

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SWIFT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1980
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) SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC. P.O. BOX 2005 CULPEPER, VA 22701-6100 1621 MCDEVITT DRIVE AND ROUTE 3 CULPEPER, VA 22701-6100
2b	Employer Identification Number (EIN) 54-1106980
2c	Plan Sponsor's telephone number 703-365-6413
2d	Business code (see instructions) 541990

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.	09/18/2026	SUSAN AHALT
	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	5 538
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) 165 6a(2) 159 6b 211 6c 134 6d 504 6e 29 6f 533 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 1E

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 _____
- (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 SWIFT 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 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.	D Employer Identification Number (EIN) 54-1106980
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	181199219	
b	Actuarial value	2b	181929198	
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	227	61648897	61648897
b	For terminated vested participants	150	15047697	15047697
c	For active participants	165	51504836	54924142
d	Total	542	128201430	131620736
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	5.37 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4378935	
b	Expected plan-related expenses	6b	263869	
c	Target normal cost	6c	4642804	

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 DEAN A. QUICK Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 800 NORTH GLEBE RD FLOOR 10 ARLINGTON, VA 22203 Address of the firm	06/26/2026 Date 26-05816 Most recent enrollment number 703-258-8000 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)	19783992	45936539
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)	19783992	45936539
10 Interest on line 9 using prior year's actual return of <u>0.68</u> %	134531	312368
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>5.25</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	19918523	1081477
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	45167430

Part III Funding Percentages

14 Funding target attainment percentage	14	103.90 %
15 Adjusted funding target attainment percentage	15	138.22 %
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	118.67 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

0

22 Weighted average retirement age**22**

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**

4642804

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

4642804

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

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

0

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

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

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

0

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SWIFT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.	D Employer Identification Number (EIN) 54-1106980	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

EMPOWER ANNUITY INSUR CO OF AMERICA

84-0467907

(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?
64	NONE	60502	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 SWIFT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.		D Employer Identification Number (EIN) 54-1106980
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: WELLINGTON CIF II US INV GRD CORP L		
b Name of sponsor of entity listed in (a): WELLINGTON MANAGEMENT GROUP LLP		
c EIN-PN 04-2683227-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85982897
a Name of MTIA, CCT, PSA, or 103-12 IE: IR+M INTERMEDIATE COLLECTIVE B		
b Name of sponsor of entity listed in (a): IR&M TRUST COMPANY		
c EIN-PN 04-2955404-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18690774
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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 SWIFT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.	D Employer Identification Number (EIN) 54-1106980	

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	434397	461577
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	101175132	104673671
(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)	114807388	120112532
(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	216416917	225247780

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	216416917	225247780
--	-----------	-----------	-----------

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)	259392	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		259392
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)	9799813	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9799813
(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)		2494456
(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)		7088534
c Other income	2c		-125853
d Total income. Add all income amounts in column (b) and enter total	2d		19516342

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10624977	
(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)		10624977
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)	60502	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		60502
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10685479

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8830863
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: **PRICEWATERHOUSECOOPERS**

(2) EIN: **13-4008324**

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?	☒		1500000
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 574632.

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 SWIFT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.		D Employer Identification Number (EIN) 54-1106980
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): 84-1455663		
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 4
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

SWIFT Pension Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

SWIFT Pension Plan
Financial Statements and Supplemental Schedules Required by ERISA
Years Ended December 31, 2025 and 2024

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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosures and the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of SWIFT Pension Plan

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

We have performed an audit of the accompanying financial statements of SWIFT 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, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. 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 after 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.

Auditors' 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 auditors' 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 US 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 US GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules"), is presented for purposes of additional analysis and is 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 the auditing procedures applied in the audit 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 US 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 its form and content, is 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).

Prizeworth & Coopers LLP

Philadelphia, Pennsylvania
September 2, 2026

SWIFT Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	2024
Assets		
Investments, at fair value	\$ 187,876,885	\$ 180,764,822
Net assets held in 401(h) account	36,909,319	35,217,699
Cash - non bearing interest	461,577	434,397
Total assets	225,247,781	216,416,918
Liabilities		
Amounts related to obligation of 401(h) account	(36,909,319)	(35,217,699)
Net assets available for benefits	<u>\$ 188,338,462</u>	<u>\$ 181,199,219</u>

The accompanying notes are an integral part of these financial statements.

SWIFT Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	2024
Additions		
Investment Income:		
Interest and other income, net	\$ 8,310,417	\$ 6,354,599
Net appreciation/ (depreciation) in fair value of investments	5,904,218	(5,086,675)
Net investment income	<u>14,214,634</u>	<u>1,267,924</u>
Deductions		
Benefits paid	7,018,220	13,263,531
Administrative expenses	57,171	42,182
Total deductions	<u>7,075,391</u>	<u>13,305,713</u>
Net increase/ (decrease)	7,139,243	(12,037,789)
Net assets available for benefits:		
Beginning of year	181,199,219	193,237,008
End of year	<u>\$ 188,338,462</u>	<u>\$ 181,199,219</u>

The accompanying notes are an integral part of these financial statements.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of the Plan

The following description of the SWIFT Pension Plan (the Plan) provides general information about the Plan's provisions. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all U.S. employees of SWIFT, Society for Worldwide Interbank Financial Telecommunication (the Employer on Administrator). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was frozen to new participants hired after July 1, 2011.

The Administrator's Human Resources department is responsible for the general administration of the Plan. The custodian of all assets of the Plan is Empower Trust Company, LLC (Empower), acting as an authorized agent for Reliance Trust Company. The record-keeper is Milliman.

Pension Benefits

Employees hired prior to July 1, 2011, were eligible to participate in the Plan on the first day of the month following the date the employee first performed one hour of service for the Employer. Employees with five or more years of service are entitled to annual pension benefits at normal retirement age (65) equal to a maximum of 40% of their final average earnings plus 20% of their final average earnings in excess of their covered compensation, as defined. Final average earnings are defined by the plan document as the employee's average annual earnings during the 60 consecutive months of employment within the last 120 months of employment preceding the year in which the employee retires or withdraws from the Plan due to termination of employment or death. Employees who retire at the normal retirement date generally will have their benefits paid in the form of a life annuity (if a single participant) or a qualified joint and 50% survivor annuity (if a married participant). However, employees may have their benefits paid in several other optional forms. Employees who retire without completing 35 years of credited service will be entitled to a pro rata portion of their benefits at normal retirement determined by multiplying their benefits at normal retirement by a fraction equal to the actual years of credited service divided by 35. The Plan permits early retirement at ages 55 through 64 with reduced benefits, as defined. Employees may elect various options in which to receive their pension benefits at early retirement.

Effective January 1, 2024 the plan was amended to change the minimum disbursement age from age 72 to 73, in accordance with the law.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of the Plan (continued)

Vesting

Employees vest 20% per year, becoming fully vested in their benefits after five years of service.

Death and Disability Benefits

If an employee becomes disabled after completing five years of service and before the normal retirement date, the employee will remain a participant in the Plan and will continue to earn service credit until age 65. The earnings of the participant will be assumed to be unchanged during this period of disability. Benefits will be paid to the employee at the normal retirement date.

If an active employee's death occurs after the employee has a vested retirement benefit, the employee's spouse is entitled to a benefit equal to 50% of the accrued benefit on the day before the employee's death occurred.

Administrative Expenses

The Employer pays substantially all administrative expenses of the Plan, except for investment management fees, which are paid by the Plan and recorded as a deduction of investment income.

Plan Termination

Although it has not expressed an intention to do so, the Employer reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Employer and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are presented on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Investment Valuation

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Management determines the Plan's valuations policies utilizing information provided by its investment advisors. See Note 5 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. 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.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Funding Policy

Contributions from the Employer are based upon the actuarially determined amounts required to adequately fund the Plan under provisions of ERISA. The Employer's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years. The Employer has met the minimum funding requirements of ERISA for 2025 and 2024.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their eligible beneficiaries or (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's independent actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

	December 31	
	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 64,210,024	\$ 64,072,375
Other participants	69,640,478	68,104,474
	<u>133,850,502</u>	<u>132,176,849</u>
Non-vested benefits	3,141,116	3,347,001
Total actuarial present value of accumulated plan benefits	<u><u>\$ 136,991,618</u></u>	<u><u>\$ 135,523,850</u></u>

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The changes in the accumulated plan benefits for the years then ended are as follows:

	Year Ended December 31	
	2025	2024
Actuarial present value of accumulated plan benefits at beginning of plan year	\$ 135,523,850	\$ 142,129,953
Increase (decrease) during year attributed to:		
Benefits accumulated	4,446,439	5,054,017
Actuarial loss	287,452	137,107
Interest due to the decrease in the discount period	7,170,878	7,027,610
Benefits paid	(6,764,266)	(13,263,531)
Assumption changes	(3,672,735)	(5,561,306)
Net increase/ (decrease)	1,467,768	(6,606,103)
Actuarial present value of accumulated plan benefits at end of plan year	<u>\$ 136,991,618</u>	<u>\$ 135,523,850</u>

The significant assumptions underlying the actuarial computations for the plan year ended December 31, 2025, were as follows:

Interest rate:	5.35% per annum, compounded annually
Mortality:	Mortality table prescribed by the Internal Revenue Service (Section 430(h)(3)(A) of the IRC) for calculating funding requirements, based upon the Pri-2012 mortality table with White Collar adjustment projected forward from 2012 using Scale MP-2021
Retirement age:	Rates of retirement are assumed on a sliding scale between the ages of 55 and 70

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computations for the plan year ended December 31, 2024, were as follows:

Interest rate:	5.25% per annum, compounded annually
Mortality:	Mortality table prescribed by the Internal Revenue Service (Section 430(h)(3)(A) of the IRC) for calculating funding requirements, based upon the Pri-2012 mortality table with White Collar adjustment projected forward from 2012 using Scale MP-2021
Retirement age:	Rates of retirement are assumed on a sliding scale between the ages of 55 and 70

The assumed investment return, based on which the interest rate was determined, is the assumed net rate of return after payment of any expenses or fees charged to the Plan. It is assumed that expenses charged to the Plan will reduce the rate of return on investments by no more than 1% per annum.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026, and 2025. Had the valuations been performed as of December 31, 2025, and 2024, there would be no material differences.

4. Information Certified by Custodian

All investment balances and related investment information presented and disclosed in the accompanying financial statements, notes to financial statements and supplemental schedules required by ERISA, including investments held at December 31, 2025 and 2024, and net appreciation/(depreciation) in fair value of investments and interest and other income, net for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC (Empower), custodian, acting as an authorized agent for Reliance Trust Company.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

5. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price).

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in markets that are not active
 - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation techniques and inputs used for such general type of asset measured at fair value.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

5. Fair Value Measurements (continued)

Collective trust funds: Valued using the net asset value (NAV) as a practical expedient provided by Empower, the custodian. The NAV as a practical expedient is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares outstanding. The investment strategy of the funds is based on the asset class to which the funds belong, including large and small/mid cap domestic equity, international equity, and fixed-income securities. The asset allocation strategy of the Plan in these funds is based on an alignment with the Plan's benefit obligations. There are no restrictions on the Plan, nor a redemption period, for redeeming units of participation in the funds at their daily closing NAV, and there are no restrictions on the funds from redeeming the marketable securities in which they are invested at their daily closing market value. The funds' valuations are corroborated by audited financial statements.

Mutual funds: The mutual funds are measured at fair value based on quoted prices on the last business day of the year in active markets for identical assets and represent the value of shares held by the Plan at year end.

The following table sets forth, by fair value hierarchy level, the Plan's assets including the 401(h) assets, carried at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds (includes \$36,909,319 related to the 401(h) account)	\$ 120,112,532	\$ –	\$ –	\$ 120,112,532
Total assets at fair value	<u>\$ 120,112,532</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 120,112,532</u>
Investments measured at net asset value as a practical expedient:				
Collective trust fund:				
Fixed income				\$ 104,673,671
Total assets				<u>\$ 224,786,203</u>

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

5. Fair Value Measurements (continued)

	2024			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds (includes \$35,217,699 related to the 401(h) account)	\$ 114,807,388	\$ –	\$ –	\$ 114,807,388
Total assets at fair value	<u>\$ 114,807,388</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 114,807,388</u>
Investments measured at net asset value as a practical expedient:				
Collective trust funds:				
Collective trust fund:				\$ 101,175,132
Fixed income				<u>\$ 215,982,520</u>

There were no transfers of investments into or out of level 3 neither during the year ended December 31, 2025, nor 2024.

6. Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated March 15, 2017, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

6. Tax Status (continued)

position that more likely than not, would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan at December 31, 2025, and 2024, and

has concluded that there are no uncertain positions taken or expected to be taken. 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 that the Plan is no longer subject to income tax examinations for the years prior to 2022.

7. Related Party and Party-in-Interest Transactions

Plan investments were composed of mutual funds and collective trust funds, managed by Empower, the custodian of the majority of the Plan's assets, and Milliman, the record-keeper. These transactions are considered to be party-in-interest transactions for which a statutory exemption exists. Administrative expenses for Empower are netted against investment income/(loss). Administrative expenses paid to Empower are \$57,171 in 2025 and \$42,182 in 2024.

8. 401(h) Account

The Plan includes a health and welfare component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Plan for such net assets. In accordance with IRC Section 401(h), the Plan's investment in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and participants of the SWIFT Retiree Medical and Life Insurance Plan. Any assets transferred to the 401(h) account from the Plan in a qualified transfer (and any income allocable thereto) that are not used during the year must be transferred out of the account to the Plan. The related obligations are not a component of this Plan's obligations, but are obligations of the SWIFT Retiree Medical and Life Insurance Plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Employer. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

The nature of the 401(h) investments have been included in the fair value disclosure of Plan assets within Note 5.

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, volatility, and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic, international conflict trade wars or tariffs. Due to the level of risk associated with certain investment securities, 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 on the statements of net assets available for benefits.

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

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the financial statements to the Form 5500:

	December 31	
	2025	2024
Net assets available for benefits per the financial statements	\$ 188,338,462	\$ 181,199,219
Exclusion of 401(h) account obligation in Form 5500	36,909,319	35,217,699
Net assets available for benefits per Form 5500	<u>\$ 225,247,781</u>	<u>\$ 216,416,918</u>

The net assets of the 401(h) account included in Form 5500 are not available to pay the Plan's pension benefits, but rather can be used only to pay retiree medical benefits of a separate health and welfare plan.

The following is a reconciliation of the changes in net assets per the financial statements to the form 5500 for the year ended December 31, 2025:

SWIFT Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

10. Reconciliation of Financial Statements to Form 5500 (continued)

	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Interest, dividend, and other income	\$ 8,310,417	\$ 1,363,543	\$ 9,673,960
Net appreciation/(depreciation) in fair value of investments	5,904,218	3,678,774	9,582,992
Administrative expenses	(57,171)	(3,331)	(60,502)
Transfer to into 401(h)/rebates	-	259,392	259,392
Benefit paid directly to participants	(7,018,220)	(3,606,756)	(10,624,976)

11. Subsequent Events

Management evaluated subsequent events for the Plan through September 2, 2026, the date the accompanying financial statements were available to be issued.

Supplemental Schedules Required by ERISA

SWIFT Pension Plan

EIN 54-1106980 Plan #001

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

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
* Global Trust Company IR+M Intermediate Collective B	Collective trust fund	16,909,958	18,690,774
* Wellington CIF II US Inv Grd Corp Lng Bd	Collective trust fund	85,605,172	85,982,897
Total Collective Funds		102,515,130	104,673,671
* Dodge & Cox International Stock	Mutual fund	4,902,522	7,236,199
* DFA US Small Cap	Mutual fund	4,261,407	6,509,403
* T. Rowe Price U.S. Equity Research I	Mutual fund	8,342,199	17,670,353
* JPMorgan US Equity Institutional	Mutual fund	10,936,371	17,180,382
* Pimco Long Duration Total return	Mutual fund	11,331,549	10,006,479
* PIMCO Long-Term Credit Bond Inst	Mutual fund	24,306,090	24,789,994
* Vanguard Long-Term Treasury Idx Instl	Mutual fund	37,098,345	36,551,445
* Fidelity Government Money Market	Mutual fund	168,276	168,276
Total mutual funds		101,346,759	120,112,532
Total investments		203,861,889	224,786,203
Cash - non bearing interest	Cash - non bearing interest	461,577	461,577
Total assets		<u>\$ 204,323,467</u>	<u>\$ 225,247,781</u>
* Party in interest			

The information in this schedule has been certified as to its completeness and accuracy by Empower Trust Company LLC, the Custodian.

SWIFT Pension Plan

EIN 54-1106980 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net (Loss) Gain
Category 3 – Series of transactions in excess of 5% of plan assets								
Dodge & Cox International Stock	Mutual Fund	\$ 376,975	\$ 489,712	N/A	N/A	\$ 785,596	\$ 2,532,727	\$ 1,747,131
DFA US Small Cap	Mutual Fund	99,999	471,060	N/A	N/A	571,291	987,041	415,750
T. Rowe Price U.S. Equity Research I	Mutual Fund	277,141	1,132,601	N/A	N/A	1,350,382	3,691,226	2,340,844
JPMorgan US Equity L	Mutual Fund	1,020,815	1,118,659	N/A	N/A	2,089,310	3,368,439	1,279,129
IR+M Intermediate Collective B	Collective Trust Fund	–	630,133	N/A	N/A	606,811	1,849,338	1,242,527
PIMCO Long Duration Total Return Instl	Mutual Fund	544,685	1,018,009	N/A	N/A	1,538,268	1,920,107	381,839
PIMCO Long-Term Credit Bond Inst	Mutual Fund	1,385,653	820,049	N/A	N/A	2,195,465	2,793,476	598,011
Vanguard Long-Term Treasury Idx Instl	Mutual Fund	1,605,549	1,289,507	N/A	N/A	2,882,564	3,208,396	325,832
Wellington CIF II US Inv Grd Corp Lng Bd	Collective Trust Fund	4,715,956	3,081,740	N/A	N/A	7,758,443	9,010,372	1,251,929
Fidelity Government Money Market	Fidelity Government Money Market	6,032,432	6,787,043	N/A	N/A	12,819,474	12,819,474	–

There were no category 1, 2, or 4 reportable transactions during 2025.

The information in this schedule has been certified as to its completeness and accuracy by Empower Trust Company LLC, the Custodian.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	SWIFT Pension Plan
EIN / PN:	54-1106980 / 001
Plan Sponsor:	Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1980. The most recent amendment is the Seventh Amendment to the Amendment and Restatement of the Plan as of January 1, 2011, executed May 12, 2014.

Covered employees All employees in service on January 1, 1980 and before July 1, 2011.

Participation date The first of the month on or after his date of hire.

Definitions

Vesting Vesting is based on Years of Service and Vesting Percentage below;

Years of Service

<u>Attained Age</u>	<u>Termination Rates Per 100 Employees</u>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	100%

Participants eligible for early retirement are 100% vested.

Pensionable pay Base salary, overtime, annual bonus, sales bonus or sales bonus/commissions, and shift/phase-out shift premium are elements of compensation that are pensionable under the Plan. Elective contributions not included in taxable income per sections 125 and 401(k) are also included. On-call premiums, expense reimbursements, fringe benefits, moving expenses, deferred compensation, taxable income from stock options, severance pay, etc. and other forms of compensation are not considered as pensionable earnings.

Final average earnings The average of the 60 highest consecutive monthly earnings out of the last 120 months.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Covered compensation The 35-year average of the earnings taken into account to determine Social Security benefits.

Normal retirement date (NRD) First day of the month on or after the attainment of age 65.

Eligibility for Benefits

Normal retirement First day of the month on or after the attainment of age 65.

Early retirement First day of the month on or after the attainment of age 55.

Postponed retirement Retirement after NRD.

Vested termination Termination prior to eligibility for retirement.

Disability Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit

Preretirement death benefit The spouse of a participant who is vested and dies in service, or after termination but before benefit commencement, and after having been married one year, is eligible for a pre-retirement spouse's benefit.

Benefits Paid Upon the Following Events

Normal retirement The annual benefit shall be equal to the sum of 40% of the participant's final average earnings plus 20% of final average earnings which is in excess of covered compensation, pro-rated for less than 35 years of credited service at retirement.

Early retirement Same as normal retirement benefit, except amount is prorated for service less than the service that would have been earned at normal retirement age. Early commencement is reduced 3% per year before age 65 and a 5% per year before age 60.

Postponed retirement Continued accrual using member's final average earnings and credited service to late retirement.

Vested termination Participants who terminate with a vested benefit prior to eligibility for retirement will receive an accrued benefit multiplied by the vesting percentage based on service at termination.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Preretirement death

The benefit is equal to 50% of the joint annuity benefit which the participant would have received upon early retirement at date of death. This benefit is automatic. If not currently eligible for early retirement, this benefit will be deferred to what would have been the earliest age at which the participant could have retired.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. A participant who earned a benefit as of December 31, 1994 may receive this benefit as an unlimited lump sum. All other participants can receive a lump sum payment if the value of their pension is less than \$5,000 (effective January 1, 1998). Optional forms are 50%, 66 2/3%, 75%, or 100% joint and survivor annuity, a ten-year certain and life annuity, a social security adjustment annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6% interest and the 1971 Group Annuity Table with a six-year setback for the participant and a one-year setback for the joint annuitant except for social security adjustment annuity or lump sum. These accelerated forms of payment have actuarial equivalence based on the IRC §417(e) applicable interest rate and mortality.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumption for administrative expenses was changed to reflect the plan sponsor's expectation to pay certain expenses from plan assets.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.37%	5.32%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases 3.25%
- Statutory limits on compensation N/A

Administrative expenses \$263,869

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired. Participation in the plan is closed.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disabled mortality None.

Termination Representative termination rates not due to disability, retirement, or mortality

Percentage leaving during the year

<u>Attained Age</u>	<u>Termination Rates Per 100 Employees</u>
25	10.0
30	10.0
35	9.0
40	8.0
45	6.0
50	4.0
55	4.0
60	4.0

Disability None.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
<u>Attained Age</u>	<u>Retirement Rates Per 100 Employees</u>
55	10
56-59	10
60	15
61	10
62	30
63-64	20
65	75
66-69	50
70	100

Participants elected the early retirement window at the end of 2023 are assumed to have a 100% retirement rate in 2024.

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit No disability benefits valued
- Retirement benefit Immediate upon retirement

Form of payment

Participants are assumed to retire with 55% of the participants choosing a lump sum payment and 45% of the participants choosing a monthly pension in the normal form of payment.

Percent married

It is assumed that 90% of all active and terminated employees are married to an Eligible Spouse.

For male participants, spouses are assumed to be three years younger.

For female participants, spouses are assumed to be the same age.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan compensation	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay or, if higher, the previous year's actual compensation increased by one-half year's salary scale.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name:	SWIFT Pension Plan
EIN / PN:	54-1106980 / 001
Plan Sponsor:	Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits not valued

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

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	1	4	1	0	0	0	0	6
40-44	0	0	0	0	16	6	0	0	0	0	22
45-49	0	0	0	1	10	11	0	0	0	0	22
50-54	0	0	0	2	9	28	14	1	0	0	54
55-59	0	0	0	2	5	17	7	3	0	0	34
60-64	0	0	0	0	5	11	2	1	1	1	21
65-69	0	0	0	0	0	3	0	3	0	0	6
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	6	49	77	23	8	1	1	165

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

Plan Name: SWIFT Pension Plan
 EIN / PN: 54-1106980 / 001
 Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
 Valuation Date: January 1, 2025

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 SWIFT 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 SOCIETY FOR WORLDWIDE INTERBANK FINANCIAL TELECOMMUNICATION, INC.	D Employer Identification Number (EIN) 54-1106980
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	181,199,219	
b	Actuarial value	2b	181,929,198	
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	227	61,648,897	61,648,897
b	For terminated vested participants	150	15,047,697	15,047,697
c	For active participants	165	51,504,836	54,924,142
d	Total	542	128,201,430	131,620,736
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	5.37%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4,378,935	
b	Expected plan-related expenses	6b	263,869	
c	Target normal cost	6c	4,642,804	

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	Dean A. Quick  Signature of actuary	6 - 26 - 2026 Date
	Dean A. Quick Type or print name of actuary	2605816 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	703-258-8000 Telephone number (including area code)
	800 North Glebe Road Floor 10 Arlington VA 22203 Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 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	4,642,804	
b Excess assets, if applicable, but not greater than line 31a	31b	4,642,804	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	SWIFT Pension Plan
EIN / PN:	54-1106980 / 001
Plan Sponsor:	Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.37%	5.32%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases 3.25%
- Statutory limits on compensation N/A

Administrative expenses \$263,869

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired. Participation in the plan is closed.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disabled mortality None.

Termination Representative termination rates not due to disability, retirement, or mortality

Percentage leaving during the year

<u>Attained Age</u>	<u>Termination Rates Per 100 Employees</u>
25	10.0
30	10.0
35	9.0
40	8.0
45	6.0
50	4.0
55	4.0
60	4.0

Disability None.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
<u>Attained Age</u>	<u>Retirement Rates Per 100 Employees</u>
55	10
56-59	10
60	15
61	10
62	30
63-64	20
65	75
66-69	50
70	100

Participants elected the early retirement window at the end of 2023 are assumed to have a 100% retirement rate in 2024.

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit No disability benefits valued
- Retirement benefit Immediate upon retirement

Form of payment

Participants are assumed to retire with 55% of the participants choosing a lump sum payment and 45% of the participants choosing a monthly pension in the normal form of payment.

Percent married

It is assumed that 90% of all active and terminated employees are married to an Eligible Spouse.

For male participants, spouses are assumed to be three years younger.

For female participants, spouses are assumed to be the same age.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan compensation	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay or, if higher, the previous year's actual compensation increased by one-half year's salary scale.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name:	SWIFT Pension Plan
EIN / PN:	54-1106980 / 001
Plan Sponsor:	Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits not valued

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

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1980. The most recent amendment is the Seventh Amendment to the Amendment and Restatement of the Plan as of January 1, 2011, executed May 12, 2014.

Covered employees All employees in service on January 1, 1980 and before July 1, 2011.

Participation date The first of the month on or after his date of hire.

Definitions

Vesting Vesting is based on Years of Service and Vesting Percentage below;

Years of Service

<u>Attained Age</u>	<u>Termination Rates Per 100 Employees</u>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	100%

Participants eligible for early retirement are 100% vested.

Pensionable pay Base salary, overtime, annual bonus, sales bonus or sales bonus/commissions, and shift/phase-out shift premium are elements of compensation that are pensionable under the Plan. Elective contributions not included in taxable income per sections 125 and 401(k) are also included. On-call premiums, expense reimbursements, fringe benefits, moving expenses, deferred compensation, taxable income from stock options, severance pay, etc. and other forms of compensation are not considered as pensionable earnings.

Final average earnings The average of the 60 highest consecutive monthly earnings out of the last 120 months.

Plan Name: SWIFT Pension Plan
EIN / PN: 54-1106980 / 001
Plan Sponsor: Society for Worldwide Interbank Financial Telecommunications, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Covered compensation The 35-year average of the earnings taken into account to determine Social Security benefits.

Normal retirement date (NRD) First day of the month on or after the attainment of age 65.

Eligibility for Benefits

Normal retirement First day of the month on or after the attainment of age 65.

Early retirement First day of the month on or after the attainment of age 55.

Postponed retirement Retirement after NRD.

Vested termination Termination prior to eligibility for retirement.

Disability Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit

Preretirement death benefit The spouse of a participant who is vested and dies in service, or after termination but before benefit commencement, and after having been married one year, is eligible for a pre-retirement spouse's benefit.

Benefits Paid Upon the Following Events

Normal retirement The annual benefit shall be equal to the sum of 40% of the participant's final average earnings plus 20% of final average earnings which is in excess of covered compensation, pro-rated for less than 35 years of credited service at retirement.

Early retirement Same as normal retirement benefit, except amount is prorated for service less than the service that would have been earned at normal retirement age. Early commencement is reduced 3% per year before age 65 and a 5% per year before age 60.

Postponed retirement Continued accrual using member's final average earnings and credited service to late retirement.

Vested termination Participants who terminate with a vested benefit prior to eligibility for retirement will receive an accrued benefit multiplied by the vesting percentage based on service at termination.

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Preretirement death

The benefit is equal to 50% of the joint annuity benefit which the participant would have received upon early retirement at date of death. This benefit is automatic. If not currently eligible for early retirement, this benefit will be deferred to what would have been the earliest age at which the participant could have retired.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. A participant who earned a benefit as of December 31, 1994 may receive this benefit as an unlimited lump sum. All other participants can receive a lump sum payment if the value of their pension is less than \$5,000 (effective January 1, 1998). Optional forms are 50%, 66 2/3%, 75%, or 100% joint and survivor annuity, a ten-year certain and life annuity, a social security adjustment annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6% interest and the 1971 Group Annuity Table with a six-year setback for the participant and a one-year setback for the joint annuitant except for social security adjustment annuity or lump sum. These accelerated forms of payment have actuarial equivalence based on the IRC §417(e) applicable interest rate and mortality.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

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Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumption for administrative expenses was changed to reflect the plan sponsor's expectation to pay certain expenses from plan assets.

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SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	1	4	1	0	0	0	0	6
40-44	0	0	0	0	16	6	0	0	0	0	22
45-49	0	0	0	1	10	11	0	0	0	0	22
50-54	0	0	0	2	9	28	14	1	0	0	54
55-59	0	0	0	2	5	17	7	3	0	0	34
60-64	0	0	0	0	5	11	2	1	1	1	21
65-69	0	0	0	0	0	3	0	3	0	0	6
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	6	49	77	23	8	1	1	165

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

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SWIFT Pension Plan

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

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
* Global Trust Company IR+M Intermediate Collective B	Collective trust fund	16,909,958	18,690,774
* Wellington CIF II US Inv Grd Corp Lng Bd	Collective trust fund	85,605,172	85,982,897
Total Collective Funds		102,515,130	104,673,671
* Dodge & Cox International Stock	Mutual fund	4,902,522	7,236,199
* DFA US Small Cap	Mutual fund	4,261,407	6,509,403
* T. Rowe Price U.S. Equity Research I	Mutual fund	8,342,199	17,670,353
* JPMorgan US Equity Institutional	Mutual fund	10,936,371	17,180,382
* Pimco Long Duration Total return	Mutual fund	11,331,549	10,006,479
* PIMCO Long-Term Credit Bond Inst	Mutual fund	24,306,090	24,789,994
* Vanguard Long-Term Treasury Idx Instl	Mutual fund	37,098,345	36,551,445
* Fidelity Government Money Market	Mutual fund	168,276	168,276
Total mutual funds		101,346,759	120,112,532
Total investments		203,861,889	224,786,203
Cash - non bearing interest	Cash - non bearing interest	461,577	461,577
Total assets		<u>\$ 204,323,467</u>	<u>\$ 225,247,781</u>
* Party in interest			

The information in this schedule has been certified as to its completeness and accuracy by Empower Trust Company LLC, the Custodian.

SWIFT Pension Plan

EIN 54-1106980 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net (Loss) Gain
Category 3 – Series of transactions in excess of 5% of plan assets								
Dodge & Cox International Stock	Mutual Fund	\$ 376,975	\$ 489,712	N/A	N/A	\$ 785,596	\$ 2,532,727	\$ 1,747,131
DFA US Small Cap	Mutual Fund	99,999	471,060	N/A	N/A	571,291	987,041	415,750
T. Rowe Price U.S. Equity Research I	Mutual Fund	277,141	1,132,601	N/A	N/A	1,350,382	3,691,226	2,340,844
JPMorgan US Equity L	Mutual Fund	1,020,815	1,118,659	N/A	N/A	2,089,310	3,368,439	1,279,129
IR+M Intermediate Collective B	Collective Trust Fund	–	630,133	N/A	N/A	606,811	1,849,338	1,242,527
PIMCO Long Duration Total Return Instl	Mutual Fund	544,685	1,018,009	N/A	N/A	1,538,268	1,920,107	381,839
PIMCO Long-Term Credit Bond Inst	Mutual Fund	1,385,653	820,049	N/A	N/A	2,195,465	2,793,476	598,011
Vanguard Long-Term Treasury Idx Instl	Mutual Fund	1,605,549	1,289,507	N/A	N/A	2,882,564	3,208,396	325,832
Wellington CIF II US Inv Grd Corp Lng Bd	Collective Trust Fund	4,715,956	3,081,740	N/A	N/A	7,758,443	9,010,372	1,251,929
Fidelity Government Money Market	Fidelity Government Money Market	6,032,432	6,787,043	N/A	N/A	12,819,474	12,819,474	–

There were no category 1, 2, or 4 reportable transactions during 2025.

The information in this schedule has been certified as to its completeness and accuracy by Empower Trust Company LLC, the Custodian.