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

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.)
- [X] 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:
- [X] 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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

ATTN CORPORATE TAX DEPARTMENT

FLOOR 7N, 1 COLUMBUS CIRCLE
NEW YORK, NY 10019

2b Employer Identification Number (EIN)
13-3645372

2c Plan Sponsor's telephone number
212-250-9295

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.	09/02/2026	JACKIE MCNEIL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2026	YOGESH KUMAR
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	11994
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	**6a(1)**	657
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	601
b	Retired or separated participants receiving benefits	**6b**	4433
c	Other retired or separated participants entitled to future benefits	**6c**	5860
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10894
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	746
f	Total. Add lines **6d** and **6e**.	**6f**	11640
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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:

1C 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1107764869
b Actuarial value	**2b**	1107764869

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	5068	375500337	375500337
b For terminated vested participants	6323	545574250	545574250
c For active participants	657	188467043	191389537
d Total	12048	1109541630	1112464124

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**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5915716
b Expected plan-related expenses	**6b**	3260034
c Target normal cost	**6c**	9175750

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

08/25/2026
Date

MATTHEW R. MALONEY
Type or print name of actuary

26-07434
Most recent enrollment number

AON CONSULTING, INC.
Firm name

203-852-1100
Telephone number (including area code)

800 CONNECTICUT AVENUE
NORWALK, CT 06854
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	210863690
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27819258
9	Amount remaining (line 7 minus line 8)	0	183044432
10	Interest on line 9 using prior year's actual return of 5.54 %	0	10140662
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18515190
	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 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1025742
	c Total available at beginning of current plan year to add to prefunding balance		19540932
	d Portion of (c) to be added to prefunding balance		19540932
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	212726026

Part III Funding Percentages

14	Funding target attainment percentage	14	80.45 %
15	Adjusted funding target attainment percentage	15	80.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.67 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	9175750
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	217425281	21845229
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**	31020979

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	31020979	31020979

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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

THE NORTHERN TRUST

36-2723087

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50 99	NONE	1617127	Yes [X] No [ ]	Yes [ ] No [X]	1479	Yes [ ] No [X]

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

ABERDEEN ASSET MANAGEMENT, INC.

51-0368279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	393750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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?
25 50	NONE	324782	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	273690	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	199150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS L.L.C.

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	160000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STATE STREET BANK AND TRUST CO.

04-1867445

(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?
18 19 50 51 52 68 99	NONE	41300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TRANSAMERICA CORP

42-1484983

(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?
15 50	NONE	7803	Yes [ ] No [X]	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
ALIGHT SOLUTIONS LLC	99	1479
(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.	
EQUIFAX WORKFORCE SOLUTIONS LLC 64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FLAGSHIP S & P 500 FD

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

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)
04-0025081-002	C	97995749

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT FD

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

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)
45-6138589-084	C	56492432

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERMED U.S. GOVT BD

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

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)
04-0025081-144	C	134340627

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US GOVT INDEX FUND CM1D

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

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)
04-0025081-142	C	59029678

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND

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

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)
37-6543784-038	C	224230205

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG FIXED ACTIVE CREDIT BOND FUND

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

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)
37-6543784-040	C	417429097

a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABILITY DRIVEN INVT

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

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)
37-6543784-048	C	51310523

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
400000			400000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC CB LEHMAN BRTH HLD SUB D05/09/08 7.5MN38

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
900000			900000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BROTH HLD INC 745 7TH AVENUE NEW YORK, NY 10019	ESC LEHMAN BROTH HLD INC D05/17/07 5.857 MN56

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1150000			1150000		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	SOUNDVIEW NIM TRUST	SOUNDVIEW 2005-2 CL N1 144A 4.703 05-25-2035 BEO

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
46948			46948		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

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)	21400000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1432096	1456372
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	43281408	66163598
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4010	4010
(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)	1041973574	1040828311
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8646096	5753296

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1116737184	1114205587
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	8028860	4288000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	235263	248133
1k Total liabilities (add all amounts in lines 1g through1j)	1k	8264123	4536133
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1108473061	1109669454

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)	-342841	
(B) U.S. Government securities	2b(1)(B)	1595919	
(C) Corporate debt instruments	2b(1)(C)	-107	
(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)		1252971
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5015172	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	240061	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4775111
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1337114	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1337114

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		82108442
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5280848
d Total income. Add all **income** amounts in column (b) and enter total	2d		92080258
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	86580785	
(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)		86580785
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1624930	
(4) IQPA audit fees	2i(4)	199150	
(5) Investment advisory and investment management fees	2i(5)	595050	
(6) Bank or trust company trustee/custodial fees	2i(6)	324782	
(7) Actuarial fees	2i(7)	273690	
(8) Legal fees	2i(8)	2163	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1283315	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4303080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		90883865
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1196393
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) [X] 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)** [X] 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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		2496948
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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 592390.

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

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): 13-6043693

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 | 223

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 8.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 83.5 %

High-Yield Debt: 2.5 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.2 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

(With Report of Independent Auditors)

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

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* Schedules required by Form 5500 which are not applicable have been omitted.

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Report of Independent Auditors

The Plan Administrator
Deutsche Bank Cash Account Pension Plan

Opinion

We have audited the financial statements of Deutsche Bank Cash Account Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

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In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of loans or fixed income obligations in default or classified as uncollectable as of December 31, 2025, assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Ernst & Young LLP

September 1, 2026

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value (note 4):	$ 1,112,749,215	$ 1,093,905,088
Receivables:		
Futures variation margin receivable	896,655	951,437
Interest receivable	559,717	480,659
Total receivables	1,456,372	1,432,096
Total assets	1,114,205,587	1,095,337,184
Liabilities:		
Fees and other expenses payable	247,214	235,263
Cash collateral payable	4,288,000	8,028,000
Due to broker and other liabilities	919	860
Total liabilities	4,536,133	8,264,123
Net assets available for benefits	$ 1,109,669,454	$ 1,087,073,061

See accompanying notes to financial statements.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 84,013,291	$ 48,365,053
Interest and dividends	8,066,967	11,603,818
Total investment income	92,080,258	59,968,871
Employer contributions	21,400,000	—
Total additions, net of investment income	113,480,258	59,968,871
Deductions from net assets attributed to:		
Benefits paid to participants	86,580,785	76,754,856
Fees and other expenses	4,303,080	3,973,277
Total deductions	90,883,865	80,728,133
Net increase (decrease) in net assets available for benefits	22,596,393	(20,759,262)
Net assets available for benefits at:		
Beginning of year	1,087,073,061	1,107,832,323
End of year	$ 1,109,669,454	$ 1,087,073,061

See accompanying notes to financial statements.

(1) Description of the Plan

The following brief description of the Deutsche Bank Cash Account Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for complete information of the Plan's provisions.

The Plan was formed, effective January 1, 1993, as a result of the merger of predecessor plans and various other affiliate plans that have subsequently merged into the Plan. The deferred vested annuity benefits of the prior plans continue to be in effect.

Effective as of December 31, 2004, participation and eligibility for participation in the Plan was frozen.

(a) General

The Plan is a defined benefit plan sponsored by Deutsche Bank Americas Holding Corp. (DBAH). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan has Investment Committee (the Committee) with the responsibility for establishing investment objectives and policies, appointment of Appointing Manager and performance evaluation of investment managers. Benefits team within Human Resources is responsible for the operations and general administration for the Plan. Northern Trust Company is the trustee of the Plan.

The SECURE Act 2.0 ("SECURE 2.0"), signed into law on December 29, 2022, which includes a vast array of required and optional provisions applicable to ERISA plans, with varying effective dates beginning 2023 and beyond. Mandatory provisions in the law have been operationalized and implemented pursuant to the requirements under the law. The law allows for an extended period before formal plan amendments must be adopted to reflect any changes under SECURE 2.0, which must occur as of December 31, 2026.

(b) Eligibility

Substantially all full-time employees of DBAH and its subsidiaries or affiliates who have attained the age of 18 and have completed one year of employment and were hired prior to January 1, 2005 are eligible for and participate in the Plan.

In March 2018, Deutsche Bank AG sold a portion of its investment management business and no longer owned (directly or indirectly) at least 80%. All employees of DWS Investment Management Americas, Inc., DWS Distributors Inc, and RREEF Management LLC, who were participants in the Cash Balance Plan at the date of sale, are no longer eligible to receive contribution credits under the Plan. However, participants will continue to receive interest credits until they receive a distribution of their account.

(c) Pension Benefits

The Plan adopted a new formula effective January 1, 1998 to determine employees' benefits and accruals under the prior plan formula were suspended. The Plan design was modified from a Final Average Pay format to a Cash Balance plan. Once employees were eligible to participate, DBAH

established a recordkeeping account in each eligible employee's name (Cash Account). At the end of each year, the eligible employees' Cash Accounts are credited with:

(i) A contribution credit equal to a 6.5% of the eligible employee's compensation, as defined by the Plan (Contribution Credit); and

(ii) An interest credit equal to the average annual yield on 30-year Treasury securities during November of the previous year multiplied by the balance of the Cash Account on January 1 of the current plan year (Interest Credit).

For participants of the Deutsche Investment Management Americas, Inc. Defined Benefit Plan and Trust as of May 31, 2003, the benefit accrued under that plan is not part of the Cash Account.

For purposes of determining Contribution Credits, only compensation up to the annual legal limit can be recognized under the Plan. The maximum recognizable compensation for the purpose of determining qualified retirement plan benefits was $350,000 and $345,000 for 2025 and 2024, respectively. This amount is adjusted for cost of living increases in accordance with the Internal Revenue Service (IRS) regulations.

The normal form of pension benefit is a lifetime annuity if single, or an actuarially equivalent 50% joint and survivor annuity, if married, on the date payments commence. Optional forms of payment are actuarially equivalent to the normal form of pension and are:

- 25%, 50%, 75%, or 100% contingent annuity options; and
- 5, 10, 15, or 20 years certain and continuous option, or lump-sum distribution.

(d) Vesting

A participant becomes fully vested in his or her benefit as of the earliest of (i) attainment of Normal Retirement Age, as defined by the Plan, while in service, (ii) the date of his or her death while an employee of DBAH and its subsidiaries or affiliates, as defined by the Plan, and (iii) his or her completion of at three -year period of service.

(e) Death and Disability Benefits

If a vested active employee dies, a death benefit equal to the 50% joint and survivor benefits that the spouse would have received if the employee had terminated employment and retired at the earliest eligibility date and then died, is paid to the employee's surviving spouse, or if greater, a single life annuity for the life of the spouse that is the actuarial equivalent of the participant's account balance. The surviving spouse may waive the right to receive the survivor annuity and elect to have the benefit paid in the form of a lump sum payment. Active employees who become totally disabled receive at normal retirement age normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time, they became disabled.

(f) Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees for investments held, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan. Expenses that are paid directly by the Company are excluded from these financial statements.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

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

(c) Valuation of Investments and Income Recognition

Investments are valued at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

(d) Actuarial Present Value of Accumulated Plan Benefits

The accumulated plan benefit information as of the end of the plan year is as follows:

		December 31, 2024
Actuarial present value of accumulated plan benefits (note 2):		
Vested benefits:		
Participants currently receiving payments	$	389,934,511
Other vested benefits		735,028,710
Total vested benefits		1,124,963,221
Nonvested benefits		1,769,634
Total actuarial present value of accumulated plan benefits	$	1,126,732,855

The changes in accumulated plan benefits are as follows:

		Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$	1,136,157,284
Increase (decrease) during the plan year attributable to:		
Benefits paid		(76,754,856)
Interest accumulation		55,022,268
Change in assumptions		1,285,608
Other changes		11,022,551
Net decrease		(9,424,429)
Actuarial present value of accumulated plan benefits at end of year	$	1,126,732,855

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on the participant's cash account at date of termination.

Benefits payable under all circumstances, retirement, death, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Aon, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2025 were (a) custom amount-weighted employee and retiree rates from the Pri-2012 mortality study with white collar adjustments and a 93% scaling factor, projected generationally from 2012 with scale MP-2021-and Amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 with scale MP-2021 (b) retirement age assumptions (retirement between ages 55 and 70 based on rates that are representative of plan experience) and (c) interest rate of 5.51% (5.01% as of January 1, 2024). The decrease in the present value of accumulated plan benefits of $9,424,429 was primarily a result of a change in the interest rate from 5.01% as of January 1, 2024 to 5.51% as of January 1, 2025, a change in cash balance interest crediting rate and cash balance annuity conversion rate from 4.07% as of January 1, 2024 to 4.84% as of January 1, 2025, and a change in the cash balance annuity conversion mortality from the applicable mortality as prescribed under IRC Section 417(e)(3) for benefit commencements through 2024 and projected 417(e) mortality based on adjusted Scale MP-2021 for benefit commencements in 2025 and beyond to the applicable mortality as prescribed under IRC Section 417(e)(3) for benefit commencements through 2025 and projected 417(e) mortality based on adjusted Scale MP-2021 for benefit commencements in 2026 and beyond. The increase in the present value of accumulated plan benefits due to "other changes" of $11,022,551 reflects the ongoing benefit accruals and other demographic experience of the Plan. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan

benefits as of January 1, 2025. There were no significant changes to the Plan provisions or population that would have changed the valuation had it been performed as of December 31, 2024.

(e) Benefit Payments

Benefits to participants or their beneficiaries are recorded when paid.

(f) Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Due to the uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these assumptions in the near term could have a material effect on the financial statements.

The Plan invests in a variety of investment securities. Those securities consist of and/or are invested in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonable to expect that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

(3) Funding Policies

All contributions to the Plan are made by DBAH based on the annual funding amounts actuarially determined by the consulting actuary, Aon, using the unit credit method. The Plan met the ERISA minimum funding requirement for 2025 and 2024.

(4) Fair Value Measurements

US GAAP establishes 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 US GAAP are as follows:

(a) Level 1 – Investments that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date. The types of investments generally included in this category are listed equities and listed derivatives.

(b) Level 2 – Investments valued using observable inputs such as quoted prices for identical securities in inactive markets or quoted prices for similar securities in active markets. Level 2 investments included in this category are corporate and government bonds and certain over-the counter derivatives.

(c) Level 3 – Investments valued using pricing inputs which are both unobservable and significant to the valuation.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of 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.

Investments representing units or shares of collective investment trusts are valued at fair value based on the net asset value (NAV) calculated daily by each trust or company, which in turn, is based upon the fair value of the underlying investments. The collective investment trusts that have readily determinable fair value are reported in Level 1. In cases where underlying investments in common collective investment trusts include securitized assets and private real estate debt in addition to corporate government bonds and certain over-the counter derivatives, collective investments that have readily determinable fair value are reported in Level 2.

Interest bearing cash and cash equivalents are short term investments valued at cost and are included in Level 1 as of December 31, 2024. As of December 31, 2025 respective short term investments fund was reported within collective investment trusts.

U.S. government and agency securities, municipal obligations, corporate debt and other fixed income securities are priced by a pricing vendor on the basis of bid or mid evaluations in accordance to a region's market convention, using factors, which include, but are not limited to, market quotations, yields, maturities, and the bond's terms and conditions.

The participation right is valued based on the fair value of the underlying assets held in the trust less the benefit obligation related to participants covered under an allocated annuity contract (see note 6).

Third party investment managers value interest rate swaps using mid prices that brokers provide to them daily to determine fair value of these securities or is calculated using its applicable exchange rates, spot rates, forward rates, and implied volatility of those rates.

Exchange traded futures are priced using a daily settlement when available or as a daily mark to market and are included in Level 1.

There were no transfers or reclassifications of investments between levels within the fair value hierarchy during the years ended December 31, 2025 and 2024 and there were no changes in valuation methodologies used to measure the fair value of the Plan's investments as of and for the years ended December 31, 2025 and 2024.

The following tables summarize the valuation of the Plan's portfolio investments based on US GAAP fair value hierarchy levels as of December 31, 2025 and 2024:

	2025			
	Total	**Level 1**	**Level 2**	**Level 3**
Collective investment trusts	$ 1,040,828,311	$ 989,517,788	$ 51,310,523	$ —
Participation right (note 6)	1,446,000	—	1,446,000	—
U.S. government and agency securities	66,163,598	—	66,163,598	—
Corporate debt and asset backed obligations	4,010	—	4,010	—
Derivative instruments	4,307,296	—	4,307,296	—
	$ 1,112,749,215	$ 989,517,788	$ 123,231,427	$ —
Other assets or liabilities reported at fair value				
Futures variation margin receivable	$ 896,655	$ 896,655	$ —	$ —

	2024			
	Total	**Level 1**	**Level 2**	**Level 3**
Collective investment trusts	$ 977,785,586	929,581,755	48,203,831	—
Participation right (note 6)	421,000	—	421,000	—
U.S. government and agency securities	43,281,408	—	43,281,408	—
Corporate debt and asset backed obligations	4,010	—	4,010	—
Interest bearing cash and cash equivalents	64,187,988	64,187,988	—	—
Derivative instruments	8,225,096	—	8,225,096	—
	$ 1,093,905,088	$ 993,769,743	$ 100,135,345	$ —
Other assets or liabilities reported at fair value				
Futures variation margin receivable	$ 951,437	$ 951,437	$ —	$ —

(5) Plan Termination

Although it has not expressed any intention to do so, DBAH has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

(a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants 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 the Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All nonvested benefits.

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 benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. For Plan terminations occurring during 2025, the ceilings which are actuarially adjusted periodically, is $7,432 per month. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide those benefits and may also depend on the level of benefit guaranteed by the PBGC.

(6) Participation Right

On December 31, 1986, the Bankers Trust Plan (a predecessor plan that was merged into the Plan) purchased a participating allocated annuity contract with an insurance company which settled the Bankers Trust Plan's primary responsibility for its pension obligation to certain retirees. The purchased participating allocated annuity contract obligates the insurance company to pay, out of the trust funds established under the contract, benefits to named retirees or their beneficiaries.

Under the contract, the Plan also participates in the investment performance of the trust funds and other benefit experience under the contract through its participation right. This participation right is the amount by which the fair value of the trust funds' assets exceeds the actuarially determined benefit obligation covered by the contract.

At December 31, 2025 and 2024, the fair value of the participation right as determined by the insurance company, amounted to $1,446,000 and $421,000, respectively. The Plan, as permitted by this contract, can request a withdrawal of its participation right. The portion subject to withdrawal is the amount by which the fair value of the trust fund exceeds 106% of the actuarially determined benefit obligation covered by the contract.

(7) Derivatives

Derivatives are financial arrangements entered into by the Plan where the value of these contracts is derived from some underlying asset, liability, or index. Derivative payments may be based on interest rates, exchange rates or the prices of certain securities or financial indices.

Derivative contracts entered into by the Plan include interest rate swaps and interest rate futures. The interest rate swaps entered into by the Plan are carried at fair value on a net basis on the statements of net assets available for benefits. The interest rate futures entered into by the Plan are exchanged-traded futures and cleared through central clearing counterparties and exchanges. They have payment or receipt of variation margin on a daily basis that represents legal or economic settlement of the outstanding futures' present value, which results in derecognition of the associated financial asset and financial liabilities. The Plan does not apply hedge accounting.

These derivatives may involve, in varying degrees, elements of credit and market risks in excess of more traditional investment holdings, such as equity and debt instruments. The contract or notional amounts disclosed in this footnote and the amounts of realized and unrealized gains and losses on derivative instruments during the period presented below provide a measure of the Plan's involvement in such instruments but are not indicative of potential loss. The intent is to use derivative financial instruments as economic hedges to manage interest rate, foreign currency exchange rate, and equity price risks associated with the Plan's investments and obligations.

The following table presents the fair value on a gross basis and investment results of derivatives at December 31, 2025 and 2024:

	2025				
Derivative assets at Year End	**Notional Value**	**Net Cost (or premium received)**	**Fair Value**	**Changes in unrealized gain (loss)**	**Number of Contracts**
Type of exposure:					
Assets					
Interest rate swaps	$ 27,645,697	—	$ 4,307,296	$ (3,917,799)	2
Interest rate futures	359,428,000		1,142,250	—	1
Liabilities					
Interest rate swaps	—	—	—	—	—
Interest rate futures	147,969,891	—	245,595	—	4
	$ 535,043,588	—	$ 5,203,951	$ (3,917,799)	7

	2024				
Derivative assets at Year End	**Notional Value**	**Net Cost (or premium received)**	**Fair Value**	**Changes in unrealized gain (loss)**	**Number of Contracts**
Type of exposure:					
Assets					
Interest rate swaps	$ 26,051,665	—	$ 8,225,095	$ (5,251,723)	2
Interest rate futures	338,407,187		1,245,125	—	1
Liabilities					
Interest rate swaps	—	—	—	—	—
Interest rate futures	144,404,320	—	293,688	—	4
	$ 508,863,172	—	$ 9,176,532	$ (5,251,723)	7

Interest rate swaps and futures are included in investments on the statements of net assets available for benefits. During the years ended December 31, 2025 and 2024, the Plan recorded net realized and unrealized gains (losses) of $857,140 and $35,810 on interest rate swaps and futures, respectively, which are included on the statements of changes in net assets available for benefits.

Counterparty Credit Risk

Counterparty credit risk associated with the Plan's derivatives is the risk that a derivative counterparty will not perform in accordance with the terms of the applicable derivative contract. This risk is minimal for exchange-traded contracts because they typically are settled on a daily basis and guaranteed by the exchange's clearinghouse. To mitigate such risk for over-the-counter derivative contracts, the Plan generally requires collateral arrangements wherever practical. The Plan's over-the-counter derivatives, consists of interest rate swaps and are governed by International Swaps and Derivative Association, Inc. Master Agreements (ISDA Master Agreements) ISDA Master Agreements maintain provisions for general obligations, representations, agreements, collateral, and events of default or termination. Events of termination include credit problems by either counterparty and may entitle counterparties to elect to terminate early and cause settlement of all outstanding transactions under the applicable ISDA Master Agreement. ISDA Master Agreements reduce the counterparty risk associated with the applicable transactions by allowing the Plan to net contracts in the event of default. As well, the ISDA Master Agreements specify exposure levels that require the posting of collateral by the counterparty. Allowable collateral is specified in each ISDA Master Agreement and is generally in the form of cash, treasury securities, or other US agency guaranteed securities.

As of December 31, 2025 the Plan recorded $4,288,000 accumulative, in cash and cash equivalents and recorded a corresponding liability in collateral the Plan is obligated to return to counterparties in the event of movements in the values of the Plan's derivatives. Of the $4,288,000 in liabilities, $3,595,987 was held in cash and cash equivalents and $692,013 was reinvested in the market. As of December 31, 2025 the Plan had five securities in the total fair value of $16,885,700 pledged as collateral for the interest rate futures.

As of December 31, 2024 the Plan recorded $8,028,000 accumulative, in cash and cash equivalents and recorded a corresponding liability in collateral the Plan is obligated to return to counterparties in the event of movements in the values of the Plan's derivatives. Of the $8,028,000 in liabilities, $3,292,127 was held in cash and cash equivalents and $4,735,873 was reinvested in the market. As of December 31, 2024 the Plan had five securities in the total fair value of $24,146,200 pledged as collateral for the interest rate futures.

(8) Party in Interest Transactions

The Plan's assets are invested in certain collective investment trusts administered and managed by Northern Trust Company and Aon. Northern Trust Company is the trustee, as defined by the Plan, and Aon is the Plan's investment advisor and actuary, therefore, these transactions qualify as party-in-interest transactions as defined by ERISA and exempt from the prohibited transactions rules under ERISA.

(9) Tax Status

The IRS has issued a determination letter dated January 19, 2021 advising that the Plan constitutes a qualified plan under Section 401(a) of the Internal Revenue Code (Code) and therefore, the related trust is

exempt from taxation. Subsequent to this determination, the Plan has been amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code, and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

US GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; there are currently no audits for any tax periods in progress.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as disclosed in the Statements of Net Assets Available for Benefits at December 31, 2025 and 2024 to amounts presented in Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 1,109,669,454	$ 1,087,073,061
Employer contribution receivable	—	21,400,000
Net assets available for benefits per Form 5500	$ 1,109,669,454	$ 1,108,473,061

The following is a reconciliation of net increase (decrease) in net assets available for benefits as disclosed in the Statements of Changes in Net Assets Available for Benefits for the years ended December 2025 and 2024 to the amounts presented in Form 5500:

	2025	2024
Net increase (decrease) in assets available for benefits per the financial statements	$ 22,596,393	$ (20,759,262)
Employer contributions	(21,400,000)	21,400,000
Net gain (loss) per Form 5500	$ 1,196,393	$ 640,738

(11) Subsequent Events

The Plan administrator evaluated all events that occurred after December 31, 2025 up through September 1, 2026, the date on which the Plan's financial statements were available to be issued.

Supplemental Schedules

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule G, Part I – Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectable

December 31, 2025

Identity and Address of Obligor	Original Amount of loan (par value)	Amount Received During Reporting Year		Unpaid Balance at Year End	Detailed description of loan, including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation and other material information	Amount Overdue		Cost	Current Value
		Principal	Interest			Principal	Interest		
SOUNDVIEW NIM TRUST	$ 46,948	—	—	$ 46,948	SOUNDVIEW 2005-2 CL N1 144A 4.703 05-25-2035 BEO			$ 64,843	—
LEHMAN BROTH HLD INC	400,000	—	—	400,000	ESC CB LEHMAN BROS SUB NTS D07/19/07 6.500 JJ17 ESCROW	—	—	387,112	4,000
LEHMAN BROTH HLD INC	900,000	—	—	900,000	ESC CB LEHMAN BRTH HLD SUB D05/09/08 7.5MN38	—	—	893,511	—
LEHMAN BROTH HLD INC	1,150,000	—	—	1,150,000	ESC LEHMAN BROTH HLD INC D05/17/07 5.857 MN56	—	—	1,092,310	10
Grand Total	**$ 2,496,948**			**$ 2,496,948**				**$ 2,437,776**	**4,010**

See accompanying independent auditors' report.

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

Identity of issue		Principal amount/ par value	Cost	Current value
Corporate debt and asset backed obligations				
PVTPL SOUNDVIEW CI-4 / SOUNDVIEW C	2005-2 CL N1 144A 4.703 05-25-2035 BEO	46,948	$ 64,843	$ —
ESC CB LEHMAN BRTH HLD SUB D05/09/08	7.500% MN38	900,000	893,511	—
ESC CB LEHMAN BROS SUB NTS D07/19/07	6.500 JJ17 ESCROW	400,000	387,112	4,000
ESC LEHMAN BROTH HLD INC D05/17/07	5.857 MN56	1,150,000	1,092,310	10
Total corporate debt and asset backed obligations			**$ 2,437,776**	**$ 4,010**

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

Identity of issue	Principal amount/ par value	Cost	Current value
U.S. Government and agency securities:			
US TREAS SEC 0 DUE 11-15-2041	8,520,000	$ 3,541,934	$ 3,932,973
US TREASURY N/B 3.375% 05-15-2033	5,085,000	4,671,248	4,896,696
UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-2034	3,575,000	3,424,459	3,570,392
UNITED STATES TREAS 2.375% DUE 02-15-2042 REG	405,000	297,976	299,273
UNITED STATES TREAS NTS 2.375% 03-31-2029	5,085,000	4,682,371	4,901,265
UNITED STATES TREAS NTS DTD 4.625% 05-31-2031	4,655,000	4,687,730	4,850,474
UNITED STATES TREAS BDS 2% 11-15-2041	9,995,000	6,970,119	7,003,137
UNITED STATES TREAS NTS 1.5% DUE 11-30-2028 BEO	5,255,000	4,706,509	4,961,664
UNITED STATES OF AMER TREAS NOTES 3.875% 08-15-2033	6,725,000	6,536,385	6,680,605
UNITED STATES TREAS BDS 1.375% 11-15-2040	10,120,000	6,346,649	6,594,208
UNITED STATES TREAS SEC STRIPPED INT PMT00091 11-15-2038 (UNDDATE) REG	7,160,000	3,533,102	3,962,865
UNITED STATES TREAS BDS DTD 00271 1.125%DUE 08-15-2040	2,610,000	1,662,040	1,645,625
UNITED STATES TREAS NTS 4.375% 11-30-2030	4,715,000	4,690,504	4,855,345
UNITED STATES TREAS NTS 1.875% DUE 02-15-2032 REG	7,610,000	6,431,313	6,796,384
UNITED STATES OF AMER TREAS BONDS 2.75 BDS DUE 08-15-2042 USD100'BONDS 08/42'	1,565,000	1,192,701	1,212,692
Total U.S. Government and Agency Securities		**$ 63,375,040**	**$ 66,163,598**

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

Identity of issue	Notional Value	Cost	Current value
Derivative instruments:			
Futures variation margin receivable:			
FUT MAR 26 CBT UL T-BONDS	359,428,000	$ —	$ 1,142,250
FUT MAR 26 10 YR T-NOTES	21,588,000	—	(39,001)
FUT MAR 26 5 YR T NOTE	11,804,906	—	(12,657)
FUT MAR 26 CBT ULT TNOTE	87,296,860	—	(142,312)
FUT MAR 26 U.S. T-BONDS	27,280,125	—	(51,625)
Total Futures variation margin receivable		**$ —**	**$ 896,655**
Other derivative contracts:			
IRS USD GSILGB2X 01/12/2026 GS 30Y CMS	13,822,697	$ —	$ 1,840,051
IRS USD MSCSUS33 01/12/2026 MS 30Y CMS	13,823,000	—	2,467,245
Total other derivatives		**$ —**	**$ 4,307,296**

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

	Identity of issue	Shares	Cost	Current value
	Collective investment trusts:			
*	AON ENHANCED LIABILITY DRIVEN INVESTMENT FUND CL-I	5,010,793	$ 45,000,000	$ 51,310,523
	CF S&P 500 (R) FLAGSHIP NL FUND (CM112)	52,113	16,043,553	97,995,749
	CF LONG U.S. GOVT BOND INDX NL (CM1D)	1,526,301	66,474,696	59,029,678
	CF INTERMED U.S. GOVT BOND INDX NL (CM1E)	4,616,199	123,819,455	134,340,627
*	MFO AON INTERMEDIATE CREDIT FUND	20,164,587	199,452,107	224,230,205
*	MFO AON LONG CREDIT BOND FUND	45,570,862	397,682,864	417,429,097
*	NT COLTV SHORT TERM INVT FD	56,492,432	56,492,432	56,492,432
	Total collective investment trusts		$ 904,965,107	$ 1,040,828,311
	TransAmerica Financial Life Insurance Company Participation Right		$ —	$ 1,446,000
	Total cash, variation margin receivable, and investments		$ 970,777,923	$ 1,113,645,870

* Party in interest as defined by ERISA

See accompanying independent auditors' report

DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity and description	Number of purchases	Purchase price	Number of sales	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Part C - Series of transactions:							
* AON AHGT US LONG CR BD FD	$		8	$ 60,000,000	$ 59,944,243	$ 60,000,000	$ 55,757
* NTGI COLLECTIVE SHORT TERM INVESTMENT FUND	316	324,094,245			324,094,245	324,094,245	—
* NTGI COLLECTIVE SHORT TERM INVESTMENT FUND			286	331,789,800	331,789,800	331,789,800	—

There were no category A, B or D reportable transactions for the year ended December 31, 2025

* Party in interest as defined by ERISA

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

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

Schedule SB, Line 26a — Schedule of Active Participant Data

As of January 1, 2025

Deutsche Bank
Deutsche Bank Cash Account Pension Plan
Active Employees

EIN: 13-3645372 PN: 001

Number of Participants, Average Compensation and Average Cash Balance Account

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					5	19	1			
45-49			2		8	67 $211,558 $255,782	19			
50-54		1	3	3	6	78 $201,974 $288,110	56 $243,094 $340,431	6		
55-59			5	3	7	47 $210,539 $325,533	75 $197,972 $358,192	27 $208,870 $376,165	7	1
60-64		1	2	1	2	49 $182,086 $299,257	37 $197,541 $393,307	16	17	6
65-69			3	2		8	23 $186,953 $347,899	10	12	3
70+		1				4	8		3	3

N-657

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5 – 4.60% Duration 5.5 – 4.80% Duration 10.5 – 5.20% Duration 15.5 – 5.45% Duration 20.5 – 5.56% Duration 25.5 – 5.57% Duration 30.5 – 5.58%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Cash Balance Interest Crediting Rate	4.75%
Cash Balance Annuity Conversion Rate	4.75%
Cash Balance Annuity Conversion Mortality	Applicable mortality as prescribed under IRC Section 417(e)(3) for plan year 2025 benefit commencements
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	See Table 5
Optional Payment Form Conversion Interest Rate	Plan's Actuarial Equivalence Basis
Optional Payment Form Conversion Mortality	Plan's Actuarial Equivalence Basis

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65 for non-cash-balance participants. See Table 5 for cash balance participants
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)(1)(iii)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse. Males are assumed to be two years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	$3,260,034
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Table 1 — Salary Merit Increase Rates[1]

Age	Rates
16	26.73%
17	26.73%
18	26.73%
19	26.73%
20	26.73%
21	23.73%
22	20.93%
23	18.33%
24	16.03%
25	10.63%
26	9.63%
27	8.63%
28	7.63%
29	6.63%
30	4.50%
31	3.50%
32	2.70%
33	2.00%
34	1.50%
35	1.70%
36	1.20%
37	0.70%
38	0.40%
39	0.30%
40	0.23%
41	0.03%
42	0.00%
43	0.00%
44	0.00%
45	0.00%
46+	0.00%

[1] In addition to merit increases shown here, salaries are also projected to increase annually at assumed inflation rate of 2.20 percent.

Table 2 — Retirement Rates

Age	Rates
55	12.00%
56	12.00%
57	12.00%
58	12.00%
59	12.00%
60	13.00%
61	14.00%
62	16.00%
63	18.00%
64	21.00%
65	24.00%
66	22.00%
67	22.00%
68	20.00%
69	20.00%
70+	100.00%

Table 3 — Withdrawal Rates

	Years of Service			Years of Service	
Age	**0 – 4**	**5+**	**Age**	**0 – 4**	**5+**
15	18.00%	18.00%	45	18.00%	12.50%
16	18.00%	18.00%	46	18.00%	12.40%
17	18.00%	18.00%	47	18.00%	12.30%
18	18.00%	18.00%	48	18.00%	12.20%
19	18.00%	18.00%	49	18.00%	12.10%
20	18.00%	18.00%	50	18.00%	12.00%
21	18.00%	18.00%	51	18.00%	11.90%
22	18.00%	18.00%	52	18.00%	11.80%
23	18.00%	17.50%	53	18.00%	11.70%
24	18.00%	17.00%	54	18.00%	11.60%
25	18.00%	16.50%	55	18.00%	11.50%
26	18.00%	16.00%	56+	18.00%	0.00%
27	18.00%	15.50%			
28	18.00%	15.00%			
29	18.00%	14.50%			
30	18.00%	14.00%			
31	18.00%	13.90%			
32	18.00%	13.80%			
33	18.00%	13.70%			
34	18.00%	13.60%			
35	18.00%	13.50%			
36	18.00%	13.40%			
37	18.00%	13.30%			
38	18.00%	13.20%			
39	18.00%	13.10%			
40	18.00%	13.00%			
41	18.00%	12.90%			
42	18.00%	12.80%			
43	18.00%	12.70%			
44	18.00%	12.60%			

Table 4 — Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.11%	0.21%
16	0.03%	0.03%	46	0.12%	0.23%
17	0.03%	0.03%	47	0.13%	0.25%
18	0.03%	0.03%	48	0.14%	0.27%
19	0.03%	0.03%	49	0.15%	0.29%
20	0.03%	0.03%	50	0.16%	0.31%
21	0.03%	0.04%	51	0.17%	0.33%
22	0.03%	0.04%	52	0.18%	0.36%
23	0.03%	0.04%	53	0.19%	0.38%
24	0.03%	0.05%	54	0.21%	0.41%
25	0.03%	0.05%	55	0.22%	0.44%
26	0.03%	0.05%	56	0.24%	0.47%
27	0.03%	0.06%	57	0.26%	0.51%
28	0.03%	0.06%	58	0.28%	0.55%
29	0.04%	0.07%	59	0.30%	0.59%
30	0.04%	0.07%	60	0.32%	0.63%
31	0.04%	0.08%	61	0.34%	0.68%
32	0.04%	0.08%	62	0.37%	0.73%
33	0.05%	0.09%	63	0.40%	0.79%
34	0.05%	0.10%	64+	0.43%	0.85%
35	0.05%	0.10%			
36	0.06%	0.11%			
37	0.06%	0.12%			
38	0.07%	0.13%			
39	0.07%	0.14%			
40	0.08%	0.15%			
41	0.08%	0.16%			
42	0.09%	0.17%			
43	0.10%	0.19%			
44	0.10%	0.20%			

Table 5 — Form of Payment Election[1]

	Employee Will Elect			
	Immediate Lump Sum	**Immediate Annuity**	**Deferred Lump Sum**	**Deferred Annuity**
Current Actives				
Below 55	40%	0%	50%	10%
55 – 65	45%	5%	40%	10%
65 and older	85%	15%	0%	0%
Current Deferred				
All Ages	5%	0%	80%	15%

[1] Assumed 40 percent of population elects a Joint and Survivor Annuity, and the remaining 60 percent elects a Single Life Annuity.

Plan Name	**DEUTSCHE BANK CASH ACCOUNT PENSION PLAN**
Plan Sponsor EIN	**13-3645372**
ERISA Plan No.	**001**
Plan Year End	**12/31/2025**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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

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
DEUTSCHE BANK CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DEUTSCHE BANK AMERICAS HOLDING CORPORATION

D Employer Identification Number (EIN)
13-3645372

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,107,764,869
b Actuarial value	**2b**	1,107,764,869

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	5,068	375,500,337	375,500,337
b For terminated vested participants	6,323	545,574,250	545,574,250
c For active participants	657	188,467,043	191,389,537
d Total	12,048	1,109,541,630	1,112,464,124

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**	5.27%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5,915,716
b Expected plan-related expenses	**6b**	3,260,034
c Target normal cost	**6c**	9,175,750

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

MRM

Signature of actuary

08/25/2026
Date

Matthew R. Maloney
Type or print name of actuary

2607434
Most recent enrollment number

Aon Consulting, Inc.
Firm name

203-852-1100
Telephone number (including area code)

800 Connecticut Avenue

Norwalk CT 06854
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	210,863,690
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27,819,258
9	Amount remaining (line 7 minus line 8)	0	183,044,432
10	Interest on line 9 using prior year's actual return of 5.54 %	0	10,140,662
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,515,190
	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 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,025,742
	c Total available at beginning of current plan year to add to prefunding balance		19,540,932
	d Portion of (c) to be added to prefunding balance		19,540,932
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	212,726,026

Part III Funding Percentages

14	Funding target attainment percentage	14	80.45 %
15	Adjusted funding target attainment percentage	15	80.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.67 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	9,175,750
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	217,425,281	21,845,229
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**	31,020,979

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	31,020,979	31,020,979

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 [X] 2021

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	12.00%	1.0000	6.66
56.5	12.00%	0.8800	5.97
57.5	12.00%	0.7744	5.34
58.5	12.00%	0.6815	4.78
59.5	12.00%	0.5997	4.28
60.5	13.00%	0.5277	4.15
61.5	14.00%	0.4591	3.95
62.5	16.00%	0.3948	3.95
63.5	18.00%	0.3317	3.79
64.5	21.00%	0.2720	3.68
65.5	24.00%	0.2149	3.38
66.5	22.00%	0.1633	2.39
67.5	22.00%	0.1274	1.89
68.5	20.00%	0.0993	1.36
69.5	20.00%	0.0795	1.10
70	100.00%	0.0636	4.45
		Weighted Average	61.12

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	22,836,111	86,793,599	41,972,754	151,602,464
2026	14,999,290	28,334,093	39,687,731	83,021,114
2027	15,727,469	28,190,644	37,135,765	81,053,878
2028	15,632,844	34,726,601	36,330,588	86,690,033
2029	16,220,121	33,131,272	36,281,420	85,632,813
2030	13,443,633	34,001,713	34,034,019	81,479,365
2031	13,076,311	40,318,470	31,161,681	84,556,462
2032	14,520,553	43,027,390	29,162,631	86,710,574
2033	14,063,707	39,870,060	27,723,567	81,657,334
2034	13,467,391	38,549,287	25,894,064	77,910,742
2035	13,189,426	39,825,582	26,168,403	79,183,411
2036	13,874,793	41,329,558	22,107,484	77,311,835
2037	11,727,113	34,032,435	20,801,103	66,560,651
2038	13,532,313	47,251,423	19,022,380	79,806,116
2039	10,445,737	36,252,633	18,004,274	64,702,644
2040	10,677,407	33,802,350	16,333,807	60,813,564
2041	10,665,842	38,200,508	14,378,273	63,244,623
2042	9,857,997	25,857,079	12,982,943	48,698,019
2043	8,549,994	27,756,945	12,064,087	48,371,026
2044	6,904,765	23,864,265	10,438,045	41,207,075
2045	7,256,879	21,973,152	9,190,995	38,421,026
2046	6,647,115	21,007,053	8,093,990	35,748,158
2047	5,001,326	19,790,403	7,075,990	31,867,719
2048	4,105,609	12,332,465	6,138,864	22,576,938
2049	3,381,755	10,355,781	5,283,104	19,020,640
2050	2,698,170	9,707,307	4,508,980	16,914,457
2051	2,531,261	9,118,773	3,815,614	15,465,648
2052	2,354,335	8,518,326	3,201,095	14,073,756
2053	2,211,278	7,910,590	2,662,517	12,784,385
2054	2,075,419	7,306,465	2,196,015	11,577,899
2055	1,942,562	6,708,155	1,796,855	10,447,572
2056	1,818,746	6,121,335	1,459,587	9,399,668
2057	1,694,110	5,550,088	1,178,230	8,422,428
2058	1,569,469	5,002,226	946,541	7,518,236
2059	1,445,677	4,480,172	758,191	6,684,040
2060	1,323,608	3,988,022	606,995	5,918,625
2061	1,204,142	3,527,862	487,082	5,219,086
2062	1,088,148	3,101,278	393,017	4,582,443
2063	976,448	2,709,052	319,923	4,005,423
2064	869,794	2,351,229	263,543	3,484,566
2065	768,837	2,027,238	220,264	3,016,339
2066	674,112	1,735,997	187,089	2,597,198
2067	586,056	1,476,061	161,589	2,223,706
2068	504,973	1,245,712	261,704	2,012,389

2069	431,028	1,043,005	128,029	1,602,062
2070	364,266	865,928	115,691	1,345,885
2071	304,619	712,407	105,660	1,122,686
2072	251,926	580,402	97,318	929,646
2073	205,925	467,938	90,212	764,075
2074	166,265	373,056	84,019	623,340

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective January 1, 1993, the Deutsche Bank AG New York Branch Pension Plan, the Employee Pension Trust and Plan of Deutsche Bank Capital Corporation and its Subsidiaries and Associated Companies, and the Deutsche Credit Corporation Retirement Plan were merged together to form the Deutsche Bank Americas Holding Corp. Pension Plan.

Effective October 1, 1993, participation in the Plan was extended to employees of C.J. Lawrence and Morgan Grenfell & Co.

Effective January 1, 1994, participation in the Plan was extended to employees of Bain Securities, Sharps-Pixley and Sharps-Pixley Brokers.

As a result of the acquisition of ITT Commercial Finance, participation in the plan was extended to employees of ITT Commercial Finance, effective May 1, 1995. In addition, participation in the plan was extended to employees of Morgan Grenfell Asset Management, effective September 1, 1995.

Effective July 1, 1997 the Auto Services Division of Deutsche Financial Services was sold to Volkswagen of America.

Effective January 1, 1998, the plan was amended from a Final Average Pay formula to a Cash Balance plan design. The new plan design is explained in more detail on the following pages.

As a result of the acquisition of Ganis Corporation, participation in the Plan was extended to employees of Ganis Corporation effective January 1, 1998.

Effective September 1, 1998, participation in the Plan was extended to employees of Oakwood Homes.

Effective December 1, 1998, participation in the Plan was extended to employees of Boullioun Aviation Services.

Effective December 31, 1999, the Cash Balance Retirement Plan of Bankers Trust Corporation and Affiliates was merged into the Cash Account Plan.

Effective January 1, 2001, participation in the Plan was extended to employees of National Discount Brokers. These employees were given vesting service back to their original date of hire with National Discount Brokers; however, no past service benefits were credited.

Effective January 1, 2003, the Plan was amended to provide the same cash balance plan formula to all plan participants. All participants were covered under the legacy Deutsche Bank plan provisions. On January 1, 2003, participation in the Cash Account Pension Plan was also extended to all employees acquired as part of the Scudder Investments acquisition.

Effective May 31, 2003, the former Scudder Plan was merged into the Cash Account Plan. All frozen benefits under the Scudder Plan are now payable from the Cash Account Plan. All provisions applicable to the frozen Scudder Plan benefit were maintained.

Effective January 1, 2004, participation in the Plan was extended to employees of RREEF. These employees were given vesting service back to their original date of hire with RREEF; however, no past service benefits were credited.

Effective October 21, 2004, participation in the Plan was extended to employees of Berkshire Mortgage Finance. These employees were given vesting service back to their original date of hire with Berkshire Mortgage Finance; however, no past service benefits were credited.

Effective January 1, 2005, the Plan was amended to close participation to new hires and rehires.

Effective January 1, 2008, the Plan was amended to reduce the vesting requirements to three-year cliff vesting.

Effective December 31, 2013, the Pension Plan for Employees of PB USA Holdings, Inc. was merged into the Plan.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Plan Provisions

Effective Date	January 1, 1993.
Participation	Any employee hired prior to January 1, 2005.
Cash Account	A notional Cash Account will be established for each employee, and will be credited with contributions and interest as described below.
Initial Cash Account	As of January 1, 1998, all active participants were credited with an initial Cash Account Actuarially Equivalent to their accrued benefit under the Final Average Pay formula.
Contribution Credits	A contribution is credited to each active participant's Cash Account. The contribution is 6.5% of the participant's Compensation.
Interest Credits	Each active participant's account shall be credited with interest compounded annually, using compound interest for periods of less than one year. The amount of interest is based on the average yield on 30-year Treasury Securities during November of the prior year (4.54% in 2025).
Grandfathered Final Average Pay Participants	Any active participant aged over 50 as of January 1, 1998 will receive a benefit no less than the former Final Average Pay plan formula would have provided had it continued to be applicable.
Normal Retirement	
Eligibility	Age 65.
Benefit	A Single Life Annuity Actuarially Equivalent to the balance in the participant's Cash Account at date of retirement.
Termination Benefit	
Eligibility	Three years of Service.
Benefit	A Single Life Annuity Actuarially Equivalent to the balance in the participant's Cash Account at date of termination.

Disability

Eligibility	Severance from service by reason of a total and permanent disability.
Benefit	A participant who is entitled to receive long-term disability benefits from Deutsche Bank AG shall continue to be allocated Pay Credits based on their base pay at time of disability until the earlier of recovery, termination, or Normal Retirement Date. They will also receive Interest Credits until benefits commence.

Preretirement Death Benefit

Eligibility	Three years of service.
Benefit	A life annuity paid to the participant's beneficiary in an amount equal to the amount the participant would have received if they had begun, on the day prior to their date of death, to receive a single life annuity Actuarially Equivalent to the balance in the participant's Cash Balance Account on that date. Alternatively, the beneficiary may elect a lump-sum benefit equal to the balance in the Participant's Cash Balance Account.

Forms of Payment

Normal Form	• For married participants, a reduced Joint and 50% Survivor Annuity; and • For other participants, a Single Life Annuity.
Optional Forms	Benefits may be paid as: • Single Life Annuity; • Joint and Survivor Annuity; • Lump Sum; or • Certain and Life Annuity for 5, 10, 15, or 20 years. In each case, benefit is adjusted to be Actuarially Equivalent to the normal form of benefit. A married participant's spouse must consent to the election of any benefit form other than the Normal Form.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Definitions

Actuarial Equivalence	Equivalent value based on: • Average interest rate on 30-year Treasury securities for November of the year preceding the year in which payments commence; and • The "applicable mortality table" defined in Treasury Regulations §1.417(e)-1T(d)(2). For optional forms of payment, the equivalency is based on: • 7.00%; and • 1971 Group Annuity Mortality Table for males set back two years.
Compensation	The total Base Salary received by a participant for service to the company, including all elective contributions under IRC §125 or IRC §401(k), but excluding the employer's costs for employee benefit plans. Plus, any bonus amounts paid to the participant credited in the year paid shall be included, limited to 75% of base salary.
Service	The total elapsed time of employment from January 1, 1998, plus, the service amount calculated under the prior plan rules as of December 31, 1997.

Plan Name	**DEUTSCHE BANK CASH ACCOUNT PENSION PLAN**
Plan Sponsor EIN	**13-3645372**
ERISA Plan No.	**001**
Plan Year End	**12/31/2025**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 199,646,208	January 1, 2023	13	$ 20,242,098
Shortfall	$ (8,351,223)	January 1, 2024	14	$ (805,264)
Shortfall	$ 26,130,296	January 1, 2025	15	$ 2,408,395

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Deutsche Bank Cash Account Pension Plan
EIN: 13-3645372 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in interest rate assumption from the full yield curve with no lookback (as of December 2023) to full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply).
- A change in the cash balance interest crediting rate from 4.00 percent to 4.75 percent.
- A change in the cash balance annuity conversion rate from 4.00 percent to 4.75 percent.