

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 08/01/2014
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) KEYSIGHT TECHNOLOGIES, INC. 1400 FOUNTAINGROVE PARKWAY SANTA ROSA, CA 95403
2b	Employer Identification Number (EIN) 46-4254555
2c	Plan Sponsor's telephone number 800-829-4444
2d	Business code (see instructions) 334500

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.	07/15/2026	HEATHER OSTROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor KEYSIGHT TECHNOLOGIES, INC. BENEFITS COMMITTEE 1400 FOUNTAINGROVE PARKWAY SANTA ROSA, CA 95403		3b Administrator's EIN 46-4254555
		3c Administrator's telephone number 800-829-4444
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 4844
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) 1776 6a(2) 1643 6b 794 6c 2086 6d 4523 6e 96 6f 4619 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 1E 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ 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 KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KEYSIGHT TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 46-4254555
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	721722769	
b	Actuarial value	2b	649550492	
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	745	127593818	127593818
b	For terminated vested participants	2327	182700597	182700597
c	For active participants	1776	320268505	320268505
d	Total	4848	630562920	630562920
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.36 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	17248613	
b	Expected plan-related expenses	6b	1720000	
c	Target normal cost	6c	18968613	

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 STEVEN T. JAMES Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 3340 PLAYERS CLUB PARKWAY, STE 200 MEMPHIS, TN 38125 Address of the firm	06/22/2026 Date 26-06406 Most recent enrollment number 901-930-0000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	103689820
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	26263366
9 Amount remaining (line 7 minus line 8)		77426454
10 Interest on line 9 using prior year's actual return of <u>25.66</u> %		19867628
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	97294082

Part III Funding Percentages

14 Funding target attainment percentage	14	87.58 %
15 Adjusted funding target attainment percentage	15	103.01 %
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	91.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a Segment rates:</td> <td style="width:33%;">1st segment: 4.99 %</td> <td style="width:33%;">2nd segment: 5.29 %</td> <td style="width:33%;">3rd segment: 5.59 %</td> <td style="width:33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	66						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

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

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

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):			
	a Target normal cost (line 6c)	31a	18968613	
	b Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
	a Net shortfall amortization installment	78306510	7695746	
	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	26664359	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	26664359	26664359
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)	38a	0	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSIGHT TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 46-4254555	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MERCER, INC

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 16 28	N/A	1259546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FMR LLC

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 64 38 50 65 28 51	N/A	353251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10 11 17	N/A	316100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	144025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KEYSIGHT TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 46-4254555	

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: KEYSIGHT TECHNOLOGIES MT EQTY POOL			
b Name of sponsor of entity listed in (a): KEYSIGHT TECHNOLOGIES, INC.			
c EIN-PN 46-7492138-011	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584368952	
a Name of MTIA, CCT, PSA, or 103-12 IE: KEYSIGHT TECHNOLOGIES MT FXD INC PL			
b Name of sponsor of entity listed in (a): KEYSIGHT TECHNOLOGIES, INC.			
c EIN-PN 46-7492138-012	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336974718	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

A Name of plan KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSIGHT TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 46-4254555

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	893034639	921343670
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	893034639	921343670

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	893034639	921343670
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		97005870
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		97005870

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74352130	
(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)		74352130
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)	353251	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	144025	
(5) Investment advisory and investment management fees	2i(5)	558846	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	316100	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1189943	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2562165
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76914295

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20091575
l Transfers of assets:			
(1) To this plan	2l(1)		8217456
(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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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 572784.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSIGHT TECHNOLOGIES, INC.				D Employer Identification Number (EIN) 46-4254555	
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): 04-6568107					
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	211
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 73.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.2 %

High-Yield Debt: 0.6 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.2 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



Report of Independent Auditors and
Financial Statements

**Keysight Technologies, Inc.
Retirement Plan**

October 31, 2025 and 2024

Table of Contents

REPORT OF INDEPENDENT AUDITORS	1
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FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits.....	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8

Report of Independent Auditors

The Benefits Committee of
Keysight Technologies, Inc. Retirement Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Keysight Technologies, Inc. Retirement 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 October 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended October 31, 2025, the statement of accumulated plan benefits as of October 31, 2025 and 2024, and the related statement of changes in accumulated plan benefits for the year ended October 31, 2025, 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 Keysight Technologies, Inc. Retirement Plan as of October 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended October 31, 2025, and the accumulated plan benefits as of October 31, 2025 and 2024, and the changes in its accumulated plan benefits for the year ended October 31, 2025, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 Keysight Technologies, Inc. Retirement 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 GAAP, 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 Keysight Technologies, Inc. Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the 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 Keysight Technologies, Inc. Retirement 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 Keysight Technologies, Inc. Retirement 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.

Baker Tilly US, LLP

San Francisco, California

July 1, 2026

Financial Statements

Keysight Technologies, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
October 31, 2025 and 2024
(In thousands)

	2025	2024
ASSETS		
Beneficial interest in the Master Trust	\$ 921,344	\$ 893,035
LIABILITIES		
401(h) account obligation	178,095	171,312
NET ASSETS AVAILABLE FOR BENEFITS	\$ 743,249	\$ 721,723

Keysight Technologies, Inc. Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended October 31, 2025
(In thousands)

CHANGES IN NET ASSETS ATTRIBUTED TO	
Beneficial interest in investment gain of the Master Trust	\$ 74,550
Benefits paid to participants	(59,014)
Administrative expenses	<u>(2,227)</u>
Net increase prior to transfer	<u>13,309</u>
Transfers of annuity assets from the Keysight Technologies, Inc.	
Deferred Profit-Sharing Plan	<u>8,217</u>
CHANGE IN NET ASSETS	21,526
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>721,723</u>
End of year	<u><u>\$ 743,249</u></u>

Keysight Technologies, Inc. Retirement Plan
Statements of Accumulated Plan Benefits
October 31, 2025 and 2024
(In thousands)

	2025	2024
Actuarial present value of accumulated Plan benefits		
Active participants	\$ 324,723	\$ 322,639
Inactive participants receiving benefits	165,548	137,100
Inactive participants with deferred benefits	165,775	184,296
Non-vested accumulated benefits	345	-
Total actuarial present value of accumulated Plan benefits	<u>\$ 656,391</u>	<u>\$ 644,035</u>

Keysight Technologies, Inc. Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended October 31, 2025
(In thousands)

Actuarial present value of accumulated Plan benefits at beginning of the year	<u>\$ 644,035</u>
Increase during the year attributable to	
Benefits accumulated	17,343
Actuarial gains	3,170
Decrease in discount period	34,979
Benefits paid	(59,014)
Transfers from Deferred Profit-Sharing Plan	8,217
Changes in actuarial assumptions (Note 9)	<u>7,661</u>
Net increase	<u>12,356</u>
Actuarial present value of accumulated Plan benefits at end of year	<u><u>\$ 656,391</u></u>

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Keysight Technologies, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document, as amended, for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit plan that was established on August 1, 2014, when Keysight Technologies, Inc. (the Company), separated from Agilent Technologies, Inc. The Plan provides a single lump sum distribution, an individual life annuity, a joint and 50% survivor annuity, a joint and 75% survivor annuity, or a joint and 100% survivor annuity after an eligible participant's termination, retirement, death, or permanent disability. The amount of retirement benefits is dependent on years of credited service, salary less covered compensation offsets, and age. Plan benefits earned prior to November 1, 1993, are not payable until after the payment of the participant's benefits, if any, under the Keysight Technologies, Inc. Deferred Profit-Sharing Plan (the Keysight DPS Plan). Plan benefits earned prior to November 1, 1993, are offset by the benefits earned in the Keysight DPS Plan. Plan benefits earned prior to November 1, 1993, after this offset, if any, and plan benefits earned after November 1, 1993, are payable from the Plan assets.

See Note 4 for a description of the coordination of benefits paid by the Plan and benefits earned by eligible participants in the Keysight DPS Plan.

Administration – The Company has appointed a Benefits Committee (the Committee) to manage the operation and administration of the Plan. The Company has contracted with Bank of New York Mellon, N.A. (Mellon) to act as the custodian and trustee, and a third-party administrator, Fidelity Workplace Services, LLC (Fidelity), to process and maintain the records of participant data.

Funding policy – The Plan's funding policy is for the Company to contribute an amount which will meet, at minimum, the annual ERISA minimum funding requirement. There was no minimum funding requirement for the Company for the years ended October 31, 2025 and 2024. The Company's available funding balance was approximately \$78,152,000 and \$97,294,000 as of October 31, 2025 and 2023, respectively.

Eligibility and vesting – The Plan was amended to exclude all new employees hired after July 31, 2015, from participating in the Plan. Prior to August 1, 2015, all employees on a United States payroll became participants in the Plan on the earlier of May 1 or November 1 following two years of service with the Company as defined by the Plan document. Union, nonresident aliens, leased employees, temporary employees, interns, and independent contractors were not eligible to participate. Accumulated benefits were 100% vested on the date the employees become participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

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

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

Investment valuation – The Plan’s investments, including the Plan’s interest in the net assets of the Keysight Technologies, Inc. Master Trust (the Master Trust), are stated at fair value.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the “exit price”) in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

Income recognition – The Plan’s interest in the investment gain, including net realized and unrealized gains/losses, of the Master Trust is reported as one amount under “Beneficial interest in investment gain of the Master Trust” on the statement of changes in net assets available for benefits. Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Cash and investments denominated in foreign currencies included in the Master Trust are translated into U.S. dollars at current exchange rates. Dividend and interest income and realized and unrealized gains and losses from such cash and investments are translated using historical exchange rates at the settlement date. Exchange gains and losses on dividend and interest income, realized and unrealized exchange gains and losses on foreign denominated cash, and investments are included in beneficial interest in investment gain of the Master Trust.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Expenses – All expenses incurred for administering the Plan are paid by the Plan.

Subsequent events – The Plan has evaluated subsequent events through July 1, 2026, which is the date the financial statements were available to be issued.

Reclassification – Certain amounts from the prior year summary of the net assets held in the Master Trust have been reclassified in order to conform to the current year presentation.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the date that the benefit information is presented (the Valuation Date).

The actuarial present value of accumulated Plan benefits is determined by the Plan’s consulting actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the Valuation Date and the expected date of payment.

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

The significant actuarial assumptions used in the valuations as of October 31, 2025 and 2024, are as follows: (a) discount rate of 5.50% October 31, 2025 and 2024 (b) Pri-2012 mortality tables with white-collar adjustment and 80% multiplier projected from 2012 with scale MP-2021 at October 31, 2025 and 2024 (c) retirement ages between age 55 and 72, with probability of retirement ranging by age, (d) expected return on the Keysight DPS Plan assets of 7.50% at October 31, 2025 and 2024, and (e) a lump sum and annuity conversion rate of 5.50%.

Changes in actuarial assumptions primarily related to the discount rate and mortality table on the Keysight DPS Plan assets used at October 31, 2025, resulted in an increase in the accumulated benefit obligation of approximately \$7,661,000 during fiscal year 2025.

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

NOTE 4 – COORDINATION OF PLANS

Participants with retirement benefits prior to November 1, 1993, under the Plan that exceed the annuity value of their benefits under the Keysight DPS Plan are paid that excess from the assets of the Plan. If a participant elects to receive the retirement benefits under the Keysight DPS Plan in the form of an annuity, the participant's vested interest in the Keysight DPS Plan is transferred to the Plan for the purpose of paying the annuity benefits under the Plan's provisions.

NOTE 5 – 401(h) ACCOUNT

The Plan includes a 401(h) Provision to cover future Company contributions to the Company's postretirement medical benefit plans for benefits provided to retired participants and dependents. The 401(h) Provision provides that Company contributions, not to exceed limitations stated in the Code and related regulations, be made to fund the normal and past service retiree medical benefit plan costs computed in accordance with any reasonable generally accepted actuarial method. There were no contributions for the year ended October 31, 2025, to the 401(h) account. A separate account has been established and maintained in the Master Trust for the net assets related to the medical-benefit component 401(h) account. In accordance with the 401(h) Provision, the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. As a result, the changes in the net assets of the 401(h) account are not reflected in the Plan's financial statements. In addition, the related obligations for health benefits are not included in the Plan's obligations in the statements of accumulated Plan benefits but would be reflected as obligations of the Company's health and welfare benefit plans. Plan participants do not contribute to the 401(h) account. The 401(h) account assets included in the Plan's interest in the Master Trust were approximately \$178,095,000 and \$171,312,000 and at October 31, 2025 and 2024, respectively.

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

NOTE 6 – PLAN TERMINATION

The Company established the Plan with the intention that it continue indefinitely, but reserves the right to terminate, amend, and/or modify the Plan, including the Retiree Health Provision pursuant to Section 401(h) of the Internal Revenue Code (the Code) (the 401(h) Provision), at any time. The Plan provides that in the event of termination, the Plan's net assets available for payment of pension benefits will be allocated by the Company on an actuarial basis among participants, spouses, beneficiaries, and joint annuitants pursuant to Section 4044 of ERISA. Upon termination of the 401(h) Provision, the 401(h) Provision available net assets will be returned to the Company upon satisfaction of all liabilities to provide health care benefits to existing retired participants and their eligible dependents. Benefits under the Plan are insured by the federal Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

NOTE 7 – MASTER TRUST

The Master Trust was established on August 1, 2014, to hold substantially all of the Plan's assets and the assets of the Keysight DPS Plan.

The Master Trust was established to achieve certain economies in the management of investments and to maximize the return on investments of participating plans. Each participating plan has a proportional interest in the Master Trust, as more fully described below. Assets of the Master Trust are invested by investment managers in accordance with guidelines established by the Committee.

Within the Master Trust, investments are segregated into investment pools based on the ownership and investment objectives of each participating plan. Three types of investment pools have been established in the Master Trust based on the principal types of investments held: an Equity pool, a Fixed Income pool, and a TIP pool. Each participating plan in the Master Trust has a proportional interest in each one of these pools. Within each of these pools, the net assets allocable to each plan are separately accounted for by Mellon. The net investment income (loss) of each investment pool is allocated monthly by Mellon between each of the participating plans based on their relative ownership of the net assets of that pool at the beginning of the month.

The Plan's allocated interest in the net assets of the Master Trust at October 31, 2025 and 2024, was approximately \$921,344,000 (86%) and \$893,035,000 (85%), respectively.

The Plan's beneficial interest in the Master Trust includes assets of the 401(h) account.

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

The following table presents a summary of the net assets held in the Master Trust as of October 31, 2025 and 2024 (in thousands):

	2025	2024
ASSETS		
Investments, at fair value		
Interest bearing cash	\$ 1,786	\$ 11,513
U.S. government securities	98,542	97,486
Corporate debt instruments	26,854	25,511
Preferred stocks	1,176	1,182
Collective trusts	579,560	640,314
Pooled separate accounts	42,665	40,313
Other investments	315,149	286,112
Total investments	1,065,732	1,102,431
Receivables		
Other receivables	1,386	1,425
Total assets	1,067,118	1,103,856
LIABILITIES		
Other liabilities	282	49,526
NET ASSETS OF THE MASTER TRUST	\$ 1,066,836	\$ 1,054,330

The changes in net assets of the Master Trust are as follows for the year ended October 31, 2025 (in thousands):

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Net realized and unrealized appreciation	
in fair value of investments	\$ 110,851
Dividends and interest	3,759
Total additions	114,610
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Disbursements to plan accounts	99,100
Administrative expenses	3,004
Total deductions	102,104
CHANGE IN NET ASSETS	12,506
NET ASSETS	
Beginning of year	1,054,330
End of year	\$ 1,066,836

NOTE 8 – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at October 31, 2025 and 2024.

Collective trusts – Units held in collective trusts (CTs) are valued using the net asset value (NAV) practical expedient of the CT as reported by the CT managers. The NAV is based on the fair value of the underlying assets owned by the CTs, minus its liabilities, and then divided by the number of units outstanding. This NAV practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported net asset value. The NAV of a CT is calculated based on a compilation of primarily observable market information. There are no redemption restrictions on the Plan's investments in CTs.

The Master Trust has a significant investment in the Ninety One Emerging Markets Equity Fund that is not a direct filing entity. The Fund's investment objective is to achieve long term capital growth through primarily investment in equity securities issued by companies or equity-related securities of companies established and/ or listed on an exchange in emerging markets, or companies which are established and/or listed on exchanges outside emerging markets but which carry out a significant portion of their economic activity in emerging markets.

Pooled separate accounts – Units held in pooled separate accounts (PSAs) are valued using the NAV practical expedient of the PSA as reported by the account managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSA, minus its liabilities, and then divided by the number of units outstanding. There are no redemption restrictions on the Plan's investments in PSAs.

The Master Trust has a significant investment in the PRISA Core RE fund that is not a direct filing entity. The PSA seeks to provide capital appreciation and income by investing primarily in domestic real estate securities.

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

Preferred stocks, corporate debt instruments, U.S. government securities, and other investments (municipal bonds and interest-bearing cash) – Valued using the market approach based on quoted exchange rates or at the last settlement price at the end of each day on the board of trade or exchange upon which they are traded. When active market quotes are not available, the Company uses industry standard valuation models. Where applicable, these models project future cash flows and discount the future amounts to a present value using market-based observable inputs including interest rate curves, credit risk, foreign exchange rates, and forward and spot prices for currencies.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of October 31, 2025 and 2024 (in thousands):

Fair Value Measurements at October 31, 2025				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,786	\$ -	\$ -	\$ 1,786
U.S. government securities	68,300	30,242	-	98,542
Corporate debt instruments	-	26,854	-	26,854
Preferred stock	-	1,176	-	1,176
Other investments	-	1,551	-	1,551
Total assets in the fair value hierarchy	<u>\$ 70,086</u>	<u>\$ 59,823</u>	<u>\$ -</u>	129,909
Investments measured at NAV practical expedient				<u>935,823</u>
Investments, at fair value				<u>\$ 1,065,732</u>

Fair Value Measurements at October 31, 2024				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 11,513	\$ -	\$ -	\$ 11,513
U.S. government securities	68,067	29,419	-	97,486
Corporate debt instruments	-	25,511	-	25,511
Preferred stock	-	1,182	-	1,182
Other investments	-	1,056	-	1,056
Total assets in the fair value hierarchy	<u>\$ 79,580</u>	<u>\$ 57,168</u>	<u>\$ -</u>	136,748
Investments measured at NAV practical expedient				<u>965,683</u>
Investments, at fair value				<u>\$ 1,102,431</u>

NOTE 9 – FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK

In the normal course of operations, assets in the Master Trust are invested in financial instruments that may give rise to off-balance sheet risk. These instruments involve, in varying degrees, elements of credit and market risk in excess of the amounts recognized on the statements of net assets available for benefits. The notional value provides a measure of the Master Trust's involvement in such instruments but is not indicative of potential loss. The intent is to use these financial instruments to reduce, rather than increase, market risk. There were no investments in financial instruments that resulted in off-balance sheet risk as of October 31, 2025 and 2024.

NOTE 10 – TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service in February 2017. The Benefits Committee (the Committee) believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the Master Trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes. Accordingly, no provision for federal or state income taxes has been provided in the financial statements.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11 – RISKS AND UNCERTAINTIES

The Master Trust provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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

NOTE 12 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments held in the Master Trust are managed by the custodian of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Keysight Technologies, Inc. Retirement Plan

Notes to Financial Statements

NOTE 13 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 as of October 31 (in thousands):

	2025	2024
Net assets available for benefits per the financial statements	\$ 743,249	\$ 721,723
Net assets held in the 401(h) account	178,095	171,312
Net assets available for benefits per the Form 5500	<u>\$ 921,344</u>	<u>\$ 893,035</u>

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but can be used only to pay retiree health and welfare benefits.

The following is a reconciliation of the components affected in the changes in net assets available for benefits per the financial statements to the Form 5500 as a result of the 401(h) account change in net asset activity included in the Form 5500 but not the financial statements for the year ended October 31, 2025 (in thousands):

	Amounts per the financial statements	Reconciling amounts	Amounts per the Form 5500
Beneficial interest in investment gain of the Master Trust	\$ 74,550	\$ 22,456	\$ 97,006
Benefits paid to participants	(59,014)	(15,338)	(74,352)
Administrative expenses	(2,227)	(335)	(2,562)

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan provisions were most recently amendment and restated effective November 1, 2022.

Covered employees Permanent U.S. employees of Keysight Technologies, Inc. The plan is closed to new hires effective August 1, 2015.

Participation date Eligible employees become participants in the plan on the November 1 or May 1 following completion of two years of service.

Definitions

Service Service is measured from commencement of employment to termination of employment and is expressed as a period of years and months.

For purposes of the percentage of the accrual under the Stable Value Benefit, a Year of Service shall only include periods on a designated Keysight or participating company payroll.

Vesting service Employees are immediately vested once participation requirements are met.

Credited service Credited Service prior to October 31, 2009 is based on an anniversary year measurement period and hours of service earned during the anniversary year. Credited Service after October 31, 2009 is based on months of service. Credited Service is limited to 30 years.

Eligible pay For purposes of the Stable Value Benefit, "Eligible Pay" is the amount of base salary as of the end of each month. For employees who receive commission, eligible pay is "target rate," which is salary that would be paid assuming 100% of quota is achieved. For part time employees, Eligible Pay is base pay rate multiplied by the percentage of normal hours.

Final Average Compensation Final Average Compensation is calculated by using the highest average of the monthly pay rates during any previous 12 consecutive quarters, but not exceeding the Social Security Wage Base in any quarter. However, Final Average Compensation cannot exceed Covered Compensation.

This is frozen as of October 31, 2009, except for Lumileds employees.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Covered compensation	Covered Compensation is the average of the taxable wage bases for the 35 calendar years ending with the lesser of 2009 and the year in which the participant attains Social Security Retirement Age. This is frozen as of October 31, 2009, except for Lumileds employees.
Highest average pay rate	The average of the monthly pay rates during any previous 20 consecutive quarters. This is frozen as of October 31, 2009, except for Lumileds employees.
Social Security benefit	The Social Security taxable wage base in effect for a Plan Year is the amount for the calendar year in which the Plan Year begins.
Plan Year	November 1 through October 31.
Normal retirement date (NRD)	The last day of the month in which the employee attains age 65.
Monthly pension benefit	Traditional Benefit: An annuity payable at NRD equal to 1.5% of the Highest Average Pay Rate for each year of Credited Service frozen as of October 31, 2009, reduced by the employee's Offset Amount, and reduced by the single life annuity value of the employee's account in the Keysight Technologies, Inc. Deferred Profit Sharing Plan. However, the Deferred Profit Sharing reduction shall only be applied to pension credit accrued prior to November 1, 1993. No Deferred Profit Sharing contributions will be made after October 31, 1993. An employee's Offset Amount is equal to the lesser of: • 0.5 times 1.50% of the lesser of (a) highest average pay or (b) Final Average Compensation, times years of Credited Service frozen as of October 31, 2009, or • 0.60% of Final Average Compensation, times years of Credited Service frozen as of October 31, 2009. Stable Value Benefit: A lump sum payable at NRD which accrues for each month of Credited Service on or after November 1, 2009. The accrual equals the sum of 11% of eligible pay plus 3% of eligible pay rate for service over 15 years plus 5% of eligible pay over 50% of the Social Security Wage Base. Lumileds employees do not accrue a Stable Value Benefit.

Plan Name:	Keysight Technologies, Inc. Retirement Plan
EIN / PN:	46-4254555/002
Plan Sponsor:	Keysight Technologies, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	An employee retiring after attaining age 55 and 15 years of service.
Postponed retirement	Retirement after NRD.
Vested termination	Employees are 100% vested upon becoming participants in the Plan.
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The benefit which would be payable as of the first day of the month following his or her Normal Retirement Date.
Early retirement	Traditional Benefit: Benefit reduced by 1/180th for each of the first sixty months, and 1/360th for each additional month before normal retirement age. Stable Value Benefit: Benefit reduced by 5% compounded annually for each year before normal retirement age.
Postponed retirement	Monthly pension benefit determined as of actual retirement date with actuarial adjustments for work beyond age 70 ½.
Vested termination	Traditional Benefit after 15 years of service: Actuarial equivalent of age 55 early retirement benefit with DPSP offset projected to age 55. Traditional Benefit before 15 years of service: Benefit with DPSP offset projected to age 65 reduced by early retirement factor. Stable Value Benefit: Benefit reduced by 5% compounded annually for each year before normal retirement age.

Plan Name:	Keysight Technologies, Inc. Retirement Plan
EIN / PN:	46-4254555/002
Plan Sponsor:	Keysight Technologies, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement Benefits for those who terminate due to disability are the same as the benefits for an employee terminating without a disability.

Preretirement death Traditional Benefit: 100% of the present lump sum value determined as of the day before your date of death, or if you are married, no less than the lump sum actuarially equivalent value of the beneficiary's portion of the 50% Joint and Survivor Annuity.

Stable Value Benefit: 100% of the lump sum value determined as of the day before your date of death.

Other Plan Provisions

Forms of payment Normal form of payment: The normal form of payment is a single life annuity if you are single, and a 50% joint and survivor annuity if you are married.

Optional forms of payment: Optional forms include a single lump sum distribution, a joint and 50% survivor annuity, a joint and 75% survivor annuity, or a joint and 100% survivor annuity. Conversions between forms of payments are actuarial equivalent using the applicable § 417(e) interest and mortality rates.

Pension Increases None.

Plan participants' contributions None.

Annuity Value of Deferred Profit Sharing Account The Annuity Value is equal to the employee's Deferred Profit Sharing account, accumulated with 8% interest compounded annually from the date of valuation of such account to the date as of which the annuity value is being determined, and then converted to an actuarially equivalent annuity using § 417(e) interest and mortality rates.

Maximum limits on benefits and pay All benefits and pay may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Benefits and pay in excess of maximum limitations are included in the Supplemental Benefit Retirement Plan.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

The plan was amended in October 2023 to increase the traditional benefit portion of survivor benefits to 100% of the lump sum actuarial equivalent of the traditional benefit. This amendment is reflected in the November 1, 2023 funding target shown in this report, but not in the October 31, 2023 ASC 960 liability.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of November 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	13	24	0	0	0	0	0	0	37
	-	-	-	147,913	-	-	-	-	-	-	141,953
35-39	0	0	9	49	14	0	0	0	0	0	72
	-	-	-	162,730	-	-	-	-	-	-	163,952
40-44	0	0	11	56	66	18	1	0	0	0	152
	-	-	-	149,060	165,575	-	-	-	-	-	156,486
45-49	0	0	6	36	44	81	43	2	0	0	212
	-	-	-	148,257	149,409	166,009	174,044	-	-	-	160,566
50-54	0	0	11	20	27	76	124	19	0	0	277
	-	-	-	151,217	134,607	153,772	168,291	-	-	-	156,085
55-59	0	0	5	23	16	58	113	96	0	0	311
	-	-	-	161,948	-	158,648	167,771	186,489	-	-	169,662
60-64	0	0	7	23	26	51	85	240	0	0	432
	-	-	-	143,085	143,521	140,092	164,214	164,345	-	-	158,532
65-69	0	0	6	12	8	17	35	157	0	0	235
	-	-	-	-	-	-	128,170	150,976	-	-	142,184
70 & over	0	0	0	5	2	3	4	34	0	0	48
	-	-	-	-	-	-	-	137,950	-	-	128,435
Total	0	0	68	248	203	304	405	548	0	0	1,776
	-	-	134,660	149,835	150,733	154,770	163,903	161,681	-	-	157,065

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

Plan Name: Keysight Technologies, Inc. Retirement Plan

EIN / PN: 46-4254555/002

Plan Sponsor: Keysight Technologies, Inc.

Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month July
- Interest rate basis 3-Segment Rates
- Apply ARPA Yes

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.99%	4.99%
• Second segment rate	5.29%	5.29%
• Third segment rate	5.59%	5.29%
• Effective interest rate	5.36%	5.27%

The above rates were also used for lump sum and annuity conversion.

Annual rates of increase

- Compensation 3.50%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation 2.70%
- Expected return on Deferred Profit Sharing Plan balances 7.50%

Plan-related expenses \$1,720,000; the plan sponsor pays administrative expenses directly from the trust.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

Demographic Assumptions

Percentage assumed to terminate during the year	
Age	Rate
20	0.2200
25	0.1132
30	0.0982
35	0.0663
40	0.0410
45	0.0350
50	0.0298
55	0.0600

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age are shown below (disregarding at-risk assumptions).

Percentage assumed to retire during the year	
Age	Rate
55-59	0.025
60-62	0.050
63-65	0.100
66-71	0.180
72 and over	1.00

Benefit commencement dates:

- Preretirement death benefit Paid upon death of active participant.
- Deferred vested benefit 50% immediate and 50% deferred to age 65.
- Disability benefit Upon disablement.
- Retirement benefit Upon separation from service.

Form of payment

Participants are assumed to elect a form of payment according to the following schedule:

Form of Payment	
Active participants eligible for retirement	80% immediate lump sum 20% immediate single life annuity
Active participants ineligible for retirement	50% immediate lump sum 40% age 65 lump sum 10% age 65 single life annuity
Terminated participants with deferred vested benefits	80% age 65 lump sum 20% age 65 single life annuity
Surviving spouse of deceased active participants	100% immediate lump sum

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.

Spouse age

Wife three years younger than husband.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as the current annual rate of pay.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Keysight Technologies, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Keysight Technologies, Inc., through its third party administrator, furnished participant data as of November 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Data assumptions are documented in the *"Keysight 11-1-2024 Data Summary"* provided on April 29, 2025.

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

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of November 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	11/01/2024	27,687,128	15.00000	27,687,128	2,577,415
2. Shortfall	11/01/2023	15,859,653	14.00000	14,896,611	1,452,438
3. Shortfall	11/01/2022	39,669,249	13.00000	35,722,771	3,665,893
Total				78,306,510	7,695,746

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.025	1,000	1.000000	0.025000	1.375000
56	0.025	975	0.975000	0.024375	1.365000
57	0.025	951	0.950625	0.023766	1.354641
58	0.025	927	0.926859	0.023171	1.343946
59	0.025	904	0.903688	0.022592	1.332940
60	0.050	881	0.881096	0.044055	2.643287
61	0.050	837	0.837041	0.041852	2.552975
62	0.050	795	0.795189	0.039759	2.465085
63	0.100	755	0.755429	0.075543	4.759205
64	0.100	680	0.679886	0.067989	4.351273
65	0.100	612	0.611898	0.061190	3.977336
66	0.180	551	0.550708	0.099127	6.542412
67	0.180	452	0.451581	0.081285	5.446062
68	0.180	370	0.370296	0.066653	4.532424
69	0.180	304	0.303643	0.054656	3.771244
70	0.180	249	0.248987	0.044818	3.137237
71	0.180	204	0.204169	0.036750	2.609285
72	1.000	167	0.167419	0.167419	12.054150

Average age at retirement 65.613502

Rounded for Schedule SB item 22 66

Plan Name: Keysight Technologies, Inc. Retirement Plan
 EIN / PN: 46-4254555/002
 Plan Sponsor: Keysight Technologies, Inc.
 Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	16,102,685	15,587,800	11,596,490	43,286,975
2025	17,526,778	8,785,244	11,435,516	37,747,538
2026	20,154,978	10,002,862	11,258,848	41,416,688
2027	20,873,280	10,170,028	11,065,327	42,108,635
2028	22,510,421	11,937,751	10,853,697	45,301,869
2029	22,998,588	12,700,563	10,622,655	46,321,806
2030	24,200,325	12,214,093	10,370,901	46,785,319
2031	24,796,145	11,952,095	10,097,205	46,845,445
2032	25,096,623	11,567,056	9,800,521	46,464,200
2033	24,782,548	13,703,221	9,480,053	47,965,822
2034	23,790,288	11,882,752	9,135,339	44,808,379
2035	24,355,899	12,355,190	8,766,345	45,477,434
2036	23,939,259	13,314,731	8,373,533	45,627,523
2037	23,056,742	12,742,055	7,957,944	43,756,741
2038	22,680,459	13,159,406	7,521,255	43,361,120
2039	21,438,568	13,214,822	7,065,773	41,719,163
2040	21,203,021	12,397,977	6,594,435	40,195,433
2041	20,671,367	12,668,926	6,110,816	39,451,109
2042	20,456,157	11,766,677	5,619,134	37,841,968
2043	18,661,756	11,834,960	5,124,239	35,620,955
2044	18,288,060	10,736,129	4,631,507	33,655,696
2045	16,992,198	10,196,643	4,146,707	31,335,548
2046	16,198,346	9,549,109	3,675,795	29,423,250
2047	15,881,133	9,050,308	3,224,591	28,156,032
2048	14,521,845	8,971,317	2,798,450	26,291,612
2049	13,187,808	8,331,273	2,401,972	23,921,053
2050	12,054,530	7,249,929	2,038,739	21,343,198
2051	11,134,699	7,068,539	1,711,111	19,914,349
2052	10,008,779	6,555,494	1,420,204	17,984,477

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	9,752,457	5,662,177	1,165,932	16,580,566
2054	8,642,949	5,102,073	947,120	14,692,142
2055	7,767,740	4,890,423	761,693	13,419,856
2056	6,909,763	4,204,542	606,907	11,721,212
2057	6,192,359	3,745,695	479,564	10,417,618
2058	5,295,805	3,289,920	376,224	8,961,949
2059	4,698,567	2,893,570	293,421	7,885,558
2060	4,246,319	2,549,688	227,815	7,023,822
2061	3,691,807	2,234,417	176,322	6,102,546
2062	3,270,816	1,947,080	136,215	5,354,111
2063	2,855,676	1,686,742	105,145	4,647,563
2064	2,490,006	1,452,261	81,151	4,023,418
2065	2,148,777	1,242,374	62,644	3,453,795
2066	1,869,171	1,055,726	48,359	2,973,256
2067	1,618,278	890,928	37,313	2,546,519
2068	1,394,295	746,557	28,756	2,169,608
2069	1,195,399	621,126	22,113	1,838,638
2070	1,019,716	513,096	16,948	1,549,760
2071	865,358	420,876	12,934	1,299,168
2072	730,502	342,876	9,821	1,083,199
2073	613,383	277,516	7,419	898,318

Plan Name: Keysight Technologies, Inc. Retirement Plan
EIN / PN: 46-4254555/002
Plan Sponsor: Keysight Technologies, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
► 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 KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KEYSIGHT TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 46-4254555
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	721,722,769	
b	Actuarial value	2b	649,550,492	
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	745	127,593,818	127,593,818
b	For terminated vested participants	2,327	182,700,597	182,700,597
c	For active participants	1,776	320,268,505	320,268,505
d	Total	4,848	630,562,920	630,562,920
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.36%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	17,248,613	
b	Expected plan-related expenses	6b	1,720,000	
c	Target normal cost	6c	18,968,613	

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	Steven T. James  Signature of actuary	6/22/2026 Date
Steven T. James Type or print name of actuary		2606406 Most recent enrollment number
Willis Towers Watson US LLC Firm name		901-930-0000 Telephone number (including area code)
3340 Players Club Parkway Suite 200 Memphis TN 38125 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	103,689,820
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	26,263,366
9 Amount remaining (line 7 minus line 8)	0	77,426,454
10 Interest on line 9 using prior year's actual return of <u>25.66</u> %	0	19,867,628
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	97,294,082

Part III Funding Percentages

14 Funding target attainment percentage	14	87.58 %
15 Adjusted funding target attainment percentage	15	103.01 %
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	91.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.99 % 2nd segment: 5.29 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	66
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	18,968,613
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	78,306,510	7,695,746
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
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	26,664,359
36	Additional cash requirement (line 34 minus line 35).....		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		