

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/31/2002
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) ALLIED IRISH BANKS, PLC 825 3RD AVE FL 14 NEW YORK, NY 10022-9516
2b	Employer Identification Number (EIN) 13-2774656
2c	Plan Sponsor's telephone number 212-339-8160
2d	Business code (see instructions) 551111

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.	08/24/2026	YANINA KRUBITSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2026	YANINA KRUBITSKI
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 263
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) 13 6a(2) 13 6b 49 6c 189 6d 251 6e 10 6f 261 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 Characteristic Codes in the instructions:

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 0
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED IRISH BANKS, PLC	D Employer Identification Number (EIN) 13-2774656	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	721073	266	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ 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 THE ALLIED IRISH BANK PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ALLIED IRISH BANKS, PLC	D Employer Identification Number (EIN) 13-2774656
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	28951473	
b	Actuarial value	2b	26473922	
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	54	10727350	10727350
b	For terminated vested participants	195	13172956	13172956
c	For active participants	13	1399926	1507942
d	Total	262	25300232	25408248
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	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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 DANIEL W. GARDECKI Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17852, AON PO BOX 7505 FORT WASHINGTON, PA 19034 Address of the firm	08/10/2026 Date 26-05777 Most recent enrollment number 410-547-2911 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	5229703
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5229703
10 Interest on line 9 using prior year's actual return of <u>15.03</u> %	0	786024
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>5.22</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	6015727

Part III Funding Percentages

14 Funding target attainment percentage	14	80.51 %
15 Adjusted funding target attainment percentage	15	104.19 %
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	83.08 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.00 %2nd segment:
5.27 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

60

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**

0

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

0

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

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)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED IRISH BANKS, PLC	D Employer Identification Number (EIN) 13-2774656	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	22477	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(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?
21 50	TRUSTEE	5402	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.	

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)
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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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST	B Three-digit plan number (PN) ► 001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALLIED IRISH BANKS, PLC	D Employer Identification Number (EIN) 13-2774656
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND MARKET INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOV BD INDEX FD

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

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231240
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a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMED GOVT BD INDEX FD

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

c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2087150
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BD		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19168127
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CR BD		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2787830
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YR US TREAS STRIPS		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184799
a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FD		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419111
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY CL I		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1575791
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FD		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1032921
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY FUND		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165041
a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY FUND		
b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
c EIN-PN 88-6547562-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 435509
a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED LIABILITY DRIVEN INV		
b Name of sponsor of entity listed in (a): AON HEWITT		
c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2076393
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 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 2025 This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED IRISH BANKS, PLC		D Employer Identification Number (EIN) 13-2774656

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)		1040
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		335290
(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)		30163912
(10) Value of interest in pooled separate accounts	1c(10)	9730508	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19220970	
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	28951478	30500242

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	28951478	30500242
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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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22589	
(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)		22589
(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)	239611	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		239611
(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)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	76393	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		76393

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1137519
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		293700
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		774342
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2544154

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	967511	
(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)		967511
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)	22477	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5402	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		27879
j Total expenses. Add all expense amounts in column (b) and enter total	2j		995390

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1548764
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, PC**

(2) EIN: **13-5381590**

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?	☒		500000
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 585628.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ALLIED IRISH BANK PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED IRISH BANKS, PLC		D Employer Identification Number (EIN) 13-2774656
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

The Allied Irish Bank Pension Plan and Trust

**Financial Statements and
ERISA-Required Supplemental Schedules**
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



The Allied Irish Bank Pension Plan and Trust

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The Allied Irish Bank Pension Plan and Trust

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

The Pension Committee
The Allied Irish Bank Pension Plan and Trust
New York, New York

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

We have performed audits of the financial statements of The Allied Irish Bank Pension Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and the ERISA-required Supplemental Schedule H, line 4j- Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to



prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

August 20, 2026

The Allied Irish Bank Pension Plan and Trust

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2025	2024
Assets		
Investments, at fair value:		
Mutual funds	\$ 336,330	\$ 19,220,970
Collective investment trusts	30,163,912	-
Pooled separate accounts	-	9,730,508
Total Investments, at fair value	30,500,242	28,951,478
Net Assets Available for Plan Benefits	\$ 30,500,242	\$ 28,951,478

*See accompanying independent auditor's report
and notes to financial statements.*

The Allied Irish Bank Pension Plan and Trust
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2025	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 2,236,005	\$ 3,190,704
Interest and dividend income	308,149	723,749
Total Additions	2,544,154	3,914,453
Deductions		
Benefits paid to participants	967,511	1,459,480
Administrative expenses	27,879	33,420
Total Deductions	995,390	1,492,900
Net Increase	1,548,764	2,421,553
Net Assets Available for Benefits, beginning of year	28,951,478	26,529,925
Net Assets Available for Benefits, end of year	\$ 30,500,242	\$ 28,951,478

*See accompanying independent auditor's report
and notes to financial statements.*

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

1. Description of the Plan

The following brief description of The Allied Irish Bank Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by Allied Irish Bank (the Bank), a subsidiary of Allied Irish Bank, p.l.c. (the Plan Sponsor or the Company). Effective December 31, 2013, the Plan is no longer available for participation by new employees. The Plan included all employees who have attained the age of 21 and have completed one year of eligible service, either with the Bank or Allfirst Financial Inc. or the two combined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was restated January 1, 2016 and last amended April 1, 2018 to comply with Internal Revenue Service (IRS) standards.

Prior to August 14, 2025, the Plan's trustee was Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company. Effective August 14, 2025, the Plan's trustee is Principal Bank (collectively, Principal or the Trustees). Effective June 1, 2025, Aon Investments USA Inc. (the Investment Manager) was engaged to provide investment management services to the Plan.

Pension Benefits

Normal Retirement

Under the terms of the Plan document, participants are eligible for pension benefits upon reaching age 65. Normal retirement benefits are equal to:

- 0.85% of the participant's average compensation times the number of years of credited service, as defined, up to a maximum of 15 years.
- 1.13% of the participant's average compensation times the number of years of credited service in excess of 15 years, up to an additional 20 years.
- 0.40% of the participant's average compensation in excess of monthly covered compensation times years of credited service, up to a maximum of 35 years.

Effective December 31, 2013, Plan participants shall not receive further credited or continuous service.

Average compensation is the average of the five highest paid consecutive years, as defined by the Plan document within the final ten complete calendar years, including the calendar year in which the participant's normal retirement or earlier termination of employment occurs. Covered compensation is the average of the Social Security wage bases (as published by the Social Security Administration) in effect for each calendar year up to the participant's Social Security retirement age. Pension benefits are paid as a life annuity if the participant is single; an actuarially equivalent 50%, 66 ²/₃%, 75%, or 100% joint and survivor annuity if the participant is married; or an actuarially equivalent alternative form of payment. A special formula applies to the pension benefit calculation for the participants who meet the Plan provision for Rule of 70 and Rule of 90, as defined in the Plan document.

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

Early Retirement

Participants may elect early retirement and receive benefits, provided they have reached the age of 55 and have at least five years of vesting service. Benefits commencing prior to age 65 are equal to the actuarial equivalent on the date payments begin of the accrued benefit at the date of retirement.

Deferred Retirement

The deferred retirement benefit payable to a participant who retires after their normal retirement date shall be based on the participant's history of compensation and credited service through the actual retirement date.

Death Benefits

A benefit is payable to the eligible surviving spouse of a participant who has already qualified for a pension benefit and who has not commenced benefit payments. The spouse will receive 50%, 66 ²/₃%, 75%, or 100% of the accrued benefit at date of death computed as if such participant had elected the qualified joint and survivor annuity form of payment and had retired on date of death or age 55, if later. The spouse's benefit commences when the participant would have been age 55 or at the participant's date of death, if later. A dependent's benefit is payable to the eligible surviving spouse of the participant, if the participant has completed 25 years of service or has attained age 55 and completed 15 years of service and dies while they are an employee.

Vesting and Forfeitures

A participant becomes fully vested upon completion of five years of service. A participant terminating employment prior to completing five years of service forfeits all of their defined benefits accumulated in the Plan.

Funding Policy

The Bank has agreed to make contributions to the Plan as determined by the Plan's actuary sufficient to provide the Plan with assets to pay pension benefits to Plan participants. The funding method used by the actuary is the standard unit cost method of funding. These contributions are subject to the minimum funding requirements of ERISA and maximum contribution limitations of the Internal Revenue Code (IRC). The Plan has met its minimum funding requirements in 2025 and 2024.

2. Summary of Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

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; disclosures of contingent assets and liabilities; and the actuarial present value of

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date (an exit price). See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are paid by the Bank and are excluded from these financial statements, except for investment management and certain trustee fees. Most of these fees are charged against the assets of the applicable investment fund, to which such expenses directly relate. Investment management and trustee services fees charged by the Trustees are paid from Plan assets.

3. Risks and Uncertainties

Due to various risks (e.g., interest rate, market, and credit risks) associated with certain investments and the level of uncertainty related to the changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near-term would be material to the financial statements and corresponding footnote disclosures. As of December 31, 2025 and 2024, one investment comprised approximately 63% and 28%, respectively, of total net assets available for benefits.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees rendered through December 31, 2013. 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,

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuary, Aon Consulting, Inc, as of the beginning of the subsequent Plan year. Had the valuation been prepared as of December 31, there would be no material differences in the actuarial present value of accumulated Plan benefits. The actuarial present value of accumulated Plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated Plan benefits are as follows:

<i>December 31,</i>	2025	2024
Vested benefits:		
Participants currently receiving payment	\$ 11,535,009	\$ 10,710,079
Terminated participants	13,384,778	13,253,768
Other participants	1,607,543	1,508,385
Total	\$ 26,527,330	\$ 25,472,232

The change in the actuarial present value of accumulated Plan benefits is as follows:

Year ended December 31, 2025

Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$ 25,472,232
Increase (decrease) attributed to:	
Interest accumulation	1,362,222
Benefits accumulated (including adjustments for gains and losses)	69,309
Benefits paid	(967,511)
Changes in actuarial assumptions	591,078
Net Increase	1,055,098
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 26,527,330

The significant assumptions underlying the actuarial computations are as follows:

Discount rate	5.25% for 2025 5.45% for 2024
Mortality basis	Amounts-weighted aggregate rates from Pri-2012 mortality study with generational projections using scale MP-2019 for both 2025 and 2024.

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

The retirement rates are as follows:

Age	Rate (%)
55-59	20
60-64	25
65-66	50
67	100

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

5. Information Certified by the Trustees

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividend income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustees, qualified institutions. Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company certified information for the period from January 1, 2025 to August 13, 2025 and as of and for the year ended December 31, 2024. Principal Bank certified information as of and for the year ended December 31, 2025.

6. Fair Value Measurement

The Plan follows the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - This level consists of inputs to the valuation methodology that include:

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

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

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

Level 3 - This level consists of inputs to the valuation methodology that 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy of ASC 820.

Mutual Funds - Mutual funds are valued at unadjusted quoted prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Collective Investment Trusts (CITs) - Collective investment trusts are valued at the NAV of units held. The NAV, as provided by the trustee of the CITs, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CIT less its liabilities. This practical expedient is not used when it is determined to be probable that the CITs will sell for an amount different than the reported NAV. The CITs provide for daily redemptions by the Plan at reported NAV with 0 to 15 days' notice. There are no unfunded commitments related to these investments as of December 31, 2025. These are direct filing entities.

Pooled Separate Accounts - Pooled separate accounts are valued at the NAV as reported by each fund as a practical expedient to estimate fair value of the Plan's interest therein. The Plan's investment in pooled separate accounts can be redeemed daily with one-day notice at the current NAV per share. There were no unfunded commitments as of December 31, 2024. These are direct filing entities.

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

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The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2025

	Level 1		Level 2		Level 3		Total
Mutual fund	\$	336,330	\$	-	\$	-	\$ 336,330
Total Investment Assets, in the fair value hierarchy	\$	336,330	\$	-	\$	-	336,330
CITs, measured at NAV*							30,163,912
Total Investments, at fair value							\$ 30,500,242

December 31, 2024

	Level 1		Level 2		Level 3		Total
Mutual funds	\$	19,220,970	\$	-	\$	-	\$ 19,220,970
Total Investment Assets, in the fair value hierarchy	\$	19,220,970	\$	-	\$	-	19,220,970
Pooled separate accounts, measured at NAV*							9,730,508
Total Investments, at fair value							\$ 28,951,478

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There have been no changes in the valuation methodologies of these items held at December 31, 2025 and 2024.

7. Party-in-Interest Transactions

For the years ended December 31, 2025 and 2024, the Plan held shares of investments sponsored by Principal, or its subsidiaries and affiliates. For the year ended December 31, 2025, the Plan held shares of investments sponsored by Aon Trust Company LLC (Aon), an affiliate of the Investment Manager. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to the Trustees. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

8. Plan Termination

Although it has not expressed any intention to do so, the Bank has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of the termination of the Plan:

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

The Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA, which is generally as follows:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five-years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), up to applicable limitations (discussed below).
- All other vested benefits (i.e., vested benefits not insured by the PBGC).
- All non-vested benefits.

To the extent there are unfunded vested benefits other than benefits becoming vested by termination of the Plan, ERISA provides that such benefits are payable to participants by the PBGC, up to specified limitations.

Any funds available for distribution after the payment in full of retirement benefits described above shall be deemed to have become available as a result of actuarial error and shall be made available to the Bank.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefits that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,432 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or Plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

9. Tax Status

The IRS has determined and informed the Bank by a letter dated December 18, 2017 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended and restated since the date of the opinion letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

The Allied Irish Bank Pension Plan and Trust

Notes to Financial Statements

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

10. Subsequent Events

The Plan has evaluated subsequent events through August 20, 2026, the date the financial statements were available to be issued, and there were no subsequent events requiring adjustments to the financial statements or disclosures stated herein.

ERISA-Required Supplemental Schedules

The Allied Irish Bank Pension Plan and Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 13-2774656 Plan No.: 001

December 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
		<u>Shares</u>		
Mutual Fund				
* Principal	Principal Government Money Market Fund	336,329	\$ 336,330	\$ 336,330
Total Mutual Fund			336,330	336,330
Collective Investment Trusts				
* Aon	Aon CIT US Long Govt Bond Index Fund	34,668	225,000	231,240
* Aon	Aon CIT US Intermediate Govt Bond Index Fund	203,030	2,054,652	2,087,150
* Aon	Aon CIT Long Credit Bond Fund	2,092,590	18,490,569	19,168,127
* Aon	Aon CIT Intermediate Credit Bond Fund	250,704	2,710,000	2,787,830
* Aon	Aon CIT 20+ Year US Treasury STRIPS Fund	37,946	182,143	184,799
Global Trust Company	NISA Ultra Long Treasury Fund	37,675	420,632	435,509
Global Trust Company	NISA Ultra Mid Treasury Fund	13,145	154,629	165,041
* Aon	Aon CIT Non-US Equity Index Fund	24,352	375,032	419,111
* Aon	Aon CIT Global Equity Fund	49,882	1,455,075	1,575,791
* Aon	Aon CIT Large Cap Equity Index Fund	46,993	933,765	1,032,921
* Aon	Aon Enhanced Liability Driven Investing Fund	203,248	2,000,000	2,076,393
Total Collective Investment Trusts			29,001,497	30,163,912
Total Investments, per financial statements			\$ 29,337,827	\$ 30,500,242

* A party-in-interest, as defined by ERISA.

The Allied Irish Bank Pension Plan and Trust

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 13-2774656

Plan No.: 001

Year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	\$14,411,228	\$ -	\$ -	\$ -	\$14,411,228	\$14,411,228	\$ -
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	20,011,647	-	-	-	20,011,647	20,011,647	-
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	-	20,011,647	-	-	20,140,228	20,011,647	(128,581)
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	-	20,011,647	-	-	20,011,647	20,011,647	-
PIMCO	PIMCO Short Term Fund	-	2,286,547	-	-	2,323,646	2,286,547	(37,099)
Dodge & Cox	Dodge & Cox Stock Fund	-	3,917,754	-	-	2,960,536	3,917,754	957,218
JPMorgan	JPMorgan Large Cap Growth Fund	-	8,396,193	-	-	5,133,709	8,396,193	3,262,484
* Principal	Global Investors - Principal Core Plus Bond Separate Account Z	-	3,245,918	-	-	2,863,345	3,245,918	382,573
* Principal	Global Investors - Principal LargeCap S&P 500 Index Separate Account Z	-	3,967,382	-	-	1,550,138	3,967,382	2,417,244
* Aon	Aon CIT Long Credit Bond Fund	19,450,000	-	-	-	19,450,000	19,450,000	-
* Aon	Aon CIT Intermediate Credit Bond Fund	3,500,000	-	-	-	3,500,000	3,500,000	-
* Aon	Aon Enhanced Liability Driven Investing Fund	2,000,000	-	-	-	2,000,000	2,000,000	-
* Aon	Aon CIT Global Equity Fund	1,475,000	-	-	-	1,475,000	1,475,000	-
* Principal	Principal Government Money Market Fund	29,511,494	-	-	-	29,511,494	29,511,494	-

The Allied Irish Bank Pension Plan and Trust

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 13-2774656

Plan No.: 001

Year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets (cont'd)								
* Principal	Principal Government Money Market Fund	\$ -	\$27,760,000	\$ -	\$ -	\$27,760,000	\$27,760,000	\$ -
Category (iii) - A Series of Transactions								
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	\$34,595,137	\$ -	\$ -	\$ -	\$34,595,137	\$34,595,137	\$ -
Vanguard	Vanguard Intermediate-Term Investment-Grade Fund	-	40,088,496	-	-	40,217,675	40,088,496	(129,179)
PIMCO	PIMCO Short Term Fund	93,422	-	-	-	93,422	93,422	-
PIMCO	PIMCO Short Term Fund	-	2,295,373	-	-	2,332,463	2,295,373	(37,090)
Dodge & Cox	Dodge & Cox Stock Fund	59,899	-	-	-	59,899	59,899	-
Dodge & Cox	Dodge & Cox Stock Fund	-	3,917,754	-	-	2,960,536	3,917,754	957,218
* Principal	Global Investors - Principal Core Plus Bond Separate Account Z	349,794	-	-	-	349,794	349,794	-
* Principal	Global Investors - Principal Core Plus Bond Separate Account Z	-	3,600,580	-	-	3,178,308	3,600,580	422,272
* Principal	Global Investors - Principal LargeCap S&P 500 Index Separate Account Z	-	4,090,557	-	-	1,599,895	4,090,557	2,490,662
* Aon	Aon CIT Intermediate Credit Bond Fund	3,825,000	-	-	-	3,825,000	3,825,000	-
* Aon	Aon CIT Intermediate Credit Bond Fund	-	1,115,000	-	-	1,115,000	1,115,000	-
* Aon	Aon CIT Long Credit Bond Fund	19,765,000	-	-	-	19,765,000	19,765,000	-
* Aon	Aon CIT Long Credit Bond Fund	-	1,290,000	-	-	1,274,431	1,290,000	15,569

The Allied Irish Bank Pension Plan and Trust

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 13-2774656

Plan No.: 001

Year ended December 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - A Series of Transactions (cont'd)								
* Aon	Aon CIT US Intermediate Govt Bond Index Fund	\$ 2,300,000	\$ -	\$ -	\$ -	\$ 2,300,000	\$ 2,300,000	\$ -
* Aon	Aon CIT US Intermediate Govt Bond Index Fund	-	250,000	-	-	245,348	250,000	4,652
* Aon	Aon CIT Global Equity Fund	1,475,000	-	-	-	1,475,000	1,475,000	-
* Aon	Aon CIT Global Equity Fund	-	20,000	-	-	19,925	20,000	75
* Principal	Principal Government Money Market Fund	30,299,447	-	-	-	30,299,447	30,299,447	-
* Principal	Principal Government Money Market Fund	-	29,964,157	-	-	29,964,157	29,964,157	-

There were no category (ii) or (iv) reportable transactions.

* A party-in-interest, as defined by ERISA.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

T A I B P P T

EIN 13 2774656
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL CORE PLUS BOND SEPAR	1		\$ 349,794.28		\$ 0.00
Pooled Separate Accounts PRINCIPAL CORE PLUS BOND SEPAR		5		\$ 3,600,580.49	\$ 456,144.00
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND		2		\$ 4,090,557.14	\$ 2,474,081.70
Registered Investment Company PIMCO SHORT-TERM INSTL FUND	7		\$ 93,422.50		\$ 0.00
Registered Investment Company PIMCO SHORT-TERM INSTL FUND		2		\$ 2,295,372.74	\$ 37,090.28-
Registered Investment Company VANGUARD INTERMEDIATE-TERM INV	7		\$ 14,583,490.61		\$ 0.00
Registered Investment Company VANGUARD INTERMEDIATE-TERM INV		2		\$ 20,076,849.68	\$ 71,937.13-
Registered Investment Company DODGE & COX STOCK I FUND	2		\$ 59,899.06		\$ 0.00
Registered Investment Company DODGE & COX STOCK I FUND		1		\$ 3,917,754.50	\$ 907,936.69
Registered Investment Company JP MORGAN LARGE CAP GROWTH R6		1		\$ 8,396,193.08	\$ 3,262,484.23

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

T A I B P P T

EIN 13 2774656

PLAN NUMBER 001

PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AON HEWITT	Partnership / Joint Venture ENHANCED LIABILITY DRIVEN INV	\$ 0.00	\$ 2,076,392.72
	AON HEWITT	Common/Collective Trust GLOBAL EQUITY CL I	\$ 1,455,075.14	\$ 1,575,791.02
	PRINCIPAL	Interest Bearing Cash GOVERNMENT MONEY MARKET FUND	\$ 0.00	\$ 335,289.73
	AON HEWITT	Common/Collective Trust INTERMEDIATE CR BD	\$ 2,710,000.00	\$ 2,787,829.99
	AON HEWITT	Common/Collective Trust LARGE CAP EQUITY INDEX FD	\$ 933,764.76	\$ 1,032,921.46
	AON HEWITT	Common/Collective Trust LONG CR BD	\$ 18,490,569.00	\$ 19,168,127.04
	NISA COLLECTIVE INVESTMENT TRUST	Common/Collective Trust NISA ULTRA LONG TREASURY FUND	\$ 420,631.88	\$ 435,508.93
	NISA COLLECTIVE INVESTMENT TRUST	Common/Collective Trust NISA ULTRA MID TREASURY FUND	\$ 154,628.55	\$ 165,040.88
	AON HEWITT	Common/Collective Trust NON-US EQUITY INDEX FD	\$ 375,032.37	\$ 419,110.84
	AON HEWITT	Common/Collective Trust US INTERMED GOVT BD INDEX FD	\$ 2,054,652.30	\$ 2,087,149.83
	AON HEWITT	Common/Collective Trust US LONG GOV BD INDEX FD	\$ 225,000.00	\$ 231,240.37
	AON HEWITT	Common/Collective Trust 20+ YR US TREAS STRIPS	\$ 182,142.86	\$ 184,799.11

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	20.00%	1.75	96.00
56	20.00%	1.39	78.01
57	20.00%	1.31	74.75
58	20.00%	1.05	60.68
59	20.00%	0.83	49.23
60	25.00%	0.83	49.90
61	25.00%	1.12	68.40
62	25.00%	1.09	67.42
63	25.00%	0.81	51.15
64	25.00%	0.61	38.79
65	50.00%	0.90	58.80
66	50.00%	0.45	29.61
67	100.00%	0.44	29.80
Total		12.59	752.55
Weighted Average			59.79

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ 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 The Allied Irish Bank Pension Plan and Trust	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Allied Irish Banks, Plc	D Employer Identification Number (EIN) 13-2774656

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
---	---

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2025			
2 Assets:			
a Market value	2a	28,951,473	
b Actuarial value	2b	26,473,922	
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	54	10,727,350	10,727,350
b For terminated vested participants	195	13,172,956	13,172,956
c For active participants	13	1,399,926	1,507,942
d Total	262	25,300,232	25,408,248
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	5.35%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	0	

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	Daniel W. Gardecki 	08/10/2026
Signature of actuary		Date
DANIEL W. GARDECKI		2605777
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		410-547-2911
Firm name		Telephone number (including area code)
MSC# 17852, Aon PO Box 7505 Fort Washington PA 19034		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

Part IV Beginning of Year Balance		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,229,703
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5,229,703
10	Interest on line 9 using prior year's actual return of <u>15.03%</u>	0	786,024
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>5.22%</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	6,015,727

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	80.51 %
15	Adjusted funding target attainment percentage.....	15	104.19 %
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	83.08 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 60
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	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)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
--

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	20.00%	1.75	96.00
56	20.00%	1.39	78.01
57	20.00%	1.31	74.75
58	20.00%	1.05	60.68
59	20.00%	0.83	49.23
60	25.00%	0.83	49.90
61	25.00%	1.12	68.40
62	25.00%	1.09	67.42
63	25.00%	0.81	51.15
64	25.00%	0.61	38.79
65	50.00%	0.90	58.80
66	50.00%	0.45	29.61
67	100.00%	0.44	29.80
Total		12.59	752.55
Weighted Average			59.79

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Optional Payment Form Election Percentage	60% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and two prior years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2023 Plan Year	5.50%
2024 Plan Year	5.75%, limited to 5.59% the applicable third segment rate
2025 Plan Year	5.75%, limited to 5.50% the applicable third segment rate

Trust Expenses Included in Target Normal Cost

\$0; all admin expenses are paid outside of trust

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	20.00%
56	20.00%
57	20.00%
58	20.00%
59	20.00%
60	25.00%
61	25.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	50.00%
67	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	37.5724%	32.8759%	28.1793%	23.4828%	18.7862%	9.3931%
21	39.5592%	34.6143%	29.6694%	24.7245%	19.7796%	9.8898%
22	39.3592%	34.4393%	29.5194%	24.5995%	19.6796%	9.8398%
23	39.1508%	34.2570%	29.3631%	24.4693%	19.5754%	9.7877%
24	38.9324%	34.0659%	29.1993%	24.3328%	19.4662%	9.7331%
25	38.6968%	33.8597%	29.0226%	24.1855%	19.3484%	9.6742%
26	38.4456%	33.6399%	28.8342%	24.0285%	19.2228%	9.6114%
27	38.1752%	33.4033%	28.6314%	23.8595%	19.0876%	9.5438%
28	37.8816%	33.1464%	28.4112%	23.6760%	18.9408%	9.4704%
29	37.5624%	32.8671%	28.1718%	23.4765%	18.7812%	9.3906%
30	37.2124%	32.5609%	27.9093%	23.2578%	18.6062%	9.3031%
31	36.8272%	32.2238%	27.6204%	23.0170%	18.4136%	9.2068%
32	36.4000%	31.8500%	27.3000%	22.7500%	18.2000%	9.1000%
33	35.9280%	31.4370%	26.9460%	22.4550%	17.9640%	8.9820%
34	35.4044%	30.9789%	26.5533%	22.1278%	17.7022%	8.8511%
35	34.8248%	30.4717%	26.1186%	21.7655%	17.4124%	8.7062%
36	34.1864%	29.9131%	25.6398%	21.3665%	17.0932%	8.5466%
37	33.4868%	29.3010%	25.1151%	20.9293%	16.7434%	8.3717%
38	32.7260%	28.6353%	24.5445%	20.4538%	16.3630%	8.1815%
39	31.9024%	27.9146%	23.9268%	19.9390%	15.9512%	7.9756%
40	31.0172%	27.1401%	23.2629%	19.3858%	15.5086%	7.7543%
41	30.0604%	26.3029%	22.5453%	18.7878%	15.0302%	7.5151%
42	29.0224%	25.3946%	21.7668%	18.1390%	14.5112%	7.2556%
43	27.9040%	24.4160%	20.9280%	17.4400%	13.9520%	6.9760%
44	26.7032%	23.3653%	20.0274%	16.6895%	13.3516%	6.6758%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

Table 2 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	25.4160%	22.2390%	19.0620%	15.8850%	12.7080%	6.3540%
46	24.0212%	21.0186%	18.0159%	15.0133%	12.0106%	6.0053%
47	22.4908%	19.6795%	16.8681%	14.0568%	11.2454%	5.6227%
48	20.8000%	18.2000%	15.6000%	13.0000%	10.4000%	5.2000%
49	18.9348%	16.5680%	14.2011%	11.8343%	9.4674%	4.7337%
50	16.8988%	14.7865%	12.6741%	10.5618%	8.4494%	4.2247%
51	14.7292%	12.8881%	11.0469%	9.2058%	7.3646%	3.6823%
52	12.4912%	10.9298%	9.3684%	7.8070%	6.2456%	3.1228%
53	10.2644%	8.9814%	7.6983%	6.4153%	5.1322%	2.5661%
54	8.1388%	7.1215%	6.1041%	5.0868%	4.0694%	2.0347%
55	6.1952%	5.4208%	4.6464%	3.8720%	3.0976%	1.5488%
56	4.4988%	3.9365%	3.3741%	2.8118%	2.2494%	1.1247%
57	3.0872%	2.7013%	2.3154%	1.9295%	1.5436%	0.7718%
58	1.9756%	1.7287%	1.4817%	1.2348%	0.9878%	0.4939%
59	1.1516%	1.0077%	0.8637%	0.7198%	0.5758%	0.2879%
60	0.5856%	0.5124%	0.4392%	0.3660%	0.2928%	0.1464%
61	0.2376%	0.2079%	0.1782%	0.1485%	0.1188%	0.0594%
62+	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Effective Date	December 31, 2002. The plan was established on this date as a spin-off from the Pension Plan and Trust of All First Financial Inc. The plan was most recently amended effective December 31, 2013 to reflect a freeze in benefit accruals and participation as of that date.
Covered Employee	Any person employed by the Bank (excluding subsidiaries who have not adopted the plan), but not including persons represented by a collective bargaining unit unless participation in the plan is provided by the Bargaining Agreement.
Plan Year	The plan year is the calendar year.
Eligibility	All covered employees who were participants of the plan on December 31, 2002 shall continue to be participants. All other covered employees shall become participants on the January 1st or July 1st coincident with or next following the attainment of age 21 and one year of service during which they worked at least 1,000 hours. Employees who have one year of service and were between the ages of 21 and 25 on January 1, 1985, became participants on January 1, 1985. CCS employees are no longer eligible for the plan after August 31, 2005. Participation is closed as of December 31, 2013.
Year of Service	Any plan year during which an individual completes 1,000 hours of service. For purposes of eligibility, a year of service shall be a 12-month period commencing with an employee's date of hire.
One-Year Break in Service	Any plan year during which an individual completes 500 or less hours including overtime. Leaves of absence or military duty shall not be considered breaks in service.
Year of Credited Service	Any plan year during which an individual completes 1,000 hours of service. Benefit service accruals ceased December 31, 2013.
Maximum Covered Compensation	The average of the taxable wage bases for the 35 calendar years ending with the year in which the participant attains Social Security retirement age. Maximum covered compensation is frozen as of December 31, 2013.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Average Compensation

The average monthly rate of a participant's compensation over the five highest consecutive calendar years out of the last 10 calendar years prior to the earlier of his date of termination or his normal retirement date. If he does not have five consecutive years, the compensation for the actual number of consecutive years will be divided by the months therein. Average compensation is frozen as of December 31, 2013.

Spouse's Benefit

On the death of a vested active participant or a vested non active participant who terminated employment after January 1, 1976, his spouse will receive the survivor option of a joint and 50% survivor annuity commencing:

- (1) If the participant had not attained age 55, on the date he would have attained age 55 had he lived; or
- (2) If the participant was eligible for early retirement, immediately.

Preretirement Death Benefit

If a participant dies after either attaining age 55 with 15 years of service or completing 25 years of service, his dependent beneficiary shall receive the excess of 50% of his accrued benefit over the preretirement spouse's benefit. If his spouse is his dependent, this benefit shall be reduced 2% for each full year by which the spouse is more than five years younger than the member.

Termination of Service

Vesting in accrued benefit in accordance with the following schedule:

- (1) Less than five years of service: 0% Vested
- (2) Five or more years of service: 100 Vested

A vested member may start receiving his benefit on or after his early retirement date; it will be reduced as under the early retirement provisions if it commences before age 65. CCS active participants as of August 31, 2005 became 100% vested in their accrual benefit as of that date regardless of their years of service.

Employer Contributions

The employer shall bear the entire cost of the benefits under the plan.

Normal Retirement Benefit

Accrued benefit as of normal retirement date.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Early Retirement Benefit

A participant's early retirement benefit is his accrued benefit commencing on his early retirement date, reduced 1/200th for each of the first 60 months and 1/400th for each of the next 60 months by which the participant's early retirement date precedes his normal retirement date.

If, however, the participant has attained age 60 and the sum of his age and his years of credited service (or vesting service if greater) is at least 90, his accrued benefit shall not be reduced.

Disability Retirement Benefit

A participant's disability retirement benefit is his accrued benefit at the earlier of age 65 or early retirement date (earnings assumed level to benefit commencement date). The benefit is payable at any time after the later of the disability retirement date and the early retirement date.

Deferred Retirement Benefit

Benefit based on service from a participant's date of hire to his deferred retirement date. The deferred retirement benefit commences on a participant's actual retirement date.

Normal Form

Married Participants

Joint and 1/2 survivor, actuarially reduced

Single Participants

Life annuity

Optional Form

- (1) Joint and survivor annuity providing to a surviving beneficiary 100%, 75%, 66⅔% or 50% of the reduced amount payable to the employee.
- (2) Annuity of a 5- or 10-year guaranteed period and life thereafter.
- (3) An adjusted amount such that the total income prior to the commencement of Social Security benefits (pension only) shall equal the total income afterwards (reduced pension plus Social Security).
- (4) Lump sum

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Accrued Benefit Formula

A participant's accrued benefit at any date shall be the sum of (1), (2) and (3) below:

- (1) 0.85% of the participant's average compensation multiplied by years of his credited service up to 15 years;
- (2) 1.13% of the participant's average compensation multiplied by years of his service over 15 years, maximum service for this piece is 20 years; and
- (3) 0.40% of the participant's average compensation above maximum covered compensation multiplied by his years of credited service, maximum service is 35 years.

If an Allfirst (First Maryland Bancorp) participant as of December 31, 1997 has the sum of age and service greater than or equal to 70 as of December 31, 1997, a participant's accrued benefit at any date shall not be less than the sum of (1), (2) and (3) below:

- (1) 1.20% of the participant's average compensation multiplied by his years of credited service up to 15 years;
- (2) 1.55% of the participant's average compensation multiplied by his years of service over 15 years. For employees hired before January 1, 1985, maximum service for this piece is 25 years. For employees hired on or after January 1, 1985, maximum service for this piece is 15 years; and
- (3) 0.44% of the participant's average compensation above his maximum covered compensation multiplied by his years of credited service. For employees hired before January 1, 1985, maximum service is 35 years. For employees hired on or after January 1, 1985, maximum service is 30 years.

Normal Retirement Date

The date on which a participant attains age 65 or if hired over age 60, the fifth anniversary of their entry date.

Early Retirement Date

Any participant may retire early when he has attained age 55 and completed five years of credited service.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Disability Retirement Date

A participant with five years of service shall be considered totally and permanently disabled if, in the opinion of a physician approved by the Bank, he becomes unable to engage in his customary duties because of a medically determinable physical or mental impairment which is expected to result in death or to last at least 12 months.

Deferred Retirement Date

A participant may continue to work beyond his normal retirement date.

Ireland Offset Benefit

Participants receiving pension benefits from AIB in Ireland will have their US benefit reduced by their equivalent Irish DB, DC and/or Hybrid Scheme benefits.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2025

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54			1	3	1	1				
55-59				3		1				
60-64				3						
65-69										
70+										

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
as of January 1, 2025

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54			1	3	1	1				
55-59				3		1				
60-64				3						
65-69										
70+										

N-13

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor with regard to ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Optional Payment Form Election Percentage	60% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$280,000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
EIN: 13-2774656 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and two prior years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2023 Plan Year	5.50%
2024 Plan Year	5.75%, limited to 5.59% the applicable third segment rate
2025 Plan Year	5.75%, limited to 5.50% the applicable third segment rate

Trust Expenses Included in Target Normal Cost

\$0; all admin expenses are paid outside of trust

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	20.00%
56	20.00%
57	20.00%
58	20.00%
59	20.00%
60	25.00%
61	25.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	50.00%
67	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	37.5724%	32.8759%	28.1793%	23.4828%	18.7862%	9.3931%
21	39.5592%	34.6143%	29.6694%	24.7245%	19.7796%	9.8898%
22	39.3592%	34.4393%	29.5194%	24.5995%	19.6796%	9.8398%
23	39.1508%	34.2570%	29.3631%	24.4693%	19.5754%	9.7877%
24	38.9324%	34.0659%	29.1993%	24.3328%	19.4662%	9.7331%
25	38.6968%	33.8597%	29.0226%	24.1855%	19.3484%	9.6742%
26	38.4456%	33.6399%	28.8342%	24.0285%	19.2228%	9.6114%
27	38.1752%	33.4033%	28.6314%	23.8595%	19.0876%	9.5438%
28	37.8816%	33.1464%	28.4112%	23.6760%	18.9408%	9.4704%
29	37.5624%	32.8671%	28.1718%	23.4765%	18.7812%	9.3906%
30	37.2124%	32.5609%	27.9093%	23.2578%	18.6062%	9.3031%
31	36.8272%	32.2238%	27.6204%	23.0170%	18.4136%	9.2068%
32	36.4000%	31.8500%	27.3000%	22.7500%	18.2000%	9.1000%
33	35.9280%	31.4370%	26.9460%	22.4550%	17.9640%	8.9820%
34	35.4044%	30.9789%	26.5533%	22.1278%	17.7022%	8.8511%
35	34.8248%	30.4717%	26.1186%	21.7655%	17.4124%	8.7062%
36	34.1864%	29.9131%	25.6398%	21.3665%	17.0932%	8.5466%
37	33.4868%	29.3010%	25.1151%	20.9293%	16.7434%	8.3717%
38	32.7260%	28.6353%	24.5445%	20.4538%	16.3630%	8.1815%
39	31.9024%	27.9146%	23.9268%	19.9390%	15.9512%	7.9756%
40	31.0172%	27.1401%	23.2629%	19.3858%	15.5086%	7.7543%
41	30.0604%	26.3029%	22.5453%	18.7878%	15.0302%	7.5151%
42	29.0224%	25.3946%	21.7668%	18.1390%	14.5112%	7.2556%
43	27.9040%	24.4160%	20.9280%	17.4400%	13.9520%	6.9760%
44	26.7032%	23.3653%	20.0274%	16.6895%	13.3516%	6.6758%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Allied Irish Bank Pension Plan and Trust
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Table 2 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	25.4160%	22.2390%	19.0620%	15.8850%	12.7080%	6.3540%
46	24.0212%	21.0186%	18.0159%	15.0133%	12.0106%	6.0053%
47	22.4908%	19.6795%	16.8681%	14.0568%	11.2454%	5.6227%
48	20.8000%	18.2000%	15.6000%	13.0000%	10.4000%	5.2000%
49	18.9348%	16.5680%	14.2011%	11.8343%	9.4674%	4.7337%
50	16.8988%	14.7865%	12.6741%	10.5618%	8.4494%	4.2247%
51	14.7292%	12.8881%	11.0469%	9.2058%	7.3646%	3.6823%
52	12.4912%	10.9298%	9.3684%	7.8070%	6.2456%	3.1228%
53	10.2644%	8.9814%	7.6983%	6.4153%	5.1322%	2.5661%
54	8.1388%	7.1215%	6.1041%	5.0868%	4.0694%	2.0347%
55	6.1952%	5.4208%	4.6464%	3.8720%	3.0976%	1.5488%
56	4.4988%	3.9365%	3.3741%	2.8118%	2.2494%	1.1247%
57	3.0872%	2.7013%	2.3154%	1.9295%	1.5436%	0.7718%
58	1.9756%	1.7287%	1.4817%	1.2348%	0.9878%	0.4939%
59	1.1516%	1.0077%	0.8637%	0.7198%	0.5758%	0.2879%
60	0.5856%	0.5124%	0.4392%	0.3660%	0.2928%	0.1464%
61	0.2376%	0.2079%	0.1782%	0.1485%	0.1188%	0.0594%
62+	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%

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Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Effective Date	December 31, 2002. The plan was established on this date as a spin-off from the Pension Plan and Trust of All First Financial Inc. The plan was most recently amended effective December 31, 2013 to reflect a freeze in benefit accruals and participation as of that date.
Covered Employee	Any person employed by the Bank (excluding subsidiaries who have not adopted the plan), but not including persons represented by a collective bargaining unit unless participation in the plan is provided by the Bargaining Agreement.
Plan Year	The plan year is the calendar year.
Eligibility	All covered employees who were participants of the plan on December 31, 2002 shall continue to be participants. All other covered employees shall become participants on the January 1st or July 1st coincident with or next following the attainment of age 21 and one year of service during which they worked at least 1,000 hours. Employees who have one year of service and were between the ages of 21 and 25 on January 1, 1985, became participants on January 1, 1985. CCS employees are no longer eligible for the plan after August 31, 2005. Participation is closed as of December 31, 2013.
Year of Service	Any plan year during which an individual completes 1,000 hours of service. For purposes of eligibility, a year of service shall be a 12-month period commencing with an employee's date of hire.
One-Year Break in Service	Any plan year during which an individual completes 500 or less hours including overtime. Leaves of absence or military duty shall not be considered breaks in service.
Year of Credited Service	Any plan year during which an individual completes 1,000 hours of service. Benefit service accruals ceased December 31, 2013.
Maximum Covered Compensation	The average of the taxable wage bases for the 35 calendar years ending with the year in which the participant attains Social Security retirement age. Maximum covered compensation is frozen as of December 31, 2013.

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Average Compensation

The average monthly rate of a participant's compensation over the five highest consecutive calendar years out of the last 10 calendar years prior to the earlier of his date of termination or his normal retirement date. If he does not have five consecutive years, the compensation for the actual number of consecutive years will be divided by the months therein. Average compensation is frozen as of December 31, 2013.

Spouse's Benefit

On the death of a vested active participant or a vested non active participant who terminated employment after January 1, 1976, his spouse will receive the survivor option of a joint and 50% survivor annuity commencing:

- (1) If the participant had not attained age 55, on the date he would have attained age 55 had he lived; or
- (2) If the participant was eligible for early retirement, immediately.

Preretirement Death Benefit

If a participant dies after either attaining age 55 with 15 years of service or completing 25 years of service, his dependent beneficiary shall receive the excess of 50% of his accrued benefit over the preretirement spouse's benefit. If his spouse is his dependent, this benefit shall be reduced 2% for each full year by which the spouse is more than five years younger than the member.

Termination of Service

Vesting in accrued benefit in accordance with the following schedule:

- (1) Less than five years of service: 0% Vested
- (2) Five or more years of service: 100 Vested

A vested member may start receiving his benefit on or after his early retirement date; it will be reduced as under the early retirement provisions if it commences before age 65. CCS active participants as of August 31, 2005 became 100% vested in their accrual benefit as of that date regardless of their years of service.

Employer Contributions

The employer shall bear the entire cost of the benefits under the plan.

Normal Retirement Benefit

Accrued benefit as of normal retirement date.

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Early Retirement Benefit

A participant's early retirement benefit is his accrued benefit commencing on his early retirement date, reduced 1/200th for each of the first 60 months and 1/400th for each of the next 60 months by which the participant's early retirement date precedes his normal retirement date.

If, however, the participant has attained age 60 and the sum of his age and his years of credited service (or vesting service if greater) is at least 90, his accrued benefit shall not be reduced.

Disability Retirement Benefit

A participant's disability retirement benefit is his accrued benefit at the earlier of age 65 or early retirement date (earnings assumed level to benefit commencement date). The benefit is payable at any time after the later of the disability retirement date and the early retirement date.

Deferred Retirement Benefit

Benefit based on service from a participant's date of hire to his deferred retirement date. The deferred retirement benefit commences on a participant's actual retirement date.

Normal Form

Married Participants

Joint and 1/2 survivor, actuarially reduced

Single Participants

Life annuity

Optional Form

- (1) Joint and survivor annuity providing to a surviving beneficiary 100%, 75%, 66⅔% or 50% of the reduced amount payable to the employee.
- (2) Annuity of a 5- or 10-year guaranteed period and life thereafter.
- (3) An adjusted amount such that the total income prior to the commencement of Social Security benefits (pension only) shall equal the total income afterwards (reduced pension plus Social Security).
- (4) Lump sum

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Accrued Benefit Formula

A participant's accrued benefit at any date shall be the sum of (1), (2) and (3) below:

- (1) 0.85% of the participant's average compensation multiplied by years of his credited service up to 15 years;
- (2) 1.13% of the participant's average compensation multiplied by years of his service over 15 years, maximum service for this piece is 20 years; and
- (3) 0.40% of the participant's average compensation above maximum covered compensation multiplied by his years of credited service, maximum service is 35 years.

If an Allfirst (First Maryland Bancorp) participant as of December 31, 1997 has the sum of age and service greater than or equal to 70 as of December 31, 1997, a participant's accrued benefit at any date shall not be less than the sum of (1), (2) and (3) below:

- (1) 1.20% of the participant's average compensation multiplied by his years of credited service up to 15 years;
- (2) 1.55% of the participant's average compensation multiplied by his years of service over 15 years. For employees hired before January 1, 1985, maximum service for this piece is 25 years. For employees hired on or after January 1, 1985, maximum service for this piece is 15 years; and
- (3) 0.44% of the participant's average compensation above his maximum covered compensation multiplied by his years of credited service. For employees hired before January 1, 1985, maximum service is 35 years. For employees hired on or after January 1, 1985, maximum service is 30 years.

Normal Retirement Date

The date on which a participant attains age 65 or if hired over age 60, the fifth anniversary of their entry date.

Early Retirement Date

Any participant may retire early when he has attained age 55 and completed five years of credited service.

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Disability Retirement Date

A participant with five years of service shall be considered totally and permanently disabled if, in the opinion of a physician approved by the Bank, he becomes unable to engage in his customary duties because of a medically determinable physical or mental impairment which is expected to result in death or to last at least 12 months.

Deferred Retirement Date

A participant may continue to work beyond his normal retirement date.

Ireland Offset Benefit

Participants receiving pension benefits from AIB in Ireland will have their US benefit reduced by their equivalent Irish DB, DC and/or Hybrid Scheme benefits.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.