/1977</u> 2b Employer Identification Number (EIN) <u>42-1484983</u> 2c Plan Sponsor's telephone number <u>319-355-8737</u> 2d Business code (see instructions) <u>524140</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID BEATTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	29482
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)	7170
	6a(2)	7315
	6b	11210
	6c	8427
	6d	26952
	6e	2093
	6f	29045
	6g(1)	
6g(2)		
6h		148
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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan TRANSAMERICA PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA CORPORATION</p>	<p>D Employer Identification Number (EIN) 42-1484983</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	02323-000	7213	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	192375
5	Current value of plan's interest under this contract in separate accounts at year end.....	11469802
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 184532
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 7843
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 7843
d	Total of balance and additions (add lines 7b and 7c(6))	7d 192375
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 192375

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TRANSAMERICA PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA CORPORATION</p>	<p>D Employer Identification Number (EIN) 42-1484983</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	77369-000	7213	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	442192156

6 Contracts With Allocated Funds:

- a** State the basis of premium rates ▶

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

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

- f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TRANSAMERICA PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA CORPORATION</p>	<p>D Employer Identification Number (EIN) 42-1484983</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	50144	562		

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	238147
5	Current value of plan's interest under this contract in separate accounts at year end.....	37463272
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 336882
c	(1) Contributions deposited during the year	7c(1) 2100000
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 11710
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 2111710
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2448592
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2210445
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 2210445	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 238147

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <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>TRANSAMERICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRANSAMERICA CORPORATION</u>	D Employer Identification Number (EIN) <u>42-1484983</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>2311731323</u>
	b Actuarial value	2b	<u>2542904455</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>13553</u>	<u>1259119201</u>
	b For terminated vested participants	<u>8870</u>	<u>574255147</u>
	c For active participants	<u>7170</u>	<u>483235459</u>
	d Total	<u>29593</u>	<u>2316609807</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>5.03 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>29994866</u>
	b Expected plan-related expenses	6b	<u>3200000</u>
	c Target normal cost	6c	<u>33194866</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>FRANCIS P. CARBERRY, F.S.A., E.A.</u> Type or print name of actuary <u>TRANSAMERICA</u> Firm name <u>6400 C STREET SW</u> <u>CEDAR RAPIDS, IA 52499</u> Address of the firm	<u>09/11/2025</u> Date <u>23-05393</u> Most recent enrollment number <u>508-903-6017</u> Telephone number (including area code)
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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 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 61
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 33194866
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:		Outstanding Balance	Installment	
a Net shortfall amortization installment		425144504	40988136	
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 74183002
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	64769777	64769777
36 Additional cash requirement (line 34 minus line 35)				36 9413225
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 46031851
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 36618626
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 36618626
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan TRANSAMERICA PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA CORPORATION	D Employer Identification Number (EIN) 42-1484983	

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

KKR PRISMA

13-2857105

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

AEGON USA INVESTMENT MANAGEMENT

42-1310237

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

GROSVENOR CAPITAL MANAGEMENT

36-3795985

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

STATE STREET GLOBAL TRUST COMPANY

81-4017137

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

MERCER INVESTMENT MANAGEMENT

30-0282430

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

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

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

(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)

KKR PRISMA

13-2857105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	34616	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)

CITIBANK

13-5266470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	44917	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)

MERCER INVESTMENT CONSULTING

30-0282430

(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?
51 52	FIDUCIARY	1533161	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
51 19	NONE	43327	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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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>TRANSAMERICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA CORPORATION</u>	D Employer Identification Number (EIN) <u>42-1484983</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT FUND A</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-522</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>48933075</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON CASH MANAGEMENT FUND</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-105</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>9413</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TREASURY STRIPS</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-829</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>29324269</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-831</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>297212181</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORP FIXED INC</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>400216575</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20+ YEAR U.S. TREASURY STRIPS INDX</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>				
c EIN-PN <u>32-6528132-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>37927420</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE CREDIT BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-833</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>115646293</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **AEGON USA INVEST MGMT CIT**

b Name of sponsor of entity listed in (a): **MASSACHUSETTS FIDELITY TRUST COMPANY**

c EIN-PN 42-0947998-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324772764
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPPORTUNISTIC FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29562020
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ACT INT CRET FIXED INC PORT**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 85-2621954-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190016583
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a Name of MTIA, CCT, PSA, or 103-12 IE: **U.S. LONG GOV BOND INDEX CLASS A**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 90-0337987-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265407025
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL ALL CAP EQUITY**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS**

c EIN-PN 90-0337987-299	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17271273
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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 TRANSAMERICA PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA CORPORATION	D Employer Identification Number (EIN) 42-1484983

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	1172391	944371
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000000	50000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	444479	519952
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38168843	48159868
(2) U.S. Government securities	1c(2)	82086068	121500740
(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)	2391	1719
(5) Partnership/joint venture interests	1c(5)	264937405	220615069
(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)	1246549880	1265173660
(10) Value of interest in pooled separate accounts	1c(10)	539469577	491125231
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	899627	924875

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2323730661	2198965485
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1316754	1766399
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1316754	1766399
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2322413907	2197199086

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)	50000000	
(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)		50000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2634137	
(B) U.S. Government securities.....	2b(1)(B)	2087051	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4721188
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5354019	
(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)		-25582894
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5338560
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		8512116
d Total income. Add all income amounts in column (b) and enter total	2d		48342989

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	168587224	
(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)		168587224
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)	1611104	
(6) Bank or trust company trustee/custodial fees	2i(6)	44915	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4298	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3310269	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4970586
j Total expenses. Add all expense amounts in column (b) and enter total	2j		173557810

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-125214821
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		5000000
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 552454.

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>TRANSAMERICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA CORPORATION</u>	D Employer Identification Number (EIN) <u>42-1484983</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	
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>13-3689044</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	671

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: 3.0 % Private Equity: 10.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 83.0 %
 High-Yield Debt: 1.0 % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % Other: 1.0 %

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 _____.

FINANCIAL STATEMENTS AND ERISA-
REQUIRED SUPPLEMENTAL SCHEDULES

Transamerica Pension Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors

**TRANSAMERICA PENSION PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
Years Ended December 31, 2024 and 2023**

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Independent Auditor's Report

Plan Administrator
Transamerica Pension Plan
Cedar Rapids, Iowa

Opinion

We have audited the financial statements of Transamerica Pension Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 year ended December 31, 2024, 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

**West Des Moines, Iowa
October 8, 2025**

Federal Employer Identification Number: 44-0160260

TRANSAMERICA PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<i>(dollars in thousands)</i>	December 31,	
	2024	2023
Assets		
Cash	\$ 944	\$ 1,172
Investments, at fair value		
U.S. government securities	121,501	82,086
Common stocks	2	2
Collective trusts	1,265,174	1,246,550
Pooled separate accounts	491,125	539,470
Short-term investments	48,159	38,169
Limited partnerships and other investments	220,614	264,937
Derivative assets	925	900
Total investments	2,147,500	2,172,114
Accrued investment income	468	416
Receivable from broker	52	28
Employer's contribution receivable	50,000	150,000
Total assets	2,198,964	2,323,730
Liabilities		
Derivative liabilities, at fair value	774	229
Payable to broker	-	32
Accounts payable	992	1,055
Total liabilities	1,766	1,316
Net assets available for benefits	\$ 2,197,198	\$ 2,322,414

See Notes to Financial Statements

**TRANSAMERICA PENSION PLAN
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS**

<i>(dollars in thousands)</i>	For the Year Ended December 31, 2024
Additions to net assets attributed to:	
Contributions	
Employer	\$ 50,000
Total contributions	50,000
Investment income	
Interest	4,721
Other income	8,512
Total investment income	13,233
Total additions	63,233
Deductions from net assets attributed to:	
Benefits paid directly to participants	168,587
Administrative expenses	4,971
Net depreciation in fair value of investments	14,891
Total deductions	188,449
Net decrease in net assets	(125,216)
Net assets available for benefits at beginning of year	2,322,414
Net assets available for benefits at end of year	\$ 2,197,198

See Notes to Financial Statements

TRANSAMERICA PENSION PLAN NOTES TO FINANCIAL STATEMENTS

(Dollars in thousands)

1. Description of Plan

The Transamerica Pension Trust (“Trust”) funds the Transamerica Pension Plan (“Plan”). The following description of the Plan provides only general information. Participants should refer to the *Summary Plan Description* for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit plan covering substantially all U.S. employees of affiliates (within the meaning of Sections 414(b) and 414(c) of the Internal Revenue Code (the “Code”) of Transamerica Corporation (the “Company”). The Company is an indirect wholly-owned subsidiary of Aegon Ltd., a holding company organized under Bermuda law. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Effective December 31, 2018, the Plan was amended to also cover the participants in the frozen Pension Plan for U.S. Agents of Transamerica Life Insurance Company

Plan Amendments

There were no amendments to the Plan in 2024 or 2023.

Eligibility

Each eligible employee shall become a participant in the Plan as of the participation date coinciding with the date on which he or she has both attained age eighteen and is credited with six months of eligibility service.

Vesting and Forfeiture

Full vesting under the Plan occurs when the participant has completed three years of vesting service. If the participant should terminate employment prior to attaining three years of vesting service, the participant loses any benefits the participant earned under the Plan. There are special service groups who may have become 100% vested prior to the completion of the vesting service requirements due to an acquisition or divestiture.

Funding Policy

Under the terms of the Plan, the Company contributes such amounts and at such times as is necessary on an actuarial basis to fund benefits payable under the Plan. The amounts contributed to the Trust shall not be less than the amounts required to be contributed to satisfy minimum funding requirements under ERISA. Any actuarial gains arising under the Plan reduce future contributions to the Plan and do not increase retirement benefits. The Plan satisfied the minimum funding requirements for 2024 and 2023.

On September 8, 2025, the Company made voluntary contributions of \$50 million to the Plan for the Plan year ended December 31, 2024. These contributions are reflected as an employer’s contribution receivable on the Statements of Net Assets Available for Benefits.

Benefits

The Plan uses a cash balance formula to calculate benefits whereby a participant's accrued benefit is set forth as a notional cash balance account. The Plan credits participant cash balance accounts each pay period with amounts equal to 5% of their eligible earnings, as defined by the Plan. Additionally, the Plan credits interest on participant cash balance accounts monthly based on the balance as of the last day of the prior plan year. The Plan bases the annual interest crediting rate on the five-year U.S. Treasury Constant Maturity Yield for the month of October immediately preceding the Plan year. The Plan credits at a maximum interest crediting rate of 8%. The Plan credits at a minimum interest crediting rate of 4% for benefits accrued under the cash balance formula prior to January 1, 2022. No minimum applies to benefits accrued under the cash balance formula after December 31, 2021.

Prior to January 1, 2011, the Plan based normal retirement benefits upon the highest five complete, consecutive years of eligible compensation and years of credited service. The Plan froze accrued benefits under the traditional benefit formula for service accrued through December 31, 2010. The Plan accrues benefits under the cash balance formula and adds that accrual to the frozen December 31, 2010 benefit, if applicable. Participants who attained age 40 and were credited with 10 or more years of credited service as of December 31, 2010, have grandfathered benefits under the Plan whereby, the Plan will compare the benefits of grandfathered participants calculated under the traditional benefit formula for all service with the combined benefits (frozen and cash balance formula) and pay the higher benefits. As of December 31, 2021, all benefit accruals under the traditional benefit formula were frozen. Effective January 1, 2022, all future benefits will accrue under the cash balance formula.

The Plan provides for normal retirement at age 65 and the option to elect early retirement with reduced benefits at age 55 if the participant has completed 10 years of early retirement service, as defined under the Plan. In addition to the monthly annuity options, all participants who terminate employment on or after January 1, 2010, are eligible to receive benefits in the form of a lump sum payment. Benefits are recorded when paid. The Plan will not pay benefits to participants who are not eligible for retirement sooner than 90 days following termination of employment.

For the participants of the Pension Plan for U.S. Agents of Transamerica Life Insurance Company, which was merged with the Plan effective December 31, 2018, at retirement, a retiree's benefit payment is 50% fixed and a 50% variable annuity. Adjustments to the variable portion of the annuity are made annually on January 1, based on the annual investment yield of Separate Account Fund A ("Fund A") through the preceding September. A retiree's variable annuity portion may increase or decrease from calendar year to calendar year depending on whether the actual performance of Fund A is higher or lower, respectively, than the expected rate of 7%. Participants may elect to receive a reduced monthly annuity plus a single sum payment in lieu of the full benefit being paid as a monthly annuity.

Administration

The Company is the Plan Administrator of the Plan. The Trust pays all significant administrative expenses of the Plan such as Pension Benefit Guaranty Corporation ("PBGC") premiums, investment consulting fees, and legal fees. The Company pays administrative expenses of the Plan that are payable to affiliates.

Priorities at Plan Termination

The Company has not expressed any intent to terminate the Plan; however, the Company is free to do so at any time. In the event the Plan terminates, the Plan will allocate its available net assets to benefits as prescribed by ERISA, generally in the following order:

- a) Certain annuity benefits that former employees or their beneficiaries are receiving or participants eligible for retirement would have been receiving had they retired.
- b) Other vested benefits insured by the PBGC, as discussed below.
- c) All other vested benefits.
- d) All non-vested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability pensions and survivors' pensions, up to a specified maximum monthly benefit of \$7 and \$7 for plan terminations during 2024 and 2023, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying Financial Statements are prepared in conformity with United States generally accepted accounting principles ("GAAP"). All accruals necessary for fair statement of the Financial Statements have been included.

Use of Estimates

The preparation of Financial Statements in accordance with GAAP requires the Plan Administrator to make estimates and assumptions which affect the reported amounts in the Financial Statements and accompanying notes. Actual results could differ from those estimates.

Investments

The Plan's investments consist of derivatives, U.S. government and government agency securities, collective trusts ("CIT"), common equity securities, Pooled Separate Accounts ("PSA"), mutual funds, short-term investments, and limited partnerships and other investments. PSA, CIT and limited partnerships and other investments are stated at fair value using net asset value ("NAV") per share (or its equivalent) as a practical expedient. Mutual funds are reported at fair value using NAV. Short-term investments are stated at cost which approximates fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. Such estimates do not consider the tax impact of the realization of unrealized gains or losses. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial instrument.

The Separate Account and CIT held by the Plan are pooled or commingled investment vehicles. There are no redemption restrictions on these investments. Underlying investments are valued in the following ways:

Short-term funds are comprised of short-term securities. Securities in the Transamerica Stable Value Fixed Fund are valued initially at cost and thereafter adjusted for amortization (accretion) of any premium (discount).

U.S. stock funds hold domestic equities. Securities in these funds are priced using the closing price from the applicable exchange.

U.S. bond funds contain domestic fixed-income securities. Securities are priced by a vendor using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. The vendor also monitors market indices and industry and economic events. Prices are reviewed to ensure comfort and can be challenged with the vendor and/or overridden if the portfolio manager believes the price would be more reflective of fair value.

Intermediate and long credit fund comprises corporate bonds, mortgage-related securities, asset-backed securities, US government and agency securities, sovereign or agencies in both developed and emerging foreign markets, supranational entities, and debt obligations issued by state, provincial, county, or city governments or other municipalities. Securities are priced by a vendor using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. The vendor also monitors market indices and industry and economic events. Prices are reviewed to ensure comfort and can be challenged with the vendor and/or overridden if the portfolio manager believes the price would be more reflective of fair value.

Treasury Strip funds are comprised of zero-coupon U.S. Treasury securities and other fixed income securities. Securities in these funds are priced using the closing price from the applicable exchange.

Limited partnerships and other investments of the Plan consist of private equity partnerships and hedge fund investments, which are presented in the Statements of Net Assets Available for Benefits. The limited partnerships pursue multiple investment strategies taking both long and short positions, using arbitrage, buying, and selling undervalued securities, trading options or bonds, and investing in opportunities in various markets where it foresees gain opportunities at reduced risk. Lock-up redemption restrictions have been imposed by the fund managers on some of the hedge funds. The lock-up restrictions identify the minimum period of time the Trust is required to maintain the Plan's investment in the fund. Subsequent to this lock-up period, the Plan may redeem a certain percentage of its units quarterly, referred to as a redemption gate. See Note 3 – Fair Value Measurements and Fair Value Hierarchy for additional information regarding lock-up periods.

The Plan records purchases and sales of securities on a trade-date basis. The Plan records interest income as earned and dividends on the ex-dividend date. Net realized and unrealized appreciation (depreciation) are included within net appreciation (depreciation) in fair value of investments on the Statement of Changes in Net Assets Available for Benefits, which includes the Plan's gains and losses on investments bought and sold as well as held during the year. Income received from limited partnerships and other investments is recorded through other income in the Statement of Changes in Net Assets Available for Benefits.

The Plan has authorized the use of derivatives by its investment managers for efficient portfolio management purposes as part of its investment strategy. The Plan utilizes interest rate futures contracts to hedge the interest rate risk associated with the investment portfolio. Additionally, the Plan enters into put and call option contracts that serve to hedge the risk of equity market declines. Derivatives are recorded in the Statements of Net Assets Available for Benefits at fair value and related changes in fair value and realized gains (losses) are recorded through net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Due to the limited derivative activity transacted, the Plan has not applied any permissible offsetting between counterparties at December 31, 2024, or earlier; however, the Plan periodically monitors and evaluates positional activity as additional derivative activity is transacted.

Receivable from Broker

Receivable from broker includes cash deposits for margin (inclusive of deposits to cover securities sold short trading activities) and receivables for security transactions that have not yet settled.

Contributions

The Company accrues contributions based on amounts determined in accordance with its funding policy.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including single-sum distributions, which are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present participants or their beneficiaries. The Plan bases benefits for participants who retired or terminated prior to January 1, 2011, on participants' eligible compensation during their highest five complete, consecutive years of compensation. Effective January 1, 2011, the plan provides for future benefit accruals under a cash balance formula, which provides for a hypothetical account to be maintained for each participant. Participants' hypothetical accounts will be credited with contribution credits (based on current eligible compensation, age, and years of service) and interest credits (based on a 5-year Treasury rate but not less than 4%). If a participant was at least age 40 with 10 years of credited service at December 31, 2010, their benefit is the greater of the benefit provided under the cash balance formula and the formula in effect prior to 2011 based on the participants' average eligible compensation during the highest five complete, consecutive years preceding the valuation date. Effective January 1, 2022, the Plan

provides for future benefit accruals for all participants under the cash balance formula with contribution credits (based on 5% of current eligible compensation) and interest credits (based on a 5-year Treasury rate with no minimum). The Plan includes benefits payable under all circumstances, retirement, death, disability, and termination of employment to the extent benefits are deemed attributable to participant credited service rendered to the valuation date. Accumulated plan benefits for former participants of the frozen U.S. Agents of Transamerica Life Insurance Company are based on the benefits accrued under that plan as of August 25, 1992. See Note 4 – Accumulated Plan Benefits for additional information, including actuarial present value of accumulated plan benefits and assumptions used.

Payment of Benefits

Benefit payments are recorded when paid.

Subsequent Events

The Financial Statements are adjusted to reflect events that occurred between the Statements of Net Assets Available for Benefits date and the date when the Financial Statements were issued, provided they give evidence of conditions that existed at the date of the Statements of Net Assets Available for Benefits date. As of October 8, 2025, no such adjustments have been made.

Events that are indicative of conditions that arose after the Statements of Net Assets Available for Benefits date are disclosed, but do not result in an adjustment of the Financial Statements.

Between January 1, 2025, and October 8, 2025, limited partnerships and other entities called commitments in the amount of \$6,062. See Note 3 - Fair Value Measurement and Fair Value Hierarchy for the committed amount at December 31, 2024.

Risks and Uncertainties

Concentration of credit risk results when a Plan holds investments in the same business sector. Investments in a similar industry are exposed to risks that could cause similar changes to a high percentage of the Plan's investments due to changes in economic conditions, such as a decline in equity markets, change in interest rates and impacts to earnings of other sectors. The Plan's exposure to a concentration of credit risk in the financial industry is limited by diversification of investments into various financial instruments that minimize the impact of any single issuer.

The Plan is subject to equity price risk in the normal course of pursuing its investment objectives. As a primary risk to the Plan's equity investments, the change in equity prices can significantly impact the performance of the Plan.

The Plan is exposed to interest rate risk when there is an unfavorable change in the value of investments as a result of adverse movements in market interest rates. As interest rates rise, the market value of fixed income securities tends to decrease. Conversely, as interest rates fall, the market value of fixed income securities tends to increase. The risk will be greater for long-term securities than for short-term securities.

The capital markets may encounter a reduction in liquidity for many fixed income securities. As a consequence, some of the Plan's investments may become less liquid. These conditions may have an adverse impact on liquidity and valuations of the Plan's investments. Markets for relatively illiquid investments can be more volatile than markets for more liquid investments. If the Plan were required to liquidate all or a portion of its portfolio during a constrained time period as a result of market conditions, it may realize less value than the value at which it previously recorded investments.

The values of securities and derivatives traded by the Plan can be highly volatile. Price movements are influenced by, among other factors: interest rate; changing supply and demand relationships; prepayment speeds, mortgage defaulted rates, trade, fiscal, monetary and exchange control programs and policies of governments; and national and

international political and economic events and policies. The price volatility of derivative contracts may diverge, whereby long and short prices move in a directionally opposite manner at different speeds.

In the normal course of its business, the Plan trades various financial instruments and may enter into various investment activities with off-balance sheet risk. This includes corporate bonds sold short which contain varying degrees of off-balance sheet risk where the maximum potential loss on a particular investment is greater than the value of the asset or liability recognized in the Statements of Net Assets Available for Benefits.

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

Current Accounting Guidance

There were no new pronouncements effective for 2024 that are applicable to the Plan.

3. Fair Value Measurements and Fair Value Hierarchy

Accounting Standards Codification (“ASC”) 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value, and enhances disclosure requirements for fair value measurements.

In accordance with ASC 820, the Plan has categorized its financial instruments into a three-level hierarchy, which is based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument.

Financial assets or liabilities recorded at fair value on the Statements of Net Assets Available for Benefits are categorized as follows:

- a) *Level 1.* Unadjusted quoted prices for identical assets or liabilities in an active market.
- b) *Level 2.* Quoted prices in markets that are not active or inputs that are observable either directly or indirectly for substantially the full term of the asset. Level 2 inputs include the following:
 - i. Quoted prices for similar assets or liabilities in active markets
 - ii. Quoted prices for identical or similar assets or liabilities in non-active markets
 - iii. Inputs other than quoted market prices that are observable
 - iv. Inputs that are derived principally from or corroborated by observable market data through correlation or other means
- c) *Level 3.* Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3. The circumstance for using unobservable measurements includes those in which there is little, if any, market activity for the assets or liabilities. Therefore, the Plan must make assumptions about inputs that a hypothetical market participant would use to value the assets or liabilities.

The Plan recognizes transfers between levels at the beginning of the year.

The following table presents the Plan’s hierarchy for its assets and liabilities measured at fair value on a recurring basis at December 31, 2024 and 2023:

December 31, 2024				
	Level 1	Level 2	Level 3	Total
Assets				
Derivatives (d)	\$ 925	\$ -	\$ -	\$ 925
U.S. government securities (a)	121,501	-	-	121,501
Common stocks (b)	-	-	2	2
Short-term investments (c)	48,159	-	-	48,159
Investments measured at NAV (f)	-	-	-	1,976,913
Total assets	\$ 170,585	\$ -	\$ 2	\$ 2,147,500
Liabilities				
Derivative liabilities (d)	\$ 774	\$ -	\$ -	\$ 774
Total liabilities	\$ 774	\$ -	\$ -	\$ 774

December 31, 2023				
	Level 1	Level 2	Level 3	Total
Assets				
Derivatives (d)	\$ 900	\$ -	\$ -	\$ 900
U.S. government securities (a)	82,086	-	-	82,086
Common stocks (b)	-	-	2	2
Short-term investments (c)	38,169	-	-	38,169
Investments measured at NAV (f)	-	-	-	2,050,957
Total assets	\$ 121,155	\$ -	\$ 2	\$ 2,172,114
Liabilities				
Derivative liabilities (d)	\$ 229	\$ -	\$ -	\$ 229
Total liabilities	\$ 229	\$ -	\$ -	\$ 229

- (a) Securities are classified as Level 1 if the fair value is determined by observable inputs that reflect quoted prices for identical assets in active markets that the Plan has the ability to access at the measurement date. Level 1 securities include highly liquid U.S. Treasury and U.S. government agency securities. Securities are classified as Level 2 if the fair value is determined by observable inputs, other than quoted prices included in Level 1, for the asset or prices for similar assets or liabilities. Securities are classified as Level 3 if the valuations are derived from techniques in which one or more of the significant inputs are unobservable. Level 3 consists of securities whose fair value is estimated based on non-binding broker quotes or is internally calculated using significant unobservable inputs.
- (b) Common stock which is valued based on exchange listed price quotations for identical securities in active markets is considered Level 1. Common stock is classified as Level 2 if the fair value is determined by observable inputs, other than quoted prices included in Level 1, for asset or prices for similar assets or liabilities. Common stock which is internally calculated using significant unobservable inputs is considered Level 3.
- (c) Short-term investments consist primarily of money market funds. The Plan typically uses amortized cost to measure the fair value of these funds, as amortized cost is a close approximation of the fair value arising from obtaining a price from an external source.
- (d) Level 1 derivatives may include futures and options that are marked to market daily and valued at closing market prices on the valuation date.

- (e) Mutual funds are valued based on NAV provided by the fund managers, whose NAVs are quoted in an active market and therefore considered Level 1.
- (f) Limited Partnerships, PSA and CIT are comprised of investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient and have not been classified in the fair value hierarchy in accordance with Subtopic 820-10. NAV is estimated using NAV per unit or NAV of the Plan's interest in partners' capital, is not quoted in an active market. Unfunded commitments or lockup periods are noted in the table below. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>		
	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
Limited Partnership - Private Equity (a) (c)	\$ 202,143	\$ 224,054	\$ 43,901	\$ 49,787	None	None
Limited Partnership - Hedge Funds (b) (c)	18,471	40,883	-	-	Daily Monthly Quarterly Semiannually Annually	3 to 5 days 15 to 90 days 45 to 180 days 90 days 5 to 90 days
Pooled Separate Accounts (d)	491,125	539,470	-	-	Daily	None
Common Collective Trusts (d)	1,265,174	1,246,550	-	-	Daily	None
Total Investments measured at NAV	<u>\$ 1,976,913</u>	<u>\$ 2,050,957</u>	<u>\$ 43,901</u>	<u>\$ 49,787</u>		

- (a) Private Equity funds invest in opportunities in various private markets including leveraged buyouts, venture capital, distressed debt and other related investment strategies.
- (b) Hedge funds pursue multiple investment strategies taking both long and short positions, using arbitrage, buying, and selling undervalued securities, trading options or bonds, investing in emerging market securities and investing in opportunities in various markets where it foresees gain opportunities.
- (c) Limited partnerships are valued based on NAV of the Plan's interest in partners' capital. Hedge funds may have restrictions on liquidity and transferability that may impact the determination of fair value. The Plan currently has investments in hedge funds of \$18,471 with a lock-up period of 1 year. As a result of the restrictions associated with interests in the hedge funds, there is generally no secondary market for trading interests in such funds. Therefore, the fund's NAV serves as the entry price for subscriptions and depending on the facts and circumstances, the exit price for redemptions.
- (d) Interest in PSA and CIT funds represents interest in pooled investment vehicles issued by insurance companies, affiliated insurance companies or financial institutions. The fair value of the investment in this category has been estimated using the NAV per unit.

There were no transfers from Level 1 to Level 2 or from Level 2 to Level 1 during 2024. Money Market Mutual Funds were transferred from Level 2 to Level 1 in 2023.

The following table provides a summary of the change in fair value of the Plan's Level 3 assets at December 31, 2024, and 2023:

2024	Corporate bonds and other debentures	Common stock	Preferred stock	Total
Balance at January 1	\$ -	\$ 2	\$ -	\$ 2
Actual return on plan assets ^(a)	-	-	-	-
Balance at end of the period	\$ -	\$ 2	\$ -	\$ 2

(a) Recorded as a component of net appreciation or depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. The amount of total gains (losses) included in changes in net assets attributable to the change in unrealized gains (losses) relating to assets held at the reporting date are as follows:

	\$ -	\$ -	\$ -	\$ -
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2023	Corporate bonds and other debentures	Common stock	Preferred stock	Total
Balance at January 1	\$ -	\$ 8	\$ -	\$ 8
Actual return on plan assets ^(a)	-	(6)	-	(6)
Balance at end of the period	\$ -	\$ 2	\$ -	\$ 2

(a) Recorded as a component of net appreciation or depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. The amount of total gains (losses) included in changes in net assets attributable to the change in unrealized gains (losses) relating to assets held at the reporting date are as follows:

	\$ -	\$ (6)	\$ -	\$ (6)
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There were no transfers in or out of Level 3 during 2024 and 2023.

The following tables provide a summary of the quantitative inputs and assumptions of the Plan's Level 3 assets at December 31, 2024, and 2023:

Description	December 31, 2024 Fair Value	Valuation Techniques	Unobservable Inputs	Range (Weighted Average)
Assets				
Common Stock	\$ 2	Internally Calculated	Credit spread/ illiquidity premium	Observations of bid-ask spread for similar illiquid securities
Total Assets	<u>\$ 2</u>			

Description	December 31, 2023 Fair Value	Valuation Techniques	Unobservable Inputs	Range (Weighted Average)
Assets				
Common Stock	\$ 2	Internally Calculated	Credit spread/ illiquidity premium	Observations of bid-ask spread for similar illiquid securities
Total Assets	<u>\$ 2</u>			

The following table presents the notional and fair value amounts of hedging instruments at December 31, 2024, and 2023:

Derivative Type	Notional		Fair Value	
	December 31,		December 31,	
	2024	2023	2024	2023
Assets				
Bond futures	\$ 251,368	\$ 301,886	\$ 925	\$ 900
Total assets	<u>\$ 251,368</u>	<u>\$ 301,886</u>	<u>\$ 925</u>	<u>\$ 900</u>
Liabilities				
Bond futures	\$ 400,281	\$ 397,195	\$ 774	\$ 229
Total liabilities	<u>\$ 400,281</u>	<u>\$ 397,195</u>	<u>\$ 774</u>	<u>\$ 229</u>

The notional amounts disclosed above provide information related to the volume of the Plan's derivative activities. The notional amount is not directly exchanged with the clearinghouse, rather used to calculate required payments between counterparties.

The following table sets forth the Plan's derivatives by certain risk type as of December 31, 2024, and gains/(losses) related to derivative activities for the year ended December 31, 2024:

Primary Underlying Risk	Long Exposure Notional Amounts (a)	Short Exposure Notional Amounts (a)	Net Realized Gain/ (Loss) on Trading Activities	Net Unrealized Appreciation/ (Depreciation) on Trading Activities
Interest rate risk				
Bond Futures	\$ 405,951,148	\$ 209,081,679	\$ 3,089	\$ 151
Total	\$ 405,951,148	\$ 209,081,679	\$ 3,089	\$ 151

- (a) Notional amounts are reported as a whole number and as an average for the year ended December 31, 2024. The average is calculated based on quarterly values. For any positions not held during the entire period, the average is based on the point in times that the position was held.

At December 31, 2024, and 2023, cash of \$6,861 and \$4,042 were pledged as collateral for open exchange traded futures contract, respectively.

The following table provides details relating to the effect, or potential effect, of netting and collateral arrangements, including the right to offset, associated with the Plan's recognized financial assets, and recognized financial liabilities at December 31, 2024, and 2023:

2024	Gross Amounts of Recognized Assets & Liabilities	Gross Amounts Offset in the Statement of Net Assets Available for Benefits	Net Amounts Presented in the Statement of Net Assets Available for Benefits	Cash Collateral Posted / (Received)	Net Exposure
Assets:					
Bond futures	\$ 925	\$ -	\$ 925	\$ -	\$ 925
Total assets	\$ 925	\$ -	\$ 925	\$ -	\$ 925

Liabilities:					
Bond futures	\$ 774	\$ -	\$ 774	\$ -	\$ 774
Total liabilities	\$ 774	\$ -	\$ 774	\$ -	\$ 774

2023	Gross Amounts of Recognized Assets & Liabilities	Gross Amounts Offset in the Statement of Net Assets Available for Benefits	Net Amounts Presented in the Statement of Net Assets Available for Benefits	Cash Collateral Posted / (Received)	Net Exposure
Assets:					
Bond futures	\$ 900	\$ -	\$ 900	\$ -	\$ 900
Total assets	\$ 900	\$ -	\$ 900	\$ -	\$ 900
Liabilities:					
Bond futures	\$ 229	\$ -	\$ 229	\$ -	\$ 229
Total liabilities	\$ 229	\$ -	\$ 229	\$ -	\$ 229

4. Accumulated Plan Benefits

Transamerica Retirement Solutions, LLC (“TRS”), an affiliate of the Company, provides actuarial services to the Plan. TRS estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits and the change in actuarial present value of accumulated plan benefits are as follows:

	December 31,	
	2024	2023
Vested benefits		
Participants currently receiving benefits	\$ 1,194,866	\$ 1,273,280
Other participants	1,034,055	1,067,509
	<u>2,228,921</u>	<u>2,340,789</u>
Nonvested benefits	5,917	5,769
Total actuarial present value of accumulated plan benefits	<u>\$ 2,234,838</u>	<u>\$ 2,346,558</u>
	Year Ended	
	December 31, 2024	
Actuarial present value of accumulated plan benefits at beginning of year	\$ 2,346,558	
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	40,423	
Interest accumulated	119,957	
Benefits paid	(168,587)	
Assumption changes	(103,513)	
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 2,234,838</u>	

Changes in the actuarial assumptions resulted in a \$103.5 million decrease in the actuarial present value of accumulated plan benefits. The decrease was the result of a \$21.7 million gain related to changes in the lump sum conversion interest rate basis, a \$6.4 million loss related to changes in the assumed cash balance interest crediting rate, and a \$88.2 million gain due to the change in the discount rate from 5.30% to 5.83%. (net of administrative expenses).

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025, and 2024. Had the valuations been performed as of December 31, 2024, and 2023, there would be no material differences. As long as the same participant information, actuarial methods and actuarial assumptions are used, a one day difference in the valuation date will not produce actuarial results that are materially different.

Significant assumptions underlying the actuarial computations for the years ended December 31, 2024, and 2023 are as follows:

Discount rate 2024 - 6.15%; 2023 - 5.54%

Retirement Age Based on rates of retirement for the Plan as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	0.10	60	0.10	65	0.50	70	0.25
56	0.10	61	0.15	66	0.50	71	0.25
57	0.10	62	0.25	67	0.40	72	0.25
58	0.10	63	0.25	68	0.40	73	1.00
59	0.10	64	0.40	69	0.40		

Mortality 2024 - PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for Annuitants projected with Scale MP-2021
 2023 - PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for Annuitants projected with Scale MP-2021

These actuarial assumptions presume that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (“IRS”), dated March 8, 2021, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the Trust is exempt from taxation. Once qualified, the Plan must operate in conformity with the Code to maintain its qualification. The Plan Administrator believes it operates the Plan in conformity with the Code to maintain its qualification. The Plan has been amended subsequent to receiving the favorable determination letter. However, the Plan Administrator believes that the Plan, as amended and restated, remains qualified and the related trust remains tax-exempt.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The Financial Statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2024, and 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

6. Transactions with Related Parties and Parties in Interest

Subsidiary or affiliated companies of the Company sponsor or provide investment advisory services to Separate Accounts or other assets of the Plan. The fair values of all investments sponsored, or for which affiliated companies provide advisory services at December 31, 2024, and 2023, were \$1,652,304 and \$1,718,067, respectively.

At December 31, 2024 and 2023, the Plan had invested \$324,773 and \$344,672 in Aegon CIT, \$491,125 and \$539,470 in Transamerica Separate Accounts and \$14,465 and \$13,435 in short-term investments. During the year ended December 31, 2024, there were \$0 of purchases and \$15,000 of sales of Aegon CIT, \$0 of purchases and \$53,683 of sales of Transamerica Separate Accounts and \$170,175 of purchases and \$165,920 of sales in short-term investments.

The net appreciation/(depreciation) in fair value of investments reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 for Aegon CIT, Transamerica Separate Accounts, and short-term investments were (\$4,899), \$5,339 and \$20, respectively. Interest reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 for short-term investments was \$252.

TRS issues benefit payments for the Plan in addition to providing actuarial and administrative services. The Plan does not pay for the services provided by the Company, its affiliates or TRS.

7. Commitments and Contingencies

In accordance with the provisions of GAAP, the Plan establishes accruals for contingencies, including any litigation-related liability, when probable that a loss has been incurred and the amount of loss can be reasonably estimated. Periodically, the Plan Administrator, along with legal counsel, evaluate any outstanding legal proceedings to assess whether an accrual is required and establish one, if necessary, based on management's best estimate of loss. If it is at least reasonably possible that a material loss will be incurred in connection with any legal or regulatory proceedings, the Plan discloses an estimate of the possible loss or range of loss, if such an estimate can be made, or discloses that an estimate cannot be made.

Based on available information, it is the opinion of the Plan Administrator, along with legal counsel, that there is no outstanding litigation against the Plan at December 31, 2024. As a result, no litigation related accrual has been established. Based on this assessment performed at December 31, 2024, no such disclosures were considered necessary. Legal and regulatory proceedings are subject to inherent uncertainties, and future events could change management's assessment of the probability or estimated amount of potential losses from pending or threatened proceedings therefore there is no assurance that the Plan will not need to establish an accrual for a litigation-related liability in the future.

In connection with certain investment transactions, such as private equity partnerships and other limited partnerships, the Plan enters into an agreement to provide capital to an investee up to a commitment amount over a period of time. These agreements have defined commitment periods during which capital can be requested by the investee. When capital is provided by the Plan to the investee, it reduces the remaining commitment due from the Plan to the investee. This remaining commitment represents a contractual obligation from the Plan to the investee and is referred to as a callable commitment. See Note 3 – Fair Value Measurement and Fair Value Hierarchy for callable commitments at December 31, 2024.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

**TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**For the Year Ended December 31, 2024
(Dollars in thousands)**

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
U.S. government securities			
UNITED STATES TREASURY	\$13,055 principal amount, 1.125%, due August 15, 2040	\$ 7,800	\$ 7,792
UNITED STATES TREASURY	\$12,580 principal amount, 1.375%, due November 15, 2040	7,806	7,794
UNITED STATES TREASURY	\$14,490 principal amount, 0.625%, due May 15, 2030	11,948	11,890
UNITED STATES TREASURY	\$7,285 principal amount, 0.50%, due May 31, 2027	6,647	6,660
UNITED STATES TREASURY	\$15,200 principal amount, 0.625%, due August 15, 2030	12,156	12,346
UNITED STATES TREASURY	\$2,970 principal amount, 1.375%, due November 15, 2031	2,433	2,427
UNITED STATES TREASURY	\$8,165 principal amount, 1.875%, due February 15, 2032	6,941	6,868
UNITED STATES TREASURY	\$9,890 principal amount, 2.875%, due May 15, 2032	8,941	8,882
UNITED STATES TREASURY	\$4,880 principal amount, 4.0%, due October 31, 2029	4,881	4,798
UNITED STATES TREASURY	\$5,970 principal amount, 3.875%, due November 30, 2029	5,748	5,836
UNITED STATES TREASURY	\$10,725 principal amount, 3.875%, due December 31, 2029	10,320	10,477
UNITED STATES TREASURY	\$4,195 principal amount, 4.0%, due February 28, 2030	4,192	4,117
UNITED STATES TREASURY	\$8,310 principal amount, 0.0%, due August 15, 2034	5,322	5,262
UNITED STATES TREASURY	\$8,530 principal amount, 0.0%, due February 15, 2035	5,329	5,265
UNITED STATES TREASURY	\$9,000 principal amount, 0.0%, due February 15, 2036	5,334	5,280
UNITED STATES TREASURY	\$8,205 principal amount, 0.0%, due May 15, 2034	5,322	5,262
UNITED STATES TREASURY	\$8,640 principal amount, 0.0%, due May 15, 2035	5,330	5,270
UNITED STATES TREASURY	\$9,110 principal amount, 0.0%, due May 15, 2036	5,336	5,275
Total U.S. government securities		\$ 121,786	\$ 121,501
Common Stock			
TRU TAJ LLC ESCROW (1)	3,437,000 units	2,540	2
Total common stock		\$ 2,540	\$ 2

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2024
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Collective trusts			
AEGON INTERMEDIATE CREDIT BOND CIT (1)	7,084,527 units	70,810	85,014
AEGON LONG CREDIT BOND CIT (1)	17,913,631 units	230,984	210,127
AEGON LONG TREASURY STRIPS CIT (1)	3,722,556 units	52,637	29,632
MERCER ACTIVE INTERMEDIATE CREDIT (1)	18,412,460 units	174,100	190,017
MERCER ACTIVE LONG CORP INV PORTFOLIO (1)	22,830,381 units	392,621	400,217
MERCER OPPORTUNISTIC FIXED INCO (1)	2,419,151 units	29,804	29,562
SSGA GLOBAL ALL CAP EQUITY	894,143 units	18,000	17,271
SSGA LONG GOVT BOND CIT	16,969,759 units	281,002	265,407
SSGA 20+ YEAR US TREASURY STRIPS	6,234,986 units	51,351	37,927
Total collective trusts		\$ 1,301,309	\$ 1,265,174
Pooled Separate Accounts			
AEGON CASH MANAGEMENT (1)(2)	198 units	\$ 7	\$ 9
AEGON INTRMEDIATE CRDT BND FND (1)(2)	9,637,191 units	96,372	115,646
AEGON LONG CREDIT BOND CIT (1)(2)	26,858,310 units	268,583	297,212
AEGON LONG TREASURY STRIPS CIT (1)(2)	3,975,033 units	39,750	29,324
TRANSAMERICA SEPARATE ACCT A (1)(2)	147 units	17,520	48,934
Total Pooled Separate Accounts		\$ 422,232	\$ 491,125
Short-term securities			
GOVERNMENT MONEY MARKET - TRS (1)	14,034,545 units	\$ 14,035	\$ 14,035
JPMORGAN US GVT MM - MM	25,062,408 units	25,062	25,062
JPMORGAN US GVT MM - NISA	8,457,442 units	8,457	8,457
JPMORGAN US GVT MM - PRISMA	174,952 units	175	175
TRANSAMERICA SV FIXED OPT I (1)	15,071 units	156	192
TRANSAMERICA SV FIXED OPT II (1)	20,956 units	237	238
Total short-term securities		\$ 48,122	\$ 48,159
Derivatives			
NISA COMPLETION ACCOUNT	2,114 units	\$ -	\$ 925
Total derivatives		\$ -	\$ 925

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2024
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
AG NET LEASE REALTY FUND III, L.P.		\$ 14,322	\$ 15,926
AG PRIVATE EQUITY PARTNERS II, L.P.		-	44
AMPERSAND CF LP		472	1,445
APOLLO INVESTMENT FUND IX, L.P. (AND AIVS)		3,021	4,092
APOLLO INVESTMENT FUND VIII, L.P. (AND AIVS)		8,383	4,428
ARSENAL CAPITAL PARTNERS IV, LP		2,051	2,133
ARSENAL CAPITAL PARTNERS V, LP		2,666	3,279
ARSENAL CAPITAL PARTNERS VI LP		895	667
ASF PATRIOT CO-INVEST L.P.		398	1,451
ASF VII INFRASTRUCTURE L.P.		1,700	3,403
AUDAX PRIVATE EQUITY FUND V-A, L.P.		3,049	3,906
AUDAX PRIVATE EQUITY FUND VI-A, L.P.		2,622	3,401
BLACKSTONE CAPITAL PARTNERS VII, L.P.		4,699	5,512
BLACKSTONE CAPITAL PARTNERS VIII, L.P.		2,365	2,774
BRIGHTSTAR CAPITAL PARTNERS FUND II, LP		1,204	2,174
CARLYLE PARTNERS V, L.P. (AND AIVS)		2,344	331
CARLYLE PARTNERS VI, L.P. (AND AIVS)		6,740	4,480
CHARLESBANK CREDIT OPPS FUND II, LP		1,765	1,980
DAWSON EQUITY 1 LP		1,722	1,760
DAWSON GP FINANCE 1 LP		1,793	2,391
DAWSON PORTFOLIO FINANCE 3 LP		955	1,209
DAWSON PORTFOLIO FINANCE 4 LP		910	1,193
DAWSON PORTFOLIO FINANCE 5 LP		812	982
FFL PARALLEL FUND V, L.P.		1,669	1,969
FLEET HOLDINGS I LP		4	319
FRANCISCO PARTNERS AGILITY II-A, L.P.		1,477	2,648
FRANCISCO PARTNERS V-B, L.P.		2,497	4,454
FRANCISCO PARTNERS VI, L.P.		1,830	2,488
GANDER HOLDINGS LP		1,200	11
GREEN EQUITY INVESTORS VII, L.P.		5,206	6,620
HARBOURVEST CO-INVESTMENT OPPS FUND L.P.		2,261	4,510
HARBOURVEST PARTNERS CO-INVST FUND V L.P.		1,920	3,410
ICG STRATEGIC EQUITY FUND III LP		1,154	2,888
ICG STRATEGIC EQUITY FUND IV LP		1,641	2,036

**TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**For the Year Ended December 31, 2024
(Dollars in thousands)**

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
KH AGGREGATOR LP		419	965
KKR AMERICAS FUND XII L.P.		8,148	12,282
KKR NORTH AMERICA FUND XIII SCSP		971	1,108
LITTLEJOHN FUND VI, L.P.		1,976	3,232
LOVELL MINNICK EQUITY PARTNERS IV LP		14,239	11,027
MERIT MEZZANINE FUND V, L.P.		7,699	3,612
MERIT MEZZANINE FUND VI, L.P.		5,608	5,621
METALMARK CAPITAL PARTNERS TE II, L.P.		10,535	8,912
MIDOCEAN PARTNERS V, L.P.		2,742	3,710
MIDOCEAN PARTNERS VI, L.P.		948	707
OAKTREE PRINCIPAL FUND V, L.P.		55	1,405
PLEXUS EQUITY FUND-A L.P.		1,290	1,734
PRIVATE EQUITY SOLUTIONS SCSP		2,658	3,473
RAPID HOLDINGS I LP		1,000	524
SILVERSTONE II, LLC		2,031	3,785
STEPSTONE AEGON OPPTS FUND, L.P.		11,255	12,129
STEPSTONE SECONDARY OPPTS FUND IV, L.P.		2,230	2,759
STRATEGIC PARTNERS FUND VII, L.P.		-	4,993
THE RESOLUTE FUND IV, L.P. (AND AIVS)		1,727	5,701
THE RESOLUTE FUND V, L.P. (AND AIVS)		1,771	2,827
THE RESOLUTE III CONTINUATION FUND, L.P.		5,140	5,496
TPG PARTNERS VI, L.P. (AND AIVS)		4,235	177
TPG PARTNERS VII, L.P. (AND AIVS)		4,652	3,238
TRF IV CFS CONTINUATION FUND, L.P.		432	454
YUKON CAPITAL PARTNERS II, L.P.		2,351	1,958
BALCERA FUND LTD	12,325 units	13,397	17,238
AEGON OFFSHORE	1,924 units	192	120
CENTERBRIDGE CREDIT PARTNERS	4 units	4	6
COATUE LIQUIDATING ACCOUNT 01/23	1,114 units	111	117

**TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**For the Year Ended December 31, 2024
(Dollars in thousands)**

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
MLO PRIVATE INVESTMENT LTD 1	27 units	27	66
QVT ASSOCIATES LP	17 units	60	17
RA CAPITAL HEALTHCARE INTERNAT	954 units	608	843
TPG AXON CAPITAL MANAGEMENT LP	64 units	119	64
Total limited partnerships and other investments		\$ 194,377	\$ 220,614
Total investments		\$ 2,090,366	\$ 2,147,500

(1) Indicates party in interest to the Plan.

(2) The investment is held by an insurance company in accordance with Section 408(b)(5) or Section 408(b)(8) of ERISA.

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO. 002
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024
(Dollars in thousands)

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain or Loss
Category (iii) - Any transactions involving securities of the same issue which, when aggregated, exceed 5% of plan assets at December 31, 2024						
JP Morgan US Govt MMKT Fund	Purchase of shares of money market fund	\$ 388,417	\$	\$ 388,417	\$ 388,417	\$ -
JP Morgan US Govt MMKT Fund	Sale of shares of money market fund		379,456	379,456	379,456	-
Government Money Market*	Purchase of shares of money market fund	168,537		168,537	168,537	-
Government Money Market*	Sale of shares of money market fund		167,668	167,668	167,668	-
Total		\$ 556,954	\$ 547,124	\$ 1,104,078	\$ 1,104,078	\$ -

* Indicates parties-in-interest to the Plan

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

.....Completed Years of Credited Service

<u>Age</u>	<u>0</u> to <u>1</u>	<u>1</u> to <u>4</u>	<u>5</u> to <u>9</u>	<u>10</u> to <u>14</u>	<u>15</u> to <u>19</u>	<u>20</u> to <u>24</u>	<u>25</u> to <u>29</u>	<u>30</u> to <u>34</u>	<u>35</u> to <u>39</u>	<u>40</u> +	<u>Total</u>
0 – 24	33	107	3	0	0	0	0	0	0	0	143
<i>Avg. Comp.</i>	42,381	67,653									
<i>Avg. Cash Bal.</i>	501	3,635									
25 – 29	34	224	130	1	0	0	0	0	0	0	389
	87,108	78,318	100,652								
	935	6,565	16,387								
30 – 34	52	258	263	77	2	0	0	0	0	0	652
	94,404	88,180	99,176	121,621							
	961	7,237	19,236	35,509							
35 – 39	43	282	283	152	84	0	0	0	0	0	844
	109,002	109,870	105,709	122,467	143,564						
	1,208	9,290	23,075	41,232	58,932						
40 – 44	47	263	262	173	186	65	2	0	0	0	998
	128,740	129,250	119,802	116,179	119,142	146,535					
	1,420	10,494	30,286	44,309	57,843	82,209					
45 – 49	29	237	244	132	190	158	62	1	0	0	1,053
	128,511	126,430	131,746	134,699	127,122	147,488	152,394				
	1,571	10,716	34,615	59,597	72,505	92,547	106,776				
50 – 54	30	239	260	121	160	203	128	44	1	0	1,186
	139,004	140,809	120,816	134,792	132,583	131,607	150,808	164,593			
	1,610	13,645	36,175	65,207	85,222	93,204	114,602	132,544			
55 – 59	14	207	220	83	129	112	74	71	26	1	937
		129,568	121,867	125,356	127,891	134,726	146,470	147,655	168,026		
		12,615	38,546	70,575	88,823	104,017	125,789	129,299	150,042		
60 – 64	7	121	176	88	89	106	49	28	17	6	687
		110,809	112,694	121,226	121,206	122,078	136,615	147,385			
		11,811	39,278	75,217	94,241	102,402	121,780	146,244			
65 – 69	4	44	58	28	32	24	9	7	1	2	209
		88,767	97,832	103,225	125,907	153,495					
		10,733	39,499	65,221	107,222	144,175					
70 & Up	<u>0</u>	<u>14</u>	<u>27</u>	<u>15</u>	<u>5</u>	<u>7</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>72</u>
			67,190								
			<u>29,055</u>								
Totals	293	1,996	1,926	870	877	675	325	154	45	9	7,170

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the standard premium funding target interest rates in accordance with ERISA Section 4006.4(b)(2). Segment Rates for 2024: 5.01%, 5.13% and 5.15% (previously, 4.84%, 5.15% and 4.85%). Effective Rate for 2024: 5.12%. This method was first elected for the 2022 premium year.

Expected Return on Assets/
ASC 960-20 Interest Rate

Gross: 5.54% (previously, 5.60%) / Net of administrative expenses: 5.30% (previously, 5.12%)

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables apply following the death of the participant.

Salary Increases

5.00% (year 1), 4.50% (year 2), 4.00% (all subsequent years) (previously, 4.00%)

Lump Sum Conversion

The segmented interest rates equal to the valuation segmented rates and the 417(e) applicable mortality table for the valuation year. 5.00% for ASC 960-20 purposes (previously, 5.22%).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

D ACTUARIAL ASSUMPTIONS (cont'd)

Cash Balance Annuity Conversion

The segmented interest rates equal to the valuation segmented rates less 100 basis points and the 417(e) applicable mortality table for the valuation year. 5.00% (previously, 5.22%) minus 100 basis points for ASC 960-20 purposes.

Cash Balance Interest Crediting Rate

3.50% per year (previously, 3.72%). 4% per year for the frozen cash balance account as of 12/31/2021.

Termination Rates

Termination rates are as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Previously, sample termination rates were as follows:

<u>Age</u>	<u>Service</u>		
	<u>< 4 years</u>	<u>4 to 9 years</u>	<u>> 9 years</u>
25	24%	13%	9%
30	20	13	6
55	18	11	6

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

D ACTUARIAL ASSUMPTIONS (cont'd)

Retirement Rates

Retirement rates are as follows from active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

<u>Age</u>	<u>Rate (%)</u>
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

Previously, rates were as follows:

From active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70	100%

From terminated vested status:

<u>Age</u>	<u>Rate (%)</u>
55-61	5%
62-64	10%
65	100%

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

D ACTUARIAL ASSUMPTIONS (cont'd)

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit \$275,000 for 2024 (previously, \$265,000).

Compensation Limit \$345,000 for 2024 (previously, \$330,000).

Form of Payment

It is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. (Previously, 75% lump sum and 25% annuity).

For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. (Previously, 75% lump sum and 25% annuity).

For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent. (Previously, 100% single life annuity).

U.S. Agents Plan

Life annuity with 60 months guaranteed.

Marital Assumption

It is assumed that 100% (80% for U.S. Agents Plan) of all active participants are married. Husbands are assumed to be three years older than their wives.

Conversion Basis for
Optional Payment Forms

8.00% and 1983 Group Annuity Mortality table, male rates with two-year setback

Data Assumptions

An average Term Vested benefit was used for participants that are vested but the vested benefit information is not available at the time of valuation. Cash Balance Accounts were rolled forward from the prior valuation for certain participants that were rehired or where a Cash Balance value was not available at the time of valuation.

Plan Expenses

\$3,200,000 (previously, \$10,800,000).

ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: [TRANSAMERICA CORPORATION](#)

Plan Name: [TRANSAMERICA PENSION PLAN](#)

Plan Year: [January 1, 2024 to December 31, 2024](#)

EIN: [42-1484983](#)

Plan No.: [002](#)

Item 4i- Schedule of Assets Held at End of Year

Pages 22-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 27 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

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 TRANSAMERICA PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRANSAMERICA CORPORATION	D Employer Identification Number (EIN) 42-1484983	
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	2311731323	
b Actuarial value	2b	2542904455	
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	13553	1259119201	1259119201
b For terminated vested participants	8870	574255147	574255147
c For active participants	7170	483235459	490476725
d Total	29593	2316609807	2323851073
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.03	%
6 Target normal cost			
a Present value of current plan year accruals	6a	29994866	
b Expected plan-related expenses	6b	3200000	
c Target normal cost	6c	33194866	

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 FRANCIS P. CARBERRY, F.S.A., E.A. Type or print name of actuary TRANSAMERICA Firm name 6400 C Street SW CEDAR RAPIDS, IA 52499 Address of the firm	09/11/2025 Date 23-05393 Most recent enrollment number (508) 903-6017 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	549983596
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	24829234
9 Amount remaining (line 7 minus line 8)	0	525154362
10 Interest on line 9 using prior year's actual return of <u>5.49</u> %.....	0	28830974
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		85713866
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>5.15</u> %		3135559
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1363125
c Total available at beginning of current plan year to add to prefunding balance		90212550
d Portion of (c) to be added to prefunding balance		90212550
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	644197886

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	81.70 %
15 Adjusted funding target attainment percentage	15	109.42 %
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	81.89 %
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
09-08-2025	50000000	0			
			Totals ▶	18(b)	50000000
				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	46031851

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
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 33194866
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	425144504	40988136	
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 74183002
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	64769777	64769777
36 Additional cash requirement (line 34 minus line 35)			36 9413225
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 46031851
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 36618626
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 36618626
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			

**Attachment to 2024 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	0.1	1,000	100	5,500
56	0.1	900	90	5,040
57	0.1	810	81	4,617
58	0.1	729	73	4,228
59	0.1	656	66	3,871
60	0.1	590	59	3,543
61	0.15	531	80	4,863
62	0.25	452	113	7,002
63	0.25	339	85	5,336
64	0.4	254	102	6,505
65	0.5	152	76	4,955
66	0.5	76	38	2,516
67	0.4	38	15	1,021
68	0.4	23	9	622
69	0.4	14	5	379
70	0.25	8	2	144
71	0.25	6	2	110
72	0.25	5	1	83
73	1	3	3	254

60,589
÷1,000

**Weighted Average Retirement Age
(Rounded for Schedule SB line 22)**

61

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

The expense load assumption was changed to \$3,200,000 (previously, \$10,800,000).

The expected return on assets was changed to 5.54% for Actuarial Value of Asset calculation purposes (previously, 5.60%).

The cash balance interest crediting rate is 3.50% per year on cash balance accrued after 12/31/2021 (previously, 3.72%).

The salary increase assumption was changed to 5.00% (year 1), 4.50% (year 2), 4.00% (all subsequent years) (previously, 4.00%).

The form of payment assumption was changed to assume that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. (Previously, 75% lump sum and 25% annuity). For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. (Previously, 75% lump sum and 25% annuity). For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent. (Previously, 100% single life annuity).

Termination rates were changed as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Previously, sample termination rates were as follows:

<u>Age</u>	<u>Service</u>		
	<u>< 4 years</u>	<u>4 to 9 years</u>	<u>> 9 years</u>
25	24%	13%	9%
30	20	13	6
55	18	11	6

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Retirement rates were changed as follows:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

<u>Age</u>	<u>Rate (%)</u>
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

Previously, rates were as follows:

From active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70	100%

From terminated vested status:

<u>Age</u>	<u>Rate (%)</u>
55-61	5%
62-64	10%
65	100%

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

.....Completed Years of Credited Service

<u>Age</u>	<u>0</u> to <u>1</u>	<u>1</u> to <u>4</u>	<u>5</u> to <u>9</u>	<u>10</u> to <u>14</u>	<u>15</u> to <u>19</u>	<u>20</u> to <u>24</u>	<u>25</u> to <u>29</u>	<u>30</u> to <u>34</u>	<u>35</u> to <u>39</u>	<u>40</u> +	<u>Total</u>
0 – 24	33	107	3	0	0	0	0	0	0	0	143
<i>Avg. Comp.</i>	42,381	67,653									
<i>Avg. Cash Bal.</i>	501	3,635									
25 – 29	34	224	130	1	0	0	0	0	0	0	389
	87,108	78,318	100,652								
	935	6,565	16,387								
30 – 34	52	258	263	77	2	0	0	0	0	0	652
	94,404	88,180	99,176	121,621							
	961	7,237	19,236	35,509							
35 – 39	43	282	283	152	84	0	0	0	0	0	844
	109,002	109,870	105,709	122,467	143,564						
	1,208	9,290	23,075	41,232	58,932						
40 – 44	47	263	262	173	186	65	2	0	0	0	998
	128,740	129,250	119,802	116,179	119,142	146,535					
	1,420	10,494	30,286	44,309	57,843	82,209					
45 – 49	29	237	244	132	190	158	62	1	0	0	1,053
	128,511	126,430	131,746	134,699	127,122	147,488	152,394				
	1,571	10,716	34,615	59,597	72,505	92,547	106,776				
50 – 54	30	239	260	121	160	203	128	44	1	0	1,186
	139,004	140,809	120,816	134,792	132,583	131,607	150,808	164,593			
	1,610	13,645	36,175	65,207	85,222	93,204	114,602	132,544			
55 – 59	14	207	220	83	129	112	74	71	26	1	937
		129,568	121,867	125,356	127,891	134,726	146,470	147,655	168,026		
		12,615	38,546	70,575	88,823	104,017	125,789	129,299	150,042		
60 – 64	7	121	176	88	89	106	49	28	17	6	687
		110,809	112,694	121,226	121,206	122,078	136,615	147,385			
		11,811	39,278	75,217	94,241	102,402	121,780	146,244			
65 – 69	4	44	58	28	32	24	9	7	1	2	209
		88,767	97,832	103,225	125,907	153,495					
		10,733	39,499	65,221	107,222	144,175					
70 & Up	<u>0</u>	<u>14</u>	<u>27</u>	<u>15</u>	<u>5</u>	<u>7</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>72</u>
			67,190								
			<u>29,055</u>								
Totals	293	1,996	1,926	870	877	675	325	154	45	9	7,170

**Attachment to 2024 Form 5500 Schedule SB,
Line 26b – Schedule of Projection of Expected Benefit Payments**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	61,125,691	60,685,924	131,258,038	253,069,653
2025	54,281,896	51,557,289	126,860,092	232,699,277
2026	49,545,316	49,542,847	122,322,295	221,410,458
2027	45,544,403	46,968,963	117,662,317	210,175,683
2028	41,867,878	46,074,803	112,918,798	200,861,479
2029	38,417,289	43,508,062	108,069,740	189,995,091
2030	35,612,345	40,404,971	103,136,582	179,153,898
2031	33,432,183	39,380,345	98,115,924	170,928,452
2032	31,427,301	36,755,670	93,009,548	161,192,519
2033	28,735,931	35,074,534	87,886,872	151,697,337
2034	26,535,702	33,928,186	82,690,421	143,154,309
2035	24,533,640	32,006,858	77,478,988	134,019,486
2036	22,148,169	30,708,913	72,271,889	125,128,971
2037	20,064,131	29,729,577	67,092,373	116,886,081
2038	18,465,106	28,626,281	61,944,965	109,036,352
2039	17,208,708	27,519,549	56,857,899	101,586,156
2040	15,990,929	26,421,185	51,909,847	94,321,961
2041	14,977,365	25,120,114	47,088,507	87,185,986
2042	13,947,073	23,930,195	42,424,557	80,301,825
2043	13,063,736	22,787,254	37,947,966	73,798,956
2044	12,493,356	21,930,948	33,686,888	68,111,192
2045	11,807,450	20,798,619	29,666,850	62,272,919
2046	11,197,208	19,869,834	25,909,826	56,976,868
2047	10,727,814	18,584,129	22,433,223	51,745,166
2048	10,298,577	17,387,282	19,249,443	46,935,302
2049	9,796,866	16,243,629	16,365,222	42,405,717
2050	9,371,407	15,093,174	13,781,516	38,246,097
2051	8,956,778	13,992,641	11,493,527	34,442,946
2052	8,538,129	12,896,172	9,491,063	30,925,364
2053	8,149,882	11,812,917	7,759,401	27,722,200
2054	7,772,944	10,780,142	6,280,044	24,833,130
2055	7,431,435	9,754,206	5,031,737	22,217,378
2056	7,070,403	8,737,376	3,991,485	19,799,264
2057	6,710,278	7,800,409	3,135,492	17,646,179
2058	6,367,358	6,976,300	2,440,001	15,783,659
2059	6,036,537	6,245,254	1,882,042	14,163,833
2060	5,693,812	5,533,808	1,440,003	12,667,623
2061	5,359,444	4,872,018	1,094,090	11,325,552
2062	5,033,402	4,247,289	826,627	10,107,318
2063	4,709,188	3,689,782	622,179	9,021,149
2064	4,385,515	3,217,434	467,555	8,070,504
2065	4,071,672	2,799,151	351,741	7,222,564
2066	3,767,316	2,434,848	265,715	6,467,879
2067	3,474,022	2,120,841	202,229	5,797,092
2068	3,194,244	1,842,022	155,571	5,191,837
2069	2,928,329	1,596,936	121,311	4,646,576
2070	2,676,486	1,382,622	96,072	4,155,180
2071	2,438,493	1,194,523	77,334	3,710,350
2072	2,214,397	1,034,519	63,247	3,312,163
2073	2,004,268	895,785	52,470	2,952,523

**Attachment to 2024 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

<u>Year</u>	<u>Type</u>	<u>Present Value</u>	<u>Years Left</u>	<u>Payment</u>
2021	Shortfall	84,085,515	12	8,970,678
2022	Shortfall	(84,114,478)	13	(8,463,455)
2023	Shortfall	403,028,071	14	38,466,118
2024	Shortfall	<u>22,145,396</u>	15	<u>2,014,795</u>
Total		\$ 425,144,504		\$ 40,988,136

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
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C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the standard premium funding target interest rates in accordance with ERISA Section 4006.4(b)(2). Segment Rates for 2024: 5.01%, 5.13% and 5.15% (previously, 4.84%, 5.15% and 4.85%). Effective Rate for 2024: 5.12%. This method was first elected for the 2022 premium year.

Expected Return on Assets/
ASC 960-20 Interest Rate

Gross: 5.54% (previously, 5.60%) / Net of administrative expenses: 5.30% (previously, 5.12%)

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables apply following the death of the participant.

Salary Increases

5.00% (year 1), 4.50% (year 2), 4.00% (all subsequent years) (previously, 4.00%)

Lump Sum Conversion

The segmented interest rates equal to the valuation segmented rates and the 417(e) applicable mortality table for the valuation year. 5.00% for ASC 960-20 purposes (previously, 5.22%).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
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D ACTUARIAL ASSUMPTIONS (cont'd)

Cash Balance Annuity Conversion

The segmented interest rates equal to the valuation segmented rates less 100 basis points and the 417(e) applicable mortality table for the valuation year. 5.00% (previously, 5.22%) minus 100 basis points for ASC 960-20 purposes.

Cash Balance Interest Crediting Rate

3.50% per year (previously, 3.72%). 4% per year for the frozen cash balance account as of 12/31/2021.

Termination Rates

Termination rates are as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Previously, sample termination rates were as follows:

<u>Age</u>	<u>Service</u>		
	<u>< 4 years</u>	<u>4 to 9 years</u>	<u>> 9 years</u>
25	24%	13%	9%
30	20	13	6
55	18	11	6

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**Plan Name: TRANSAMERICA PENSION PLAN
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D ACTUARIAL ASSUMPTIONS (cont'd)

Retirement Rates

Retirement rates are as follows from active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

<u>Age</u>	<u>Rate (%)</u>
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

Previously, rates were as follows:

From active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70	100%

From terminated vested status:

<u>Age</u>	<u>Rate (%)</u>
55-61	5%
62-64	10%
65	100%

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: TRANSAMERICA PENSION PLAN
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D ACTUARIAL ASSUMPTIONS (cont'd)

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit \$275,000 for 2024 (previously, \$265,000).

Compensation Limit \$345,000 for 2024 (previously, \$330,000).

Form of Payment

It is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. (Previously, 75% lump sum and 25% annuity).

For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. (Previously, 75% lump sum and 25% annuity).

For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent. (Previously, 100% single life annuity).

U.S. Agents Plan

Life annuity with 60 months guaranteed.

Marital Assumption

It is assumed that 100% (80% for U.S. Agents Plan) of all active participants are married. Husbands are assumed to be three years older than their wives.

Conversion Basis for
Optional Payment Forms

8.00% and 1983 Group Annuity Mortality table, male rates with two-year setback

Data Assumptions

An average Term Vested benefit was used for participants that are vested but the vested benefit information is not available at the time of valuation. Cash Balance Accounts were rolled forward from the prior valuation for certain participants that were rehired or where a Cash Balance value was not available at the time of valuation.

Plan Expenses

\$3,200,000 (previously, \$10,800,000).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

<u>Effective Date</u>	Amended and restated January 1, 2022.
<u>Participation Date</u>	First day of the month coincident with or following age 18 and six months of service.
<i>U.S. Agents Plan</i>	Prior to August 24, 1992, the plan covered U.S. Agents of Transamerica Life Insurance Company. The U.S. Agents Plan was frozen on August 24, 1992 and no one entered the Plan after that date.
<u>Vesting Service</u>	One year for each 1,000-hour calendar year of employment.
<u>AEGON Credited Service</u>	One year for every 1,000-hour plan year. Proportional credit of hours divided by 2,000, if less than 1,000 hours completed. No credit prior to participation date for certain acquisitions. For CG grandfathered, PLHI or CG Rehired participants, this is credited service as accrued from January 1, 2000 forward. For TA participants, this is credited service as accrued from January 1, 2001, forward.
<u>CG Credited Service</u>	Credited service under the CG Retirement Plan as of the participant's anniversary date in 1999 plus one year if participant worked 1,000 or more hours in 1999.
<u>TA Credited Service</u>	Benefit service under the prior Transamerica pension plan as of December 31, 2000, but excluding service before age 21 and service in excess of 25 years.
<u>Future Benefit Service Credit</u>	For participants in the U.S. Agents Plan prior to January 1, 1989, Future Benefit Service Credit was the sum of 0.9% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.8% of such commissions in excess of \$7,800.
<u>Cash Balance Grandfathered Participants</u>	Participants as of December 31, 2010 at least age 40 and attained at least ten years of AEGON credited service.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
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<u>Pensionable Pay</u>	W-2 earnings plus Section 125 and 401(k) employee deferrals less special forms of compensation.
<u>AEGON Average Earnings</u>	The average of the highest five consecutive complete calendar years of pensionable pay during the period ending on the earlier of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>CG Average Earnings</u>	The greater of average earnings under the CG Retirement Plan as of December 31, 1999, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>TA Average Earnings</u>	The greater of average annual earnings under the Transamerica pension plan as of December 31, 2000, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>CG Three-Year Average Earnings</u>	The average of the last 3 consecutive calendar years of pensionable pay as of the participant's termination date or retirement date, with each year's earnings limited to the Social Security Taxable Wage Base in effect for that year. This average cannot exceed the lesser of Covered Compensation or CG Average Earnings. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>Normal Retirement Date</u>	First of month coinciding with or next following the attainment of age 65 and the earlier of five years of plan participation or three years of vesting service.
<i>U.S. Agents Plan</i>	First of the month coinciding with or immediately following the later of the attainment of age 65 or the completion of at least 5 years of participation but not later than age 70.
<u>Prior Cash Balance Account</u>	The Prior Cash Balance Account for each participant consists of the Annual Pay Credits frozen as of December 31, 2021 and Interest Credits.

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Cash Balance Account

The Cash Balance Account for each participant consists of the Annual Pay Credits beginning January 1, 2022 and Interest Credits.

Annual Pay Credits

Prior Cash Balance Account

Beginning as of January 1, 2011, a participant shall receive the following percent of Pensionable Pay:

Credited Service Plus Attained Age <u>at End of Prior Plan Year</u>	<u>Pay Credit Percent</u>
Less than 35	3%
35 – 44	4%
45 – 54	5%
55 – 64	6%
65 – 74	7%
75 and above	8%

Annual pay credits for the prior cash balance account are frozen as of December 31, 2021.

Cash Balance Account

Beginning as of January 1, 2022 a participant shall receive a flat 5% of Pensionable Pay.

Interest Credits

Prior Cash Balance Account

The participant's Cash Balance Account will receive an interest credit each year until benefits commence.

The interest rate for a plan year is the greater of:

1. 4%, or
2. Five-year Treasury Constant Maturity rate for October of the preceding year, but not greater than 8%.

Cash Balance Account

The Five-year Treasury Constant Maturity rate for October of the preceding year, but not less than 0% or greater than 8%.

**Attachment to 2024 Form 5500 Schedule SB,
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**Plan Name: TRANSAMERICA PENSION PLAN
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Pension Accruals on or After
January 1, 2022

Effective as of January 1, 2022, for Cash Balance Grandfathered Participants, the Pension Benefit is the greater of:

1. The applicable pre-January 1, 2011 formula (e.g. AEGON, CG, TA) using service and pay through December 31, 2021 plus the actuarial equivalent of the Cash Balance Account.
2. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, plus the actuarial equivalent of the Cash Balance Account and the Prior Cash Balance Account.

Effective as of January 1, 2022 for all other participants, the Pension Benefit is the sum of:

1. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, and
2. The actuarial equivalent annuity of the Cash Balance Account and the Prior Cash Balance Account.

Pension Benefit for Other Than
CG, PLHI, TA Participants

The sum of (1) and (2):

1. The sum of 1.2% of AEGON Average Earnings multiplied by AEGON Credited Service (maximum 25 years) and 0.6% of AEGON Average Earnings multiplied by AEGON Credited Service in excess of 25 years
2. The sum of 0.6% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service (maximum 25 years) and 0.3% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service in excess of 25 years

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**Plan Name: TRANSAMERICA PENSION PLAN
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Pension Benefit for CG Participants

The sum of CG Grandfathered Benefit and AEGON Plan Benefit:

CG Grandfathered Benefit

[(1) less (2)] multiplied by (3):

1. 1.75% of CG Average Earnings multiplied by CG Credited Service projected to normal retirement date
2. The lesser of (a) or (b):
 - a. 50% of 1.75% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date, this amount reduced by any CG benefit attributable to employee contributions
 - b. 0.35% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date (maximum 35 years)
3. CG Credited Service divided by CG Credited Service projected to normal retirement date

Pension Benefit for CG Participants (cont'd)

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service
2. 0.6% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service
4. 0.3% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

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Pension Benefit for PLHI Participants

Equivalent to the above AEGON Plan Benefit using AEGON Credited Service and AEGON Average Earnings from January 1, 2000, forward.

Pension Benefit for TA Participants

Sum of TA Grandfathered Benefit and AEGON Plan Benefit:

TA Grandfathered Benefit

The sum of (1) and (2):

1. 1.6% of TA Average Earnings multiplied by TA Credited Service
2. 0.4% of TA Average Earnings in excess of Covered Compensation multiplied by TA Credited service

Pension Benefit for TA Participants (cont'd)

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
2. 0.6% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
4. 0.3% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years

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**Plan Name: TRANSAMERICA PENSION PLAN
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Pension Benefit for U.S. Agents Plan

Prior to August 25, 1992, a participant accrued a monthly pension benefit equal to the sum of (1) through (3), as applicable:

1. Prior Service Benefit: One-twelfth of 0.9% times the number of years of Prior Benefit Service up to a maximum of 15 years times the Participant's Prior Service Average Commissions.
2. 1973/1974 Service Benefit: One-twelfth of 0.9% of the Participant's Commissions earned during his 1973/1974 Benefit Service, not to exceed \$37.50 in either year.
3. Future Service Benefit: The amount of monthly Future Service Benefit shall be the sum of one-half the Future Service Benefit Credit earned that Plan Year and the amount of accrued Variable Future Service Benefit at the end of the previous Plan Year, where Future Service Benefit Credit is the sum of 1.1% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.6% of such commissions in excess of \$7,800 after December 31, 1988.

Effective August 25, 1992, the accrual of benefits under the Plan ceased. The benefits accrued through August 24, 1992 will continue to be funded under the Plan.

The amount of normal retirement annuity payable to any participant who remains in employment until his Normal Retirement Date will be equal to the amount of his Accrued Benefit as of August 24, 1992.

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Variable Annuity Factor
(U.S. Agents Plan)

The Variable Annuity Factor for a given Plan Year means the ratio of (1) over the applicable factor for retired Participants under (2) below, where:

1. Equals one (1), plus the annualized investment performance rate of Transamerica's Separate Account Fund A, for the period from October 1 of the preceding Plan Year to September 30 of the current Plan Year, as determined under the Pension Contract. Such annualized investment performance rate will reflect all dividend and interest income and both realized and unrealized capital changes; and
2. a. equals 1.07, with respect to Plan Year subsequent to December 31, 1984; and

b. equals 1.08, with respect to Plan Year 1984; and

c. equals the applicable factor; with respect to each Plan Year period to January 1, 1984, as determined under the provisions of the Plan as then in effect.

Early Retirement

Effective as of January 1, 2011, active participants may commence upon termination. The annuity attributable to the Cash Balance Account and/or Prior Cash Balance Account is based on the applicable actuarial equivalence definition. Except as otherwise noted below, the non-cash balance annuity will be reduced based on applicable actuarial equivalence definition.

TA Window participants: Termination before July 21, 2004, and retirement before NRD and on or after the earlier of (1) and (2):

1. Attainment of age 55 and completing ten years of service
2. Attainment of age 55 and sum of age, service, and years after termination of at least 70 points.

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Early Retirement (cont'd)

Monthly pension benefit determined as of early retirement date determined as follows:

1. Participants of either the Life Investors or the Monumental Field Employees Plan on December 31, 1988, who have completed 15 or more years of service: The nonintegrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 1 plus the integrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 2.
2. Completed 15 or more years of service and does not meet the qualifications of (1) above: The monthly pension benefit multiplied by the appropriate factor contained in Table 2.
3. Completed 10, but fewer than 15, years of service: Monthly pension benefit multiplied by the appropriate factor contained in Table 3.
4. Former CG or PLHI participants: CG grandfathered benefit multiplied by the appropriate factor contained in Table 4 plus AEGON plan benefit multiplied by the appropriate factor contained in Table 2 if the participant has completed 15 or more years of service, or Table 3 if the participant has completed 10 but fewer than 15 years of service.
5. TA Window participants who completed 15 or more years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.
6. TA Window participants who completed fewer than 15 years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3.

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Early Retirement (cont'd)

7. TA 1995 Grandfathered participants (TA Grandfathered who, as of January 1, 1995, were at least age 50 with at least 10 years of eligibility service or whose combination of age and eligibility service was at least 65) who retire on or after age 55 with the sum of age and service at least 75 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2 (Table 3 if fewer than 15 years of service).
8. Other TA participants who completed 15 or more years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.
9. Other TA participants who completed 10, but fewer than 15, years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3

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Early Retirement (U.S. Agents Plan)

If an employee has attained age 55 and completed 5 or more years of Credited Service, early retirement may be elected. The amount of monthly pension will be his accrued benefit as of the Early Retirement Date, reduced by 5/9% for each of the first 60 months that early retirement precedes the Normal Retirement Date, and by 5/18% for each additional month.

Postponed Retirement

Monthly pension benefit determined as of actual retirement date. Suspension of benefits notices are provided to active participants who remain employed past normal retirement date. Terminated participants who have not commenced receive an actuarially increased benefit under the traditional formula for periods after normal retirement prior to the required beginning date.

Disability Retirement

Monthly pension benefit determined as of termination date, reduced under the same conditions as early retirement.

U.S. Agents Plan

If a Participant is totally disabled, and is receiving Social Security Benefits, and has not attained his earliest retirement date, his disability benefit will be his frozen accrued benefit as of August 24, 1992.

Deferred Vested

Termination after completing three years of vesting service. TA participants who were participating in the Transamerica pension plan on July 21, 1999, became fully vested on that date. Terminations in 2018 were fully vested based on a determination that there was a partial plan termination. Pension benefit determined as of termination date.

After 1988, generally, a participant in the U.S. Agents Plan is 100% vested in his accrued benefit upon contract termination and entitled to receive a deferred benefit payable at his Normal Retirement Date.

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Preretirement Death Benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Effective as of January 1, 2011, surviving beneficiaries of Cash Balance Grandfathered participants shall receive the greater of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account plus the lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment as of the date of death, or
2. The lump sum equivalent of 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Effective as of January 1, 2011, for all other surviving beneficiaries the sum of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account, and
2. The lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Preretirement death benefit, or single life annuity equivalent, is payable to surviving spouse or other named beneficiary. If no surviving spouse or named beneficiary, lump sum equivalent is payable to participant's estate.

U.S. Agents Plan

1. If an agent dies prior to retirement and he is unmarried or not eligible for a spouse's benefit, his beneficiary will receive a lump sum death benefit equal to his Benefit Conversion Value.
2. If an agent dies prior to retirement and is married and eligible for a spouse's benefit, the amount of monthly spouse's benefit is a life annuity pension equal to the sum of (a) and (b) (adjusted for the age of the spouse, if more than 3 years younger) but not less than (c) where;

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EIN/PN: 42-1484983/002**

U.S. Agents Plan (cont'd)

a. If the agent has 10 years of Credited Service and his age plus Credited Service is at least 55, the sum of the Prior Service Benefit and 1973/1974 Service Benefit is multiplied by 5% per year after 9 years up to 50%.

b. If the agent has 10 years of Future Benefit Service and his age plus years of Credited Service is at least 55, the monthly benefit will equal 75% of the participant's accrued Future Service Benefit. Otherwise, the monthly benefit will be provided by the Participant's Benefit Conversion Value.

c. If the Agent was eligible for an Early Retirement Benefit, the monthly benefit is the benefit that would have been payable to the spouse under the Automatic Joint and 50% Contingent Pension form.

Forms of Payment

Life annuity. If participant is married, benefits are paid in the form of an actuarially equivalent 50% joint and contingent annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are an actuarially equivalent lump sum payment (only if monthly benefit is less than \$500 if terminated prior to January 1, 2010), 100%, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, five-, ten- or fifteen-year certain and life annuities. Retirement survivor benefits are payable only as described above.

U.S. Agents Plan

Normal form is the life annuity with 60 months guaranteed (non-married) and actuarially equivalent 50% joint and contingent (married). Optional forms are a single sum payment of benefit conversion value (Future Service Benefit) with reduced pension, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, life annuity, ten- or fifteen-year certain and life annuities.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Actuarial Equivalence

Annuity forms: 1983 Group Annuity Mortality (males), set back 2 years, 8%.

Non-cash balance annuity to lump sum: 417(e).

Cash balance to annuity: 417(e) less 100 basis points.

U.S. Agents Plan

1971 Group Annuity Mortality Table (male), set back 1 year for participants and 5 years for beneficiaries, 7% interest for annuity forms, 417(e) for lump sums.

Benefit Not Included

None to our knowledge.

Summary of Changes on
Participant Eligibility or Benefit
Provisions Since Last Valuation

None

**Attachment to 2024 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	0.1	1,000	100	5,500
56	0.1	900	90	5,040
57	0.1	810	81	4,617
58	0.1	729	73	4,228
59	0.1	656	66	3,871
60	0.1	590	59	3,543
61	0.15	531	80	4,863
62	0.25	452	113	7,002
63	0.25	339	85	5,336
64	0.4	254	102	6,505
65	0.5	152	76	4,955
66	0.5	76	38	2,516
67	0.4	38	15	1,021
68	0.4	23	9	622
69	0.4	14	5	379
70	0.25	8	2	144
71	0.25	6	2	110
72	0.25	5	1	83
73	1	3	3	254

60,589

÷1,000

**Weighted Average Retirement Age
(Rounded for Schedule SB line 22)**

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**Attachment to 2024 Form 5500 Schedule SB,
Line 26b – Schedule of Projection of Expected Benefit Payments**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	61,125,691	60,685,924	131,258,038	253,069,653
2025	54,281,896	51,557,289	126,860,092	232,699,277
2026	49,545,316	49,542,847	122,322,295	221,410,458
2027	45,544,403	46,968,963	117,662,317	210,175,683
2028	41,867,878	46,074,803	112,918,798	200,861,479
2029	38,417,289	43,508,062	108,069,740	189,995,091
2030	35,612,345	40,404,971	103,136,582	179,153,898
2031	33,432,183	39,380,345	98,115,924	170,928,452
2032	31,427,301	36,755,670	93,009,548	161,192,519
2033	28,735,931	35,074,534	87,886,872	151,697,337
2034	26,535,702	33,928,186	82,690,421	143,154,309
2035	24,533,640	32,006,858	77,478,988	134,019,486
2036	22,148,169	30,708,913	72,271,889	125,128,971
2037	20,064,131	29,729,577	67,092,373	116,886,081
2038	18,465,106	28,626,281	61,944,965	109,036,352
2039	17,208,708	27,519,549	56,857,899	101,586,156
2040	15,990,929	26,421,185	51,909,847	94,321,961
2041	14,977,365	25,120,114	47,088,507	87,185,986
2042	13,947,073	23,930,195	42,424,557	80,301,825
2043	13,063,736	22,787,254	37,947,966	73,798,956
2044	12,493,356	21,930,948	33,686,888	68,111,192
2045	11,807,450	20,798,619	29,666,850	62,272,919
2046	11,197,208	19,869,834	25,909,826	56,976,868
2047	10,727,814	18,584,129	22,433,223	51,745,166
2048	10,298,577	17,387,282	19,249,443	46,935,302
2049	9,796,866	16,243,629	16,365,222	42,405,717
2050	9,371,407	15,093,174	13,781,516	38,246,097
2051	8,956,778	13,992,641	11,493,527	34,442,946
2052	8,538,129	12,896,172	9,491,063	30,925,364
2053	8,149,882	11,812,917	7,759,401	27,722,200
2054	7,772,944	10,780,142	6,280,044	24,833,130
2055	7,431,435	9,754,206	5,031,737	22,217,378
2056	7,070,403	8,737,376	3,991,485	19,799,264
2057	6,710,278	7,800,409	3,135,492	17,646,179
2058	6,367,358	6,976,300	2,440,001	15,783,659
2059	6,036,537	6,245,254	1,882,042	14,163,833
2060	5,693,812	5,533,808	1,440,003	12,667,623
2061	5,359,444	4,872,018	1,094,090	11,325,552
2062	5,033,402	4,247,289	826,627	10,107,318
2063	4,709,188	3,689,782	622,179	9,021,149
2064	4,385,515	3,217,434	467,555	8,070,504
2065	4,071,672	2,799,151	351,741	7,222,564
2066	3,767,316	2,434,848	265,715	6,467,879
2067	3,474,022	2,120,841	202,229	5,797,092
2068	3,194,244	1,842,022	155,571	5,191,837
2069	2,928,329	1,596,936	121,311	4,646,576
2070	2,676,486	1,382,622	96,072	4,155,180
2071	2,438,493	1,194,523	77,334	3,710,350
2072	2,214,397	1,034,519	63,247	3,312,163
2073	2,004,268	895,785	52,470	2,952,523

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

<u>Effective Date</u>	Amended and restated January 1, 2022.
<u>Participation Date</u>	First day of the month coincident with or following age 18 and six months of service.
<i>U.S. Agents Plan</i>	Prior to August 24, 1992, the plan covered U.S. Agents of Transamerica Life Insurance Company. The U.S. Agents Plan was frozen on August 24, 1992 and no one entered the Plan after that date.
<u>Vesting Service</u>	One year for each 1,000-hour calendar year of employment.
<u>AEGON Credited Service</u>	One year for every 1,000-hour plan year. Proportional credit of hours divided by 2,000, if less than 1,000 hours completed. No credit prior to participation date for certain acquisitions. For CG grandfathered, PLHI or CG Rehired participants, this is credited service as accrued from January 1, 2000 forward. For TA participants, this is credited service as accrued from January 1, 2001, forward.
<u>CG Credited Service</u>	Credited service under the CG Retirement Plan as of the participant's anniversary date in 1999 plus one year if participant worked 1,000 or more hours in 1999.
<u>TA Credited Service</u>	Benefit service under the prior Transamerica pension plan as of December 31, 2000, but excluding service before age 21 and service in excess of 25 years.
<u>Future Benefit Service Credit</u>	For participants in the U.S. Agents Plan prior to January 1, 1989, Future Benefit Service Credit was the sum of 0.9% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.8% of such commissions in excess of \$7,800.
<u>Cash Balance Grandfathered Participants</u>	Participants as of December 31, 2010 at least age 40 and attained at least ten years of AEGON credited service.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

<u>Pensionable Pay</u>	W-2 earnings plus Section 125 and 401(k) employee deferrals less special forms of compensation.
<u>AEGON Average Earnings</u>	The average of the highest five consecutive complete calendar years of pensionable pay during the period ending on the earlier of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>CG Average Earnings</u>	The greater of average earnings under the CG Retirement Plan as of December 31, 1999, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>TA Average Earnings</u>	The greater of average annual earnings under the Transamerica pension plan as of December 31, 2000, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>CG Three-Year Average Earnings</u>	The average of the last 3 consecutive calendar years of pensionable pay as of the participant's termination date or retirement date, with each year's earnings limited to the Social Security Taxable Wage Base in effect for that year. This average cannot exceed the lesser of Covered Compensation or CG Average Earnings. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
<u>Normal Retirement Date</u>	First of month coinciding with or next following the attainment of age 65 and the earlier of five years of plan participation or three years of vesting service.
<i>U.S. Agents Plan</i>	First of the month coinciding with or immediately following the later of the attainment of age 65 or the completion of at least 5 years of participation but not later than age 70.
<u>Prior Cash Balance Account</u>	The Prior Cash Balance Account for each participant consists of the Annual Pay Credits frozen as of December 31, 2021 and Interest Credits.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Cash Balance Account

The Cash Balance Account for each participant consists of the Annual Pay Credits beginning January 1, 2022 and Interest Credits.

Annual Pay Credits

Prior Cash Balance Account

Beginning as of January 1, 2011, a participant shall receive the following percent of Pensionable Pay:

Credited Service Plus Attained Age <u>at End of Prior Plan Year</u>	<u>Pay Credit Percent</u>
Less than 35	3%
35 – 44	4%
45 – 54	5%
55 – 64	6%
65 – 74	7%
75 and above	8%

Annual pay credits for the prior cash balance account are frozen as of December 31, 2021.

Cash Balance Account

Beginning as of January 1, 2022 a participant shall receive a flat 5% of Pensionable Pay.

Interest Credits

Prior Cash Balance Account

The participant's Cash Balance Account will receive an interest credit each year until benefits commence.

The interest rate for a plan year is the greater of:

1. 4%, or
2. Five-year Treasury Constant Maturity rate for October of the preceding year, but not greater than 8%.

Cash Balance Account

The Five-year Treasury Constant Maturity rate for October of the preceding year, but not less than 0% or greater than 8%.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Pension Accruals on or After
January 1, 2022

Effective as of January 1, 2022, for Cash Balance Grandfathered Participants, the Pension Benefit is the greater of:

1. The applicable pre-January 1, 2011 formula (e.g. AEGON, CG, TA) using service and pay through December 31, 2021 plus the actuarial equivalent of the Cash Balance Account.
2. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, plus the actuarial equivalent of the Cash Balance Account and the Prior Cash Balance Account.

Effective as of January 1, 2022 for all other participants, the Pension Benefit is the sum of:

1. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, and
2. The actuarial equivalent annuity of the Cash Balance Account and the Prior Cash Balance Account.

Pension Benefit for Other Than
CG, PLHI, TA Participants

The sum of (1) and (2):

1. The sum of 1.2% of AEGON Average Earnings multiplied by AEGON Credited Service (maximum 25 years) and 0.6% of AEGON Average Earnings multiplied by AEGON Credited Service in excess of 25 years
2. The sum of 0.6% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service (maximum 25 years) and 0.3% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service in excess of 25 years

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Pension Benefit for CG Participants

The sum of CG Grandfathered Benefit and AEGON Plan Benefit:

CG Grandfathered Benefit

[(1) less (2)] multiplied by (3):

1. 1.75% of CG Average Earnings multiplied by CG Credited Service projected to normal retirement date
2. The lesser of (a) or (b):
 - a. 50% of 1.75% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date, this amount reduced by any CG benefit attributable to employee contributions
 - b. 0.35% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date (maximum 35 years)
3. CG Credited Service divided by CG Credited Service projected to normal retirement date

Pension Benefit for CG Participants (cont'd)

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service
2. 0.6% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service
4. 0.3% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Pension Benefit for PLHI Participants

Equivalent to the above AEGON Plan Benefit using AEGON Credited Service and AEGON Average Earnings from January 1, 2000, forward.

Pension Benefit for TA Participants

Sum of TA Grandfathered Benefit and AEGON Plan Benefit:

TA Grandfathered Benefit

The sum of (1) and (2):

1. 1.6% of TA Average Earnings multiplied by TA Credited Service
2. 0.4% of TA Average Earnings in excess of Covered Compensation multiplied by TA Credited service

Pension Benefit for TA Participants (cont'd)

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
2. 0.6% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
4. 0.3% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Pension Benefit for U.S. Agents Plan

Prior to August 25, 1992, a participant accrued a monthly pension benefit equal to the sum of (1) through (3), as applicable:

1. Prior Service Benefit: One-twelfth of 0.9% times the number of years of Prior Benefit Service up to a maximum of 15 years times the Participant's Prior Service Average Commissions.
2. 1973/1974 Service Benefit: One-twelfth of 0.9% of the Participant's Commissions earned during his 1973/1974 Benefit Service, not to exceed \$37.50 in either year.
3. Future Service Benefit: The amount of monthly Future Service Benefit shall be the sum of one-half the Future Service Benefit Credit earned that Plan Year and the amount of accrued Variable Future Service Benefit at the end of the previous Plan Year, where Future Service Benefit Credit is the sum of 1.1% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.6% of such commissions in excess of \$7,800 after December 31, 1988.

Effective August 25, 1992, the accrual of benefits under the Plan ceased. The benefits accrued through August 24, 1992 will continue to be funded under the Plan.

The amount of normal retirement annuity payable to any participant who remains in employment until his Normal Retirement Date will be equal to the amount of his Accrued Benefit as of August 24, 1992.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Variable Annuity Factor
(U.S. Agents Plan)

The Variable Annuity Factor for a given Plan Year means the ratio of (1) over the applicable factor for retired Participants under (2) below, where:

1. Equals one (1), plus the annualized investment performance rate of Transamerica's Separate Account Fund A, for the period from October 1 of the preceding Plan Year to September 30 of the current Plan Year, as determined under the Pension Contract. Such annualized investment performance rate will reflect all dividend and interest income and both realized and unrealized capital changes; and
2. a. equals 1.07, with respect to Plan Year subsequent to December 31, 1984; and

b. equals 1.08, with respect to Plan Year 1984; and

c. equals the applicable factor; with respect to each Plan Year period to January 1, 1984, as determined under the provisions of the Plan as then in effect.

Early Retirement

Effective as of January 1, 2011, active participants may commence upon termination. The annuity attributable to the Cash Balance Account and/or Prior Cash Balance Account is based on the applicable actuarial equivalence definition. Except as otherwise noted below, the non-cash balance annuity will be reduced based on applicable actuarial equivalence definition.

TA Window participants: Termination before July 21, 2004, and retirement before NRD and on or after the earlier of (1) and (2):

1. Attainment of age 55 and completing ten years of service
2. Attainment of age 55 and sum of age, service, and years after termination of at least 70 points.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Early Retirement (cont'd)

Monthly pension benefit determined as of early retirement date determined as follows:

1. Participants of either the Life Investors or the Monumental Field Employees Plan on December 31, 1988, who have completed 15 or more years of service: The nonintegrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 1 plus the integrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 2.
2. Completed 15 or more years of service and does not meet the qualifications of (1) above: The monthly pension benefit multiplied by the appropriate factor contained in Table 2.
3. Completed 10, but fewer than 15, years of service: Monthly pension benefit multiplied by the appropriate factor contained in Table 3.
4. Former CG or PLHI participants: CG grandfathered benefit multiplied by the appropriate factor contained in Table 4 plus AEGON plan benefit multiplied by the appropriate factor contained in Table 2 if the participant has completed 15 or more years of service, or Table 3 if the participant has completed 10 but fewer than 15 years of service.
5. TA Window participants who completed 15 or more years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.
6. TA Window participants who completed fewer than 15 years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Early Retirement (cont'd)

7. TA 1995 Grandfathered participants (TA Grandfathered who, as of January 1, 1995, were at least age 50 with at least 10 years of eligibility service or whose combination of age and eligibility service was at least 65) who retire on or after age 55 with the sum of age and service at least 75 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2 (Table 3 if fewer than 15 years of service).
8. Other TA participants who completed 15 or more years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.
9. Other TA participants who completed 10, but fewer than 15, years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Early Retirement (U.S. Agents Plan)

If an employee has attained age 55 and completed 5 or more years of Credited Service, early retirement may be elected. The amount of monthly pension will be his accrued benefit as of the Early Retirement Date, reduced by 5/9% for each of the first 60 months that early retirement precedes the Normal Retirement Date, and by 5/18% for each additional month.

Postponed Retirement

Monthly pension benefit determined as of actual retirement date. Suspension of benefits notices are provided to active participants who remain employed past normal retirement date. Terminated participants who have not commenced receive an actuarially increased benefit under the traditional formula for periods after normal retirement prior to the required beginning date.

Disability Retirement

Monthly pension benefit determined as of termination date, reduced under the same conditions as early retirement.

U.S. Agents Plan

If a Participant is totally disabled, and is receiving Social Security Benefits, and has not attained his earliest retirement date, his disability benefit will be his frozen accrued benefit as of August 24, 1992.

Deferred Vested

Termination after completing three years of vesting service. TA participants who were participating in the Transamerica pension plan on July 21, 1999, became fully vested on that date. Terminations in 2018 were fully vested based on a determination that there was a partial plan termination. Pension benefit determined as of termination date.

After 1988, generally, a participant in the U.S. Agents Plan is 100% vested in his accrued benefit upon contract termination and entitled to receive a deferred benefit payable at his Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Preretirement Death Benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Effective as of January 1, 2011, surviving beneficiaries of Cash Balance Grandfathered participants shall receive the greater of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account plus the lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment as of the date of death, or
2. The lump sum equivalent of 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Effective as of January 1, 2011, for all other surviving beneficiaries the sum of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account, and
2. The lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Preretirement death benefit, or single life annuity equivalent, is payable to surviving spouse or other named beneficiary. If no surviving spouse or named beneficiary, lump sum equivalent is payable to participant's estate.

U.S. Agents Plan

1. If an agent dies prior to retirement and he is unmarried or not eligible for a spouse's benefit, his beneficiary will receive a lump sum death benefit equal to his Benefit Conversion Value.
2. If an agent dies prior to retirement and is married and eligible for a spouse's benefit, the amount of monthly spouse's benefit is a life annuity pension equal to the sum of (a) and (b) (adjusted for the age of the spouse, if more than 3 years younger) but not less than (c) where;

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

U.S. Agents Plan (cont'd)

a. If the agent has 10 years of Credited Service and his age plus Credited Service is at least 55, the sum of the Prior Service Benefit and 1973/1974 Service Benefit is multiplied by 5% per year after 9 years up to 50%.

b. If the agent has 10 years of Future Benefit Service and his age plus years of Credited Service is at least 55, the monthly benefit will equal 75% of the participant's accrued Future Service Benefit. Otherwise, the monthly benefit will be provided by the Participant's Benefit Conversion Value.

c. If the Agent was eligible for an Early Retirement Benefit, the monthly benefit is the benefit that would have been payable to the spouse under the Automatic Joint and 50% Contingent Pension form.

Forms of Payment

Life annuity. If participant is married, benefits are paid in the form of an actuarially equivalent 50% joint and contingent annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are an actuarially equivalent lump sum payment (only if monthly benefit is less than \$500 if terminated prior to January 1, 2010), 100%, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, five-, ten- or fifteen-year certain and life annuities. Retirement survivor benefits are payable only as described above.

U.S. Agents Plan

Normal form is the life annuity with 60 months guaranteed (non-married) and actuarially equivalent 50% joint and contingent (married). Optional forms are a single sum payment of benefit conversion value (Future Service Benefit) with reduced pension, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, life annuity, ten- or fifteen-year certain and life annuities.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Actuarial Equivalence

Annuity forms: 1983 Group Annuity Mortality (males), set back 2 years, 8%.

Non-cash balance annuity to lump sum: 417(e).

Cash balance to annuity: 417(e) less 100 basis points.

U.S. Agents Plan

1971 Group Annuity Mortality Table (male), set back 1 year for participants and 5 years for beneficiaries, 7% interest for annuity forms, 417(e) for lump sums.

Benefit Not Included

None to our knowledge.

Summary of Changes on
Participant Eligibility or Benefit
Provisions Since Last Valuation

None

ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: [TRANSAMERICA CORPORATION](#)

Plan Name: [TRANSAMERICA PENSION PLAN](#)

Plan Year: [January 1, 2024 to December 31, 2024](#)

EIN: [42-1484983](#)

Plan No.: [002](#)

Item 4i- Schedule of Assets Held at End of Year

Pages 22-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 27 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

**Attachment to 2024 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

<u>Year</u>	<u>Type</u>	<u>Present Value</u>	<u>Years Left</u>	<u>Payment</u>
2021	Shortfall	84,085,515	12	8,970,678
2022	Shortfall	(84,114,478)	13	(8,463,455)
2023	Shortfall	403,028,071	14	38,466,118
2024	Shortfall	<u>22,145,396</u>	15	<u>2,014,795</u>
Total		\$ 425,144,504		\$ 40,988,136

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

The expense load assumption was changed to \$3,200,000 (previously, \$10,800,000).

The expected return on assets was changed to 5.54% for Actuarial Value of Asset calculation purposes (previously, 5.60%).

The cash balance interest crediting rate is 3.50% per year on cash balance accrued after 12/31/2021 (previously, 3.72%).

The salary increase assumption was changed to 5.00% (year 1), 4.50% (year 2), 4.00% (all subsequent years) (previously, 4.00%).

The form of payment assumption was changed to assume that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. (Previously, 75% lump sum and 25% annuity). For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. (Previously, 75% lump sum and 25% annuity). For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent. (Previously, 100% single life annuity).

Termination rates were changed as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Previously, sample termination rates were as follows:

<u>Age</u>	<u>Service</u>		
	<u>< 4 years</u>	<u>4 to 9 years</u>	<u>> 9 years</u>
25	24%	13%	9%
30	20	13	6
55	18	11	6

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002**

Retirement rates were changed as follows:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

<u>Age</u>	<u>Rate (%)</u>
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

Previously, rates were as follows:

From active employment:

<u>Age</u>	<u>Rate (%)</u>
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70	100%

From terminated vested status:

<u>Age</u>	<u>Rate (%)</u>
55-61	5%
62-64	10%
65	100%