

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INGREDION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1998
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) INGREDION INCORPORATED 5 WESTBROOK CORPORATE CENTER WESTCHESTER, IL 60154-5749
2b	Employer Identification Number (EIN) 22-3514823
2c	Plan Sponsor's telephone number 708-551-2600
2d	Business code (see instructions) 311200

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.	09/15/2026	JULIE QUINN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2706
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 692 6a(2) 630 6b 898 6c 836 6d 2364 6e 260 6f 2624 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan INGREDION 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 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	315666849	
b	Actuarial value	2b	317023558	
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	1131	136238702	136238702
b	For terminated vested participants	883	59004310	59004310
c	For active participants	692	87155471	89680351
d	Total	2706	282398483	284923363
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	2658161	
b	Expected plan-related expenses	6b	752870	
c	Target normal cost	6c	3411031	

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 KEVIN QUINN, FSA, EA Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 P.O. BOX 551343 ATLANTA, GA 30355 Address of the firm	06/26/2026 Date 26-07972 Most recent enrollment number 312-381-1000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9331272	215169
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	9331272	215169
10 Interest on line 9 using prior year's actual return of 3.47 %	323795	7466
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9655067	222635

Part III Funding Percentages

14 Funding target attainment percentage	14	107.79 %
15 Adjusted funding target attainment percentage	15	111.26 %
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	119.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

3411031

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

3411031

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

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan INGREDION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

BLACKROCK INSTITUTIONAL TRUST

77-1060936

(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?
16 27 28 50	NONE	469089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CORP

27-2436452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 28 50	NONE	285300	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE 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?
21 50	NONE	111243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 INGREDION PENSION PLAN				B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED				D Employer Identification Number (EIN) 22-3514823	
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: NT COLLECTIVE ALL COUNTRY WORLD IND					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.					
c EIN-PN 45-6138589-039		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7244158		
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 3000 INDEX FU					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.					
c EIN-PN 45-6138589-005		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14324053		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE GOVT BOND INDEX					
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC					
c EIN-PN 37-6543784-043		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89457561		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG GOVERNMENT BOND INDEX FUND					
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC					
c EIN-PN 37-6543784-042		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1434991		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABILITY DRIVEN INVES					
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC					
c EIN-PN 37-6543784-048		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66910390		
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.					
c EIN-PN 45-6138589-084		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5973148		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND					
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC					
c EIN-PN 37-6543784-040		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121429086		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2025 v. 250312					

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 37-6543784-038**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11455922**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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 INGREDION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	22624	17518
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	315623341	318229309
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	315645965	318246827

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	315645965	318246827
--	-----------	-----------	-----------

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24577831
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		24577831

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20824501	
(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)		20824501
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	754389	
(6) Bank or trust company trustee/custodial fees	2i(6)	111243	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	286836	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1152468
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21976969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2600862
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576673.

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 INGREDION PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INGREDION INCORPORATED		D Employer Identification Number (EIN) 22-3514823
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): 36-1561860		
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 43
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 7.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 86.0 %

High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % 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_____.

INGREDION PENSION PLAN
Westchester, Illinois

FINANCIAL STATEMENTS
December 31, 2025 and 2024

INGREDION PENSION PLAN
Westchester, Illinois
FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Benefits Committee
Ingredion Incorporated
Ingredion Pension Plan
Westchester, Illinois

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

(Continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP

Crowe LLP

South Bend, Indiana
September 10, 2026

INGREDION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at estimated fair value		
Collective trust funds	\$318,229,309	\$315,623,341
Receivables		
Accrued interest	17,518	22,624
Total assets	318,246,827	315,645,965
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$318,246,827</u>	<u>\$315,645,965</u>

INGREDION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Net appreciation in fair value of investments in collective trust funds	\$ 24,326,877	\$ 10,993,567
Dividends and interest in collective trust funds	250,954	337,665
Total additions	24,577,831	11,331,232
Deductions from net assets attributed to:		
Benefits paid to participants	20,824,501	19,136,946
Administrative expenses	1,152,468	1,174,643
Total deductions	21,976,969	20,311,589
Net increase (decrease)	2,600,862	(8,980,357)
Net assets available for benefits:		
Beginning of year	315,645,965	324,626,322
End of year	<u><u>\$ 318,246,827</u></u>	<u><u>\$ 315,645,965</u></u>

INGREDION PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2024

Accumulated plan benefits:

Actuarial present value of vested benefits:

Participants currently receiving benefits	\$ 134,410,779
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Other participants	145,043,412
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	<u>279,454,191</u>
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Actuarial present value of non-vested benefits	<u>2,518,172</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 281,972,363</u></u>
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INGREDION PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits as of December 31, 2023	\$ 282,967,694
Increase (decrease) during the plan year attributed to:	
Additional benefits earned, including experience gains and losses	1,785,257
Interest Accumulation	15,044,001
Benefits paid	(19,136,946)
Change in actuarial assumptions	<u>1,312,357</u>
Net decrease	<u>(995,331)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2024	<u>\$ 281,972,363</u>

NOTE 1 - DESCRIPTION OF PLAN

General: The Ingreption Pension Plan ("the Plan") was formed on December 31, 2016 through a merger of five pension plans (Ingreption Incorporated Hourly Employees Retirement Income Plan, National Starch LLC Pension Plan, Penford Corporation Retirement Plan, Pension Plan for Hourly Rated Employees of Penford Products Co. at Cedar Rapids, Iowa, and Ingreption Incorporated Cash Balance Plan for Salaried Employees).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the plan agreement or the summary plan description for more complete information. The Plan is a noncontributory defined benefit pension plan covering eligible employees of Ingreption Incorporated (the "Company"), as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

The Company maintains the Plan for the benefit of its eligible employees and those eligible employees of its affiliates who adopt the Plan.

The provisions of the Plan apply only to eligible employees who have at least one hour of service on or after January 1, 1998. The Northern Trust Company (the "Trustee") holds the Plan's investments and executes investment transactions through the trust established under the Plan.

Effective January 1, 2015, new or rehired employees are ineligible to join the Plan.

Effective September 1, 2016, the Plan's assets included an undivided interest in an investment account of the Ingreption Incorporated Master Pension Trust ("Master Trust"). The Master Trust included the combined assets of the Plan as well as several other employee benefit plans sponsored by the Company and its subsidiaries (collectively the "Participating Plans").

Use of the Master Trust permits the commingling of Plan assets with the assets of other Participating Plans for investment and administrative purposes. Although Plan assets were commingled in the Master Trust, the Trustee maintained supporting records for the purpose of allocating the net income or losses of the Master Trust to the Participating Plans. The net investment income or losses of the investment account were allocated by the Trustee to each Participating Plan based on the relationship of the interest of each Participating Plan to the total of the interests of the Participating Plans.

For the years ended December 31, 2025 and 2024, the Plan was the only plan in the Master Trust. Therefore, all investments and income are reported as that of the Plan on the financial statements.

Pension Benefits:

The Plan provides varying types of benefits under the multiple benefit structures as defined in the components of the plan document.

Administrative Expenses:

The Company generally pays administrative expenses of the Plan. However, the Company is not obligated to pay these administrative expenses and any expenses not paid by the Company will be paid from the assets of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the net appreciation (depreciation) in fair value of investments reported by the Plan.

INGREDION PENSION PLAN
Notes to Financial Statements
December 31, 2025 and 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles ("U.S. GAAP").

Estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: The Plan holds investments in various investment securities. The values of certain investment securities are exposed to risks from a variety of factors, such as changes in interest rates, fluctuations in market conditions, liquidity and changes in the credit standing of issuers of investment securities. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible 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.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near and short term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefit payments are recorded when paid.

NOTE 3 - FUNDING POLICY

Contributions by the Company are calculated by the independent actuary each year and are at least equal to the minimum funding requirements of ERISA. Contributions are designed to fund the Plan's current service costs on a current basis and to provide funding for a portion of the prior service costs.

The yield (interest, dividends and net realized and unrealized gains) on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined levels of benefits under the Plan. The Plan has met ERISA minimum funding requirements for the years ended December 31, 2025 and 2024.

NOTE 4 - CERTIFICATION BY TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company as of December 31, 2025 and 2024 and for the years then ended.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Collective trust funds: The fair value of the collective trust investments is determined using significant observable inputs other than level 1 prices (Level 2 inputs) or net asset value. Collective trust funds classified as Level 2 provide for daily redemptions by the Plan with no advance notice requirements.

Investments measured at net asset value: The fair value of the Aon Enhanced Liability Driven Investment Fund is determined by the custodian based on its net asset value and is supported by the value of underlying securities. This Fund provides for partial and full redemptions monthly. The partial redemption provides for 10% of the value or less with 10 days notification requirement, or 11-49% of the value with 35 days notification requirement. The full redemption provides for 50% of the value or higher with 95 days notification requirement (subject to up to a 10% holdback).

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

INGREDION PENSION PLAN
Notes to Financial Statements
December 31, 2025 and 2024

Assets of the Plan that are measured at fair value on a recurring basis as of December 31, 2025 and 2024 are summarized below:

Fair Value Measurements December 31, 2025				
	(Level 1)	(Level 2)	(Level 3)	Total
Collective trusts	\$ —	\$251,318,919	\$ —	\$251,318,919
Total assets in fair value hierarchy	—	251,318,919	—	251,318,919
Investments measured at net asset value ^a				66,910,390
Investments, at estimated fair value	\$ —	\$251,318,919	\$ —	\$318,229,309

Fair Value Measurements December 31, 2024				
	(Level 1)	(Level 2)	(Level 3)	Total
Collective trusts	\$ —	\$252,785,051	\$ —	\$252,785,051
Total assets in fair value hierarchy	—	252,785,051	—	252,785,051
Investments measured at net asset value ^a				62,838,290
Investments, at estimated fair value	\$ —	\$252,785,051	\$ —	\$315,623,341

- (a) Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the total net assets presented in the Statements of Net Assets Available for Benefits.

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, attributable under the Plan's provisions to the service employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of the employees who have died and (c) present employees or their beneficiaries. All benefits payable 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 an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 are (a) the annual investment return on plan assets is 5.50% compounded annually (which is net of expenses paid from the Plan), (b) the life expectancy of participants is based on the Pri-2012 sex-distinct generational mortality table (healthy employee and annuitant) using Aon's MP-2021 with adjustments for the near term and long-term impact of COVID-19, (c) the retirement age assumptions are graded rates from age 55 to 70 and (d) the liabilities are determined based on the underlying annuity used by the Plan to determine the lump sum amount.

Changes in actuarial assumptions increased the actuarial present value of accumulated benefits by a net amount of \$1.3M for plan year 2024 as a result of a change in the assumptions as follows: (a) the IRC section 417(e) cash balance conversion interest rates and mortality assumption (b) the cash balance crediting rate for

INGREDION PENSION PLAN
Notes to Financial Statements
December 31, 2025 and 2024

benefits earned after January 1, 2015, from 4.72% for 2024 and 3.85% for years after 2024 to 4.48 percent for 2025 and 4.25 percent for years after 2025.

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

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2025 has been completed. Please refer to Note 11.

NOTE 7 - TAX STATUS

The IRS has determined and informed the Company by a letter issued May 19, 2020, that the Plan is qualified and the trust established under the Plan is tax exempt, under the appropriate section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2025 and 2024, 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - PLAN TERMINATION

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time. In the event the Plan terminates, the net assets of the Plan will be liquidated as prescribed by ERISA and its related regulations. In the event of termination, each affected participant shall have a fully vested and non-forfeitable right to his/her benefits then accrued under the Plan. However, the actual amount of benefits a participant receives will depend on the sufficiency of existing trust assets and level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Participants should refer to the plan agreement for details regarding plan termination.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others.

For the years ended December 31, 2025 and December 31, 2024, the Plan held units in collective trust funds which were managed and trustee by an affiliate of the Northern Trust Company, the custodian and trustee of the Plan. Therefore, these transactions qualified as exempt party-in-interest transactions.

Also, for the years ended December 31, 2025 and December 31, 2024, the Plan held units in collective trust funds which were managed by an affiliate of Aon Hewitt, the investment manager of the Plan. Therefore, these transactions also qualified as exempt party-in-interest transactions. Fees paid by the Plan to parties-in-interest included fees paid for investment management, actuarial services, and other professional and regulatory fees.

NOTE 10 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through September 10, 2026, which is the date the financial statements were available to be issued.

INGREDION PENSION PLAN
Notes to Financial Statements
December 31, 2025 and 2024

NOTE 11 – DECEMBER 31, 2025 ACTUARIAL VALUATION (UNAUDITED)

The December 31, 2025 actuarial valuation of the Plan was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for informational purposes.

The actuarial present value of accumulated plan benefits as of December 31, 2025 is as follows:

Actuarial present value of accumulated plan benefits

Vested benefits:	
Participants currently receiving payments	\$ 132,607,349
Other participants	135,856,848
Total vested benefits	268,464,197
Nonvested benefits	
	2,007,961
Total actuarial present value of accumulated plan benefits	<u>\$ 270,472,158</u>

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2025 consists of the following:

Actuarial present value of accumulated plan benefits as of December 31, 2024	\$ 281,972,363
Increase (decrease) during year attributable to:	
Additional benefits earned, including experience gains and losses	1,674,928
Interest accumulation	14,943,471
Benefits paid	(20,824,501)
Change in actuarial assumptions	(7,294,103)
Net decrease	(11,500,205)
Actuarial present value of accumulated plan benefits as of December 31, 2025	<u>\$ 270,472,158</u>

SUPPLEMENTAL SCHEDULES

INGREDION PENSION PLAN
Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: Ingredion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Collective Trust Funds	(d) Cost	(e) Current Value
*	Northern Trust Company	Collective All Country World - EX-US Fund-Lending – 248,727 units	\$ 5,461,376	\$ 7,244,158
*	Northern Trust Company	Collective Daily Russell 3000 Equity Index Fund Lending – 2,753 units	11,148,177	14,324,053
*	Aon Hewitt	Collective INVT TR US Intermediate Govt Bond Index FD - 8,702,097 units	84,373,699	89,457,561
*	Aon Hewitt	Collective INVT TR US Long Government Bond Index FD - 215,141 units	1,506,953	1,434,991
*	Aon Hewitt	AON Enhanced Liability Driven Investing Fund - CL I - 6,534,218 units	65,453,128	66,910,390
*	Aon Hewitt	Long Credit Bond Fund - 13,256,450 units	129,800,178	121,429,086
*	Aon Hewitt	Intermediate Credit Fund - 1,030,209 units	10,800,000	11,455,922
*	Northern Trust Company	Collective Short Term INVT FD – 5,973,148 units	5,973,148	5,973,148
				<u>\$ 318,229,309</u>

* denotes party-in-interest

(See independent auditor's report)

INGREDION PENSION PLAN
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Ingredion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(c) Acquisition Price	(d) Disposition Price	(e) Lease/ Rental	(f) Expenses Incurred	(g) Cost Of Asset	(h) Value of Asset On Transaction Date	(i) Net Gain Or (Loss)
Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Northern Trust	Collective Short Term Investment	20,538,711	—	—	—	20,538,711	20,538,711	—
Northern Trust	Collective Short Term Investment		20,575,087	—	—	20,575,087	20,575,087	—
Aon Hewitt	AON Long Credit Bond Fund	6,700,000		—	—	6,700,000	6,700,000	—
Aon Hewitt	AON Long Credit Bond Fund	—	19,850,000	—	—	22,592,740	19,850,000	(2,742,740)

(See independent auditor's report)

Schedule SB Attachment (Form 5500) —2025 Plan Year
 Ingredion Pension Plan
 EIN: 22-3514823 PN: 001

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

Number of Participants

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		4								
35-39	1	21	20							
40-44		23	27	10						
45-49		16	27	24	16	1				
50-54		17	33	37	26	15	1	1		
55-59		19	27	40	43	28	20			
60-64	1	9	25	25	32	26	20	14	1	
65-69		2	8	8	10	3	2	1	2	
70+		1	1	1	1	2				

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Schedule SB Attachment (Form 5500) —2025 Plan Year
 Ingredion Pension Plan
 EIN: 22-3514823 PN: 001

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization

1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%

Mortality Rates

Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
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Disabled

National Starch

Pre-1995 Disability	Revenue Ruling 96-7 table for participants who became disabled before 1995
---------------------	--

Post-1994 Disability	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits
----------------------	--

Salary Increases — Cash Balance Component

See Table 1

Cash Balance Interest Crediting Rate

5.00% for benefits earned prior to January 1, 2015.

For benefits earned after January 1, 2015, 4.48% for 2025 and 4.25% for years after 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Cash Balance Annuity Conversion Rate

Mortality Published IRC section 417(e) table for lump sums for 2025 payment dates

Interest Rates IRC Section 417(e) applicable interest rates for August 2024

Social Security Wage Base Increases N/A

Optional Payment Form Election Percentage See Table 2

Late Retirement Increase Based on actuarial equivalence factors as defined in the plan provisions for each component.

Retirement Age

Active Participants See Table 3

Terminated Vested Participants

Cash Balance See Table 3 (Non-Union Rates)

Argo Union Future and current vested: Age 65
Future and current disabled: 3 years after termination due to disability, immediate if later

Penford Salaried Age 63

Cedar Rapids Union Age 62 (immediate for future disabled if retirement eligible)

National Starch Components Age 65
Immediate for lump sums

Withdrawal Rates See Table 4

Disability Rates See Table 5 (not applicable for cash balance component)

Decrement Timing Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit

Union It is assumed that 70% of males and 40% of females have an eligible spouse, and that males are two years older than their spouses

Non-Union It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are 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.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Expense Load	Prior year non-PBGC related expenses plus expected current year PBGC premium.
Expected Return on Assets	
2023 Plan Year	5.50%
2024 Plan Year	5.50%
2025 Plan Year	5.50%
Actuarial Method	Traditional unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
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Table 1

Salary Merit Increase Rates

Age	Rate
20	10.00%
25	8.00%
30	6.30%
35	5.50%
40	5.00%
45	4.50%
50	4.00%
55	3.50%
60	3.00%
65	2.50%

Schedule SB Attachment (Form 5500) —2025 Plan Year
 Ingredion Pension Plan
 EIN: 22-3514823 PN: 001

Table 2

Optional Payment Form Election Percentage

Cash Balance	Active	Future Deferred	Current Deferred	Future Deaths
Lump Sum	90%	35%	0%	100%
Lump Sum Deferred to 57	0%	65%	100%	0%
100% J&S	10%	0%	0%	0%

Argo Union	Active	Future Deferred	Current Deferred	Future Deaths	Future Disabled
Single Life	50%	50%	50%	0%	100%
50% J&S	30%	30%	30%	0%	0%
75% J&S	0%	0%	0%	0%	0%
100% J&S	20%	20%	20%	100%	0%

National Starch	Active	Future Deferred	Current Deferred	Future Deaths	Future Disabled
Salaried					
Lump Sum	75%	75%	75%	75%	75%
Single Life	5%	5%	5%	5%	5%
100% J&S	20%	20%	20%	20%	20%
Union					
Single Life	40%	40%	40%	40%	40%
50% J&S	15%	15%	15%	15%	15%
75% J&S	5%	5%	5%	5%	5%
100% J&S	40%	40%	40%	40%	40%

Penford Salaried	Active	Future Deferred	Current Deferred	Future Deaths	Future Disabled
Single Life	30%	45%	45%	0%	30%
50% J&S	0%	10%	10%	100%	0%
662/3 % J&S	35%	0%	0%	0%	35%
100% J&S	35%	45%	45%	0%	35%

Cedar Rapids Union	Active	Future Deferred	Current Deferred	Future Deaths	Future Disabled
Single Life	40%	40%	40%	0%	40%
50% J&S	20%	20%	20%	0%	20%
100% J&S	40%	40%	40%	100%	40%

Schedule SB Attachment (Form 5500) —2025 Plan Year
 Ingredion Pension Plan
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Table 3

Retirement Rates

Age	Rate	
	Non-Union	Union
55	6.00%	6.00%
56	6.00%	7.00%
57	10.00%	7.00%
58	10.00%	7.00%
59	10.00%	7.00%
60	10.00%	7.00%
61	20.00%	10.00%
62	20.00%	20.00%
63	20.00%	20.00%
64	40.00%	30.00%
65	40.00%	30.00%
66	40.00%	30.00%
67	40.00%	30.00%
68	40.00%	30.00%
69	40.00%	30.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
EIN: 22-3514823 PN: 001

Table 4

Withdrawal Rates

Age	Rate	
	Union	Non-Union
20	6.00%	20.00%
25	6.00%	20.00%
30	6.00%	10.00%
35	5.00%	10.00%
40	4.00%	10.00%
45	3.00%	9.00%
50+	3.00%	8.00%

INGREDION PENSION PLAN
Schedule H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Ingredion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(c) Acquisition Price	(d) Disposition Price	(e) Lease/ Rental	(f) Expenses Incurred	(g) Cost Of Asset	(h) Value of Asset On Transaction Date	(i) Net Gain Or (Loss)
Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Northern Trust	Collective Short Term Investment	20,538,711	—	—	—	20,538,711	20,538,711	—
Northern Trust	Collective Short Term Investment		20,575,087	—	—	20,575,087	20,575,087	—
Aon Hewitt	AON Long Credit Bond Fund	6,700,000		—	—	6,700,000	6,700,000	—
Aon Hewitt	AON Long Credit Bond Fund	—	19,850,000	—	—	22,592,740	19,850,000	(2,742,740)

(See independent auditor's report)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INGREDION 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 INGREDION INCORPORATED	D Employer Identification Number (EIN) 22-3514823
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2025			
2 Assets:			
a Market value		2a	315,666,849
b Actuarial value		2b	317,023,558
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	1,131	136,238,702	136,238,702
b For terminated vested participants	883	59,004,310	59,004,310
c For active participants	692	87,155,471	89,680,351
d Total	2,706	282,398,483	284,923,363
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.35%	
6 Target normal cost			
a Present value of current plan year accruals	6a	2,658,161	
b Expected plan-related expenses	6b	752,870	
c Target normal cost	6c	3,411,031	

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	Kevin Quinn 	06/26/2026
Kevin Quinn, FSA, EA		Date
Type or print name of actuary		2607972
Aon Consulting, Inc.		Most recent enrollment number
Firm name		312-381-1000
Address of the firm		Telephone number (including area code)
MSC# 17755		
P.O. Box 551343		
Atlanta GA 30355		

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)	9,331,272	215,169
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	9,331,272	215,169
10	Interest on line 9 using prior year's actual return of <u>3.47%</u>	323,795	7,466
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.09%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	9,655,067	222,635

Part III Funding Percentages			
14	Funding target attainment percentage	14	107.79%
15	Adjusted funding target attainment percentage	15	111.26%
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	119.55%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	3,411,031	
b Excess assets, if applicable, but not greater than line 31a	31b	3,411,031	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

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

The average retirement age shown in line 22 has been calculated by 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.

Non-Union

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	6.00%	0.9400	3.19
57.5	10.00%	0.8836	5.08
58.5	10.00%	0.7952	4.65
59.5	10.00%	0.7157	4.26
60.5	10.00%	0.6441	3.90
61.5	20.00%	0.5797	7.13
62.5	20.00%	0.4638	5.80
63.5	20.00%	0.3710	4.71
64.5	40.00%	0.2968	7.66
65.5	40.00%	0.1781	4.67
66.5	40.00%	0.1069	2.84
67.5	40.00%	0.0641	1.73
68.5	40.00%	0.0385	1.05
69.5	40.00%	0.0231	0.64
70	100.00%	0.0138	0.97
Weighted Average			61.61

Schedule SB Attachment (Form 5500) —2025 Plan Year
 Ingredion Pension Plan
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Union

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	6.00%	1.0000	3.33
56.5	7.00%	0.9400	3.72
57.5	7.00%	0.8742	3.52
58.5	7.00%	0.8130	3.33
59.5	7.00%	0.7561	3.15
60.5	7.00%	0.7032	2.98
61.5	10.00%	0.6539	4.02
62.5	20.00%	0.5886	7.36
63.5	20.00%	0.4708	5.98
64.5	30.00%	0.3767	7.29
65.5	30.00%	0.2637	5.18
66.5	30.00%	0.1846	3.68
67.5	30.00%	0.1292	2.62
68.5	30.00%	0.0904	1.86
69.5	30.00%	0.0633	1.32
70	100.00%	0.0443	3.10
Weighted Average			62.44

	Count	Weight	Average Retirement Age
Non-Union	478	63%	61.61
Union	280	37%	62.44
Total*	758		

Weighted Average Retirement Age 61.91

*Counts do not match total active count as some participants have benefits in multiple structures.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 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	9,493,105	7,509,366	13,361,186	30,363,657
2026	8,957,044	4,484,917	12,966,865	26,408,826
2027	7,732,605	5,833,231	12,602,735	26,168,571
2028	7,495,727	2,991,979	12,245,558	22,733,264
2029	7,038,097	3,406,454	11,872,020	22,316,571
2030	6,675,172	4,439,160	11,480,971	22,595,303
2031	6,374,572	4,146,121	11,081,725	21,602,418
2032	5,859,376	3,476,195	10,668,520	20,004,091
2033	5,511,548	3,111,604	10,240,923	18,864,075
2034	5,403,440	3,157,985	9,801,447	18,362,872
2035	5,175,442	3,155,261	9,349,815	17,680,518
2036	5,010,334	3,285,728	8,887,689	17,183,751
2037	4,880,832	3,614,842	8,416,292	16,911,966
2038	4,651,000	3,777,411	7,934,654	16,363,065
2039	4,476,281	3,053,044	7,446,787	14,976,112
2040	4,457,561	3,427,640	6,961,738	14,846,939
2041	4,399,019	3,072,479	6,476,592	13,948,090
2042	4,226,093	3,055,128	5,994,635	13,275,856
2043	4,067,495	3,015,016	5,518,117	12,600,628
2044	3,894,294	3,055,598	5,049,862	11,999,754
2045	3,678,894	2,877,321	4,590,157	11,146,372
2046	3,507,013	2,756,494	4,146,794	10,410,301
2047	3,299,810	2,658,473	3,720,163	9,678,446
2048	3,189,381	2,508,103	3,312,914	9,010,398
2049	2,995,021	2,414,394	2,927,483	8,336,898
2050	2,823,133	2,304,581	2,566,017	7,693,731
2051	2,663,075	2,166,131	2,230,274	7,059,480
2052	2,417,648	2,013,904	1,921,592	6,353,144
2053	2,226,591	1,867,312	1,640,819	5,734,722
2054	2,020,830	1,714,248	1,388,275	5,123,353
2055	1,828,717	1,583,413	1,163,779	4,575,909
2056	1,651,858	1,451,121	966,627	4,069,606
2057	1,510,740	1,310,503	795,645	3,616,888
2058	1,342,338	1,196,938	649,241	3,188,517
2059	1,209,952	1,084,421	525,477	2,819,850

Schedule SB Attachment (Form 5500) —2025 Plan Year

Ingredion Pension Plan

EIN: 22-3514823 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,076,245	982,864	422,201	2,481,310
2061	957,452	886,711	337,113	2,181,276
2062	846,921	793,461	267,865	1,908,247
2063	744,215	706,707	212,177	1,663,099
2064	648,082	626,517	167,869	1,442,468
2065	561,507	551,380	132,963	1,245,850
2066	483,042	481,756	105,688	1,070,486
2067	412,712	417,929	84,511	915,152
2068	350,326	360,014	68,132	778,472
2069	295,534	307,980	55,466	658,980
2070	247,856	261,666	45,655	555,177
2071	206,717	220,805	38,009	465,531
2072	171,496	185,057	31,992	388,545
2073	141,549	154,030	27,207	322,786
2074	116,246	127,301	23,339	266,886

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
EIN: 22-3514823 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Argo Union Component

Effective Date

January 1, 1998. Amended and restated effective January 1, 2020.

Eligibility for Participation

A full-time hourly-paid employees represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied-Industrial, and Service Workers International Union (USW) Local 7-507 and the International Association of Machinists District No. 8 at the Argo, Illinois plant shall become participants in this plan automatically on their date of hire.

The plan is frozen to new hires after May 20, 2011.

Normal Retirement**Eligibility**

Age 65 and five years of vesting service.

Benefit

A monthly amount equal to years of credited service multiplied by an amount determined in connection with the effective date as follows:

Effective Date	Amount
June 1, 1998	\$ 35
June 1, 1999	\$ 36
April 1, 2001	\$ 39
April 1, 2004	\$ 41
April 1, 2006	\$ 42
April 1, 2007	\$ 43
April 1, 2008	\$ 46

Benefit accruals were frozen effective December 31, 2011.

Early Retirement**Eligibility**

Age and vesting service total at least 80.

Benefit

A monthly amount equal to the sum of (1) plus (2):

- (1) Effective April 1, 2008, \$21 multiplied by years of credited service.
- (2) The difference between the normal retirement benefit and \$21 multiplied by years of credited service, reduced by $\frac{1}{2}$ of 1% for each month the early retirement proceeds the normal retirement.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Ingredion Pension Plan

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Effective April 1, 2011, the normal retirement benefit is unreduced if a participant attains age 55 with at least 30 years of vesting service.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after the sum of age plus vesting service equals 80. Reduction factors can be found in Table 1 of Appendix A of the plan document. An unreduced benefit is payable to participants who age plus vesting service is greater than or equal to 85.

Disability

Eligibility

Totally and permanently disabled with five years of vesting service.

Benefit

The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Preretirement Surviving Spouse

Eligibility

Married with five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

For participants who die while actively employed, the survivor benefit shall be the greater of the amount described above or 60% of the accrued benefit counting only years of service to the date of death and assuming a single life annuity was elected with no other reductions applied.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
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Postretirement Surviving Spouse

Eligibility

Death after commencement of retirement benefit

Benefit

A lump sum benefit is payable as follows:

- (1) Single without dependent children under age 18 at time of death: \$10,000 (\$11,000 effective April 1, 2001, \$12,000 effective April 1, 2004, and \$15,000 effective April 1, 2008).
- (2) Married without dependent children under age 18 at time of death: \$11,000 (\$12,000 effective April 1, 2001, \$13,000 effective April 1, 2004, and \$16,000 effective April 1, 2008).
- (3) Married with dependent children under age 18 at time of death: \$12,000 (\$13,000 effective April 1, 2001, \$14,000 effective April 1, 2004, and \$17,000 effective April 1, 2008).

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66⅔% joint and survivor annuity
50% joint and survivor annuity

Actuarial Equivalence

Optional forms of payment are calculated as per the provisions stated in section 5.3 of the plan document.

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Ingredion Pension Plan
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Definitions

Credited Service

For plan year commencing on or after January 1, 1998, a full year of credited service is earned if the employee works 2,000 or more hours in one plan year. Partial credit is granted if the employee works more than 1,000 hours but less than 2,000 hours. Prior to January 1, 1998, years of credited service credited under the terms of the prior plan are included. No credited service may be earned after December 31, 2011.

Vesting Service

For plan year commencing on or after January 1, 1998, a full year of vesting service is earned if the employee works 1,000 or more hours in one plan year. Prior to January 1, 1998, years of vesting service credited under the terms of the prior plan are included.

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Cash Balance Component

Effective Date	January 1, 1998. Amended and restated effective January 1, 2020.
Eligibility for Participation	A salaried U.S. employee shall become a participant in the plan on their employment commencement date. The plan is frozen to new hires after December 31, 2014.
Credited Service	1/12th of a year of credited service is earned for each calendar month that one hour of service is performed. Prior to January 1, 1998, years of credited service credited under plans sponsored by Ingredion Incorporated are included. No credited service may be earned after January 1, 2017.
Vesting Service	For plan year commencing on or after January 1, 1998, a full year of vesting service is earned for any 12-month period the employee has worked at least 1,000 hours. Prior to January 1, 1998, years of vesting service credited under plans sponsored by Ingredion Incorporated are included.
Compensation	W-2 compensation plus pre-tax contributions to any company-sponsored benefit plan. Compensation excludes reimbursements, expense allowances, fringe benefits, moving expenses, deferred compensation or welfare benefits, income attributable to the exercise of stock option and long-term incentive compensation.
Opening Balance	The present value of the accrued benefit earned under the CPC Retirement Income Plan for Salaried Employees as of December 31, 1997.

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Pay Credits

Pay credits are credited to the account on the last day of the plan year. They are determined by multiplying the participant's compensation for the year by a percentage based on the participant's years of credited service through 2017. The percentages are as follows:

Credited Service as of January 1	Pay Credit Percentage
0	3.00%
1	3.00%
2	3.25%
3	3.25%
4	3.50%
5	3.50%
6	3.75%
7	3.75%
8	4.00%
9	4.00%
10	4.25%
11	4.50%
12	4.50%
13	4.75%
14	4.75%
15	5.00%
16	5.25%
17	5.50%
18	5.50%
19	5.75%
20	6.00%
21	6.25%
22	6.50%
23	6.50%
24	6.75%
25	7.00%
26	7.25%
27	7.50%
28	7.75%
29	8.25%
30	8.50%
31	8.75%
32	9.00%
33	9.25%
34	9.75%
35 or more	10.00%

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Interest Credits

Interest credits are determined by multiplying the account balance at the beginning of the year by the 5-year Treasury rate for November of the prior year, plus 0.25%, not to exceed a maximum of 10.00% or a minimum of 5.00% (3.00% for benefits earned after December 31, 2014).

Accrued Benefit

The sum of the opening balance, interest credits and pay credits.

Normal Retirement

Eligibility

Age 65.

Benefit

The accrued benefit as of the date of retirement.

Vested Termination

Eligibility

Three years of vesting service or age 65.

Benefit

The accrued benefit, payable at any time after termination of employment.

Disability

Eligibility

Eligible for benefits under the long-term disability plan.

Benefit

The accrued benefit, payable at the earlier of age 65 or the cessation of the LTD benefits.

Surviving Spouse

Eligibility

Three years of vesting service.

Benefit

Spouse beneficiaries are entitled to a single life annuity equal to the actuarially equivalent value of the participant's account balance on the date of death. Non-spouse beneficiaries will have the benefit paid as a lump sum.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

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Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
33⅓% joint and survivor annuity
10-year certain and 33⅓% joint and survivor annuity
15-year certain and 33⅓% joint and survivor annuity
20-year certain and 33⅓% joint and survivor annuity
Level income and 33⅓% joint and survivor annuity
Cash refund annuity
Lump sum

Actuarial Equivalence

Applicable 417(e)(3) mortality table using the 417(e)(3) interest rates for the fifth month preceding the first day of the month in which the benefit commencement date occurs.

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Cedar Rapids Union Component

Effective Date October 1, 1951. Amended and restated effective January 1, 2020.

Eligibility for Participation An hourly rated employee at the Cedar Rapids, Iowa plant of Ingredion Incorporated that is represented by Bakery, Confectionery, Tobacco Workers and Grain Millers, Local 100G shall become participants in this plan automatically on their date of hire.

The plan is frozen to new hires after August 1, 2004.

Normal Retirement

Eligibility Age 62 and five years of service.

Benefit A monthly amount equal to years of credited service multiplied by an amount determined in connection with the effective date as follows:

Effective Date	Amount
August 1, 1988	\$ 20
August 1, 1991	\$ 23
August 1, 1992	\$ 24
August 1, 1993	\$ 25
August 1, 1994	\$ 28
August 1, 1997	\$ 30
August 1, 1998	\$ 31
August 1, 1999	\$ 32
August 1, 2000	\$ 33
August 1, 2001	\$ 35
August 1, 2002	\$ 36
August 1, 2003	\$ 37
August 1, 2004	\$ 38
August 1, 2005	\$ 39
August 1, 2006	\$ 41
August 1, 2007	\$ 43
August 1, 2008	\$ 44
August 1, 2009	\$ 46
August 1, 2010	\$ 48
August 1, 2011	\$ 50
August 1, 2012	\$ 51

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Retirements on or after August 1, 1997 but before August 1, 2000 were increased to the \$33 benefit rate. Retirements on or after August 1, 2001 but before August 1, 2002 were increased to the \$36 benefit rate. Retirements on or after August 1, 2004 but before August 1, 2008 were increased to the \$44 benefit rate. Retirements on or after August 1, 2009 but before August 1, 2011 were increased to the \$50 benefit rate.

Benefit accruals were frozen effective December 31, 2015.

Early Retirement

Eligibility

Age and service total at least 80.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month between ages 60 and 62 plus $\frac{1}{2}$ of 1% for each month between ages 55 and 60. Participants that retire prior to age 55 shall have their benefit reduced by the reduction factor used for retirements at age 55.

Vested Termination

Eligibility

Five years of service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability

Eligibility

Totally and permanently disabled with five years of service and receiving Social Security disability payments.

Benefit

The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility

Married for one year with five years of service.

Benefit

A monthly benefit payable to the surviving spouse equal to the amount that would have been payable to the participant if the participant commenced benefit on the date the surviving spouse's benefit commences, reduced for early retirement but without reduction for optional forms of benefit.

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Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity

100% joint and survivor annuity

75% joint and survivor annuity

66 $\frac{2}{3}$ % joint and survivor annuity

50% joint and survivor annuity

Retirements on or after August 1, 1997 will convert the joint and survivor annuity back to the single life annuity benefit amount if the spouse predeceases the participant.

Actuarial Equivalence

1983 Group Annuity Mortality Table for males and 6% interest rate.

Definitions

Credited Service

A year of credited service is granted for each full 12 consecutive month period worked. 1/12th of one year is granted for each additional month worked. No credited service may be earned after December 31, 2015.

Year of Service

A year of service is a 12-month consecutive period commencing with the participant's date of hire.

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Indianapolis Union Component

Effective Date

April 1, 1951. Amended and restated effective January 1, 2020.

Eligibility for Participation

An hourly rated employee at the Indianapolis, Indiana location that is represented by the United Steel, Paper and Forestry, Energy, Applied Industrial and Service Workers International Union, Local No. 7-0706 shall become participants in this plan on the January 1 or July 1 coincident with or next following reaching age 21 and completing six months of vesting service.

The plan is frozen to new hires after January 1, 2012.

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly amount equal to years of credited service multiplied by \$49.50.

Benefit accruals were frozen effective December 31, 2011.

Early Retirement

Eligibility

Age 60 and 10 years of credited service or age 55 with age plus credited service greater than or equal to 85.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{2}$ of 1% for each month the early retirement precedes the normal retirement. Participants meeting the Rule of 85 are eligible to commence their normal retirement benefit without reduction.

Participants eligible for the unreduced benefit that retire before age 62 shall receive a supplementary monthly benefit of \$400 payable until age 62 or death, if earlier.

Late Retirement

Eligibility

Retirement after normal retirement age.

Benefit

The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

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Vested Termination

Eligibility	Five years of service.
Benefit	The accrued benefit at the date of termination. Payments are reduced on an actuarial equivalent basis for early retirement.

Disability

Eligibility	Totally and permanently disabled with 10 years of credited service.
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Married with five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity
Pop-up joint and survivor annuity

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

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Definitions

Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after December 31, 2011.

Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

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Island Falls Union Component

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	An hourly rated employee at the Island Falls, Maine location that is represented by the Bakery, Confectionary, Tobacco Workers and Grain Millers AFL-CIO Local No. 334 union shall become participants in this plan on the January 1 or July 1 coincident with or next following reaching age 21 and completing six months of vesting service. The plan closed to new entrants with the closure of the plant that occurred in August 2009.
Normal Retirement	
Eligibility	Age 65 or five years of vesting service.
Benefit	A monthly amount equal to years of credited service multiplied by \$34.00 plus an additional \$4.00 multiplied by Stein Hall service (service earned prior to September 1, 1976). Benefit accruals were frozen with the plant closure in August 2009.
Early Retirement	
Eligibility	Age 60 and 10 years of credited service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by $\frac{1}{3}$ of 1% for each month the early retirement precedes age 62. Participants over the age of 62 at retirement are eligible to commence their normal retirement benefit without reduction.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

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Vested Termination

Eligibility

Five years of service.

Benefit

The accrued benefit at the date of termination.
Participants with 10 years of credited service may commence their benefits as early as age 60. The benefit shall be reduced by 8% for each year early retirement precedes age 65.

Disability

Eligibility

Totally and permanently disabled with 10 years of credited service.

Benefit

The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility

Married with five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

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Definitions

Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after August 2009.

Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

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National Starch Salaried Component

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	An regular employee of National Starch LLC that was hired before March 2, 2001 or rehired before April 1, 2002. The plan is frozen to new hires after December 31, 2010.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1) and (2): (1) 1.25% of final average earnings up to covered compensation multiplied by credited service (2) 1.50% of final average earnings in excess of covered compensation multiplied by credited service Benefit accruals were frozen effective December 31, 2010. Compensation and service earned after December 31, 2010 are not considered.
Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 4% for each year the early retirement precedes age 60. Participants meeting the Rule of 85 (age 55 with age and vesting service totaling 85 or greater) are eligible to commence their normal retirement benefit without reduction.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Payments are reduced on an actuarial equivalent basis for early retirement.

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Disability

Eligibility

Eligible for long term disability

Benefit

The accrued benefit with final average earnings and covered compensation determined as of the date of disability, payable at the normal retirement date.

Surviving Spouse

Eligibility

Married and five years of vesting service.

Benefit

For deaths that occur after age 55, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the accrued benefit reduced by 2% for each full year that the spouse was more than 10 years younger than the participant.

For deaths that occur prior to age 55, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the accrued benefit reduced on actuarially equivalent basis for early retirement.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
5-year certain and life annuity
10-year certain and life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
Lump sum

Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions. Lump sum optional forms use the applicable 417(e)(3) mortality table and the 417(e)(3) interest rates for the month of September of the plan year which immediately precedes the plan year of distribution.

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Definitions

Final Average Earnings	The average of the highest consecutive 60 months of compensation during the last 120 consecutive months as a participant in the National Starch Salaried Component.
Compensation	Includes salary, wages, overtime, shift differential, payments under an ongoing short term incentive plan or other bonus program and sales commissions.
Covered Compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year a participant attains Social Security retirement age.
Credited Service	Continuous service counted in full and partial years from the date of participation to the date of termination. No credited service may be earned after December 31, 2010.
Vesting Service	Continuous service from the date of hire to the date of termination.

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North Kansas City Union Component

Effective Date	April 1, 2008. Amended and restated effective January 1, 2020.
Eligibility for Participation	An hourly rated, full-time employee at the North Kansas City, Missouri location that is represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Applied Industrial and Service Workers International Union, Local No. 11-617 shall become participants in this plan on the January 1 or July 1 coincident with or next following the later of reaching age 20½ or completing six months of vesting service. The plan is frozen to new hires after April 30, 2010.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly amount equal to years of credited service multiplied by \$50.50 plus an additional \$12.00 multiplied by CPC service. Benefit accruals were frozen effective April 30, 2010.
Early Retirement	
Eligibility	Age 62 and 10 years of credited service (including CPC service) or age 55 with age plus credited service greater than or equal to 85.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by ½ of 1% for each month the early retirement precedes the normal retirement. Participants meeting the Rule of 85 are eligible to commence their normal retirement benefit without reduction. For commencements occurring on or after March 7, 2013, participants eligible for the unreduced benefit that retire before age 62 shall receive a supplementary monthly benefit of \$550 payable until age 62 or death, if earlier.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

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Vested Termination

Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Payments are reduced by 8% for each year between ages 65 and 60 plus 4% for each year between ages 60 and 55.

Disability

Eligibility	Totally and permanently disabled with 10 years of credited service (including CPC service).
Benefit	The accrued benefit at the date of disability, payable immediately without reductions for early commencement.

Surviving Spouse

Eligibility	Married with five years of vesting service.
Benefit	For deaths that occur while in active service, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit. For deaths that occur after separation from service, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
50% joint and survivor annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity
Pop-up joint and survivor annuity

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Actuarial Equivalence

GAR94 Mortality Table and 8% interest rate. An interest rate of 6% is used for certain and life annuity conversions.

Definitions

Credited Service

A full year of credited service is earned if the employee works 1,615 or more hours in one plan year. Partial years of credited service are granted if an employee works at least 85 hours but less than 1,615 hours in one plan year. The accrual rate is 0.10 for each 170 additional hours worked over 85. No credited service may be earned after April 30, 2010.

Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

CPC Service

Service with CPC International, Inc. prior to December 1, 1985 that was recognized for purposes of benefit accrual under the CPC International Inc. Hourly Plan.

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Penford Salaried Component

Effective Date

March 1, 1984. Amended and restated effective January 1, 2020.

Eligibility for Participation

An employee of Penford Corporation that was hired before January 1, 2005 and at least 21 years of age.

The plan is frozen to new hires after January 1, 2005.

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly amount equal to the greater of (1), (2) or (3):

(1) The sum of (a) plus (b):

(a) 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings and service are determined as of December 31, 1993.

(b) 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings are determined as of February 28, 2014 and service for the period earned after December 31, 1993 but before March 1, 2014.

(2) 1.00% of final average monthly earnings plus 0.50% of final average monthly earnings in excess of Social Security covered compensation multiplied by credited service up to a maximum of 30 years. Earnings and service are determined as of February 28, 2014.

(3) \$20.00 multiplied by credited service as of February 28, 2014.

Benefit accruals were frozen February 28, 2014. Compensation and service earned after February 28, 2014 are not considered.

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Former Alpha Biochemical Corporation Employees:

A monthly amount equal to the greater of (1) or (2):

- (1) Accrued benefit under the ABC plan as of March 31, 1990.
- (2) Accrued benefit under the Penford Retirement Plan as of February 28, 2014, including years of service with ABC as credited service under the Penford Retirement Plan.

Mendell Employees:

A monthly amount equal to the Penford Retirement Plan using credited service earned after June 1, 1991 plus the benefit accrued under the Mendell Plan as of May 31, 1991.

Early Retirement

Eligibility

Age 55 and 20 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 1/6 of 1% for each month between ages 65 and 62 plus 1/3 of 1% for each month between ages 62 and 60 plus 1/2 of 1% for each month between ages 60 and 55.

Late Retirement

Eligibility

Retirement after normal retirement age.

Benefit

The greater of the accrued benefit as of the late retirement date and the accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

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Disability

Eligibility

Eligible for long term disability

Benefit

The accrued benefit continues to accrue credited service up to a maximum of 10 years while the participant is receiving company disability benefits.

Surviving Spouse

Eligibility

Married for one year and five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Single life annuity
5-year certain and life annuity
10-year certain and life annuity
15-year certain and life annuity
20-year certain and life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66⅔% joint and survivor annuity
50% joint and survivor annuity
Level income annuity

Actuarial Equivalence

UP-1984 Mortality Table set back 1½ years and 7% interest rate.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
EIN: 22-3514823 PN: 001

Definitions

Final Average Monthly Earnings	The highest average monthly earnings received during any five consecutive calendar years.
Earnings	Includes gross wages including bonuses and commissions provided for on a regular basis, discretionary bonuses, overtime, extraordinary payments, foreign earned income and any pre-tax employee contributions made by the employer on behalf of the employee to a qualified retirement plan, cafeteria plan or for qualified transportation fringe benefits. Earnings paid after February 28, 2014 are not included in the determination of the final average monthly earnings.
Covered Compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year a participant attains Social Security retirement age.
Credited Service	Continuous service counted in full and partial years from the date of participation to the date of termination. No credited service may be earned after February 28, 2014.
Vesting Service	Continuous service from the date of hire to the date of termination.

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
EIN: 22-3514823 PN: 001

INGREDION PENSION PLAN
Schedule H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: Ingredion Incorporated
Employee Identification Number: 22-3514823
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Collective Trust Funds	(d) Cost	(e) Current Value
*	Northern Trust Company	Collective All Country World - EX-US Fund-Lending – 248,727 units	\$ 5,461,376	\$ 7,244,158
*	Northern Trust Company	Collective Daily Russell 3000 Equity Index Fund Lending – 2,753 units	11,148,177	14,324,053
*	Aon Hewitt	Collective INVT TR US Intermediate Govt Bond Index FD - 8,702,097 units	84,373,699	89,457,561
*	Aon Hewitt	Collective INVT TR US Long Government Bond Index FD - 215,141 units	1,506,953	1,434,991
*	Aon Hewitt	AON Enhanced Liability Driven Investing Fund - CL I - 6,534,218 units	65,453,128	66,910,390
*	Aon Hewitt	Long Credit Bond Fund - 13,256,450 units	129,800,178	121,429,086
*	Aon Hewitt	Intermediate Credit Fund - 1,030,209 units	10,800,000	11,455,922
*	Northern Trust Company	Collective Short Term INVT FD – 5,973,148 units	5,973,148	5,973,148
				<u>\$ 318,229,309</u>

* denotes party-in-interest

(See independent auditor's report)

Schedule SB Attachment (Form 5500) —2025 Plan Year
Ingredion Pension Plan
EIN: 22-3514823 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the lump sum conversion factors interest and mortality from the published IRC section 417(e) table for lump sums for 2024 payment dates and IRC Section 417(e) applicable interest rates for August 2023 to the published IRC 417(e) table for lump sums for 2025 payment dates and IRC Section 417(e) applicable interest rates for August 2024.
- A change in the cash balance crediting rate for benefits earned after January 1, 2015, from 4.72% for 2024 and 3.85% for years after 2024 to 4.48% for 2025 and 4.25% for years after 2025.

Rationale for Assumptions

The rationales for selecting each of the assumptions used in the funding valuation and for the assumption changes were based on prescribed assumption changes for the plan year or to reflect the best estimate for future demographic experience based on historical data. Demographic assumptions except for mortality were developed by Aon based on a 2022 assumption study. The non-prescribed financial assumptions were developed by Aon and reflect a best estimate of future experience.