Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ 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
F.N.B. CORPORATION RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1959

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)
F.N.B. CORPORATION

ATTN 721-CORP TAX
626 WASHINGTON PL
PITTSBURGH, PA 15219

ATTN 721-CORP TAX
626 WASHINGTON PL
PITTSBURGH, PA 15219

2b Employer Identification Number (EIN)
25-1255406

2c Plan Sponsor's telephone number
724-983-3458

2d Business code (see instructions)
522110

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.	09/28/2026	BRIAN MANCOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2026	JAMES DUTEY
	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

PENSION COMMITTEE

ONE F.N.B. BOULEVARD
HERMITAGE, PA 16148

3b Administrator's EIN: 34-2050460

3c Administrator's telephone number: 724-981-6000

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**	1548
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	281
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	258
b	Retired or separated participants receiving benefits	**6b**	1032
c	Other retired or separated participants entitled to future benefits	**6c**	125
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1415
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	100
f	Total. Add lines **6d** and **6e**.	**6f**	1515
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

- (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

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

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
F.N.B. CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
F.N.B. CORPORATION

D Employer Identification Number (EIN)
25-1255406

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	183786649
b Actuarial value	**2b**	183786649

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	1140	87723557	87723557
b For terminated vested participants	132	6967215	6967215
c For active participants	281	14302524	14370797
d Total	1553	108993296	109061569

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	476000
c Target normal cost	**6c**	476000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

08/27/2026
Date

LEE JONES
Type or print name of actuary

26-08654
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5962
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	50405757	0
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)	50405757	0
10	Interest on line 9 using prior year's actual return of 9.22 %	4647411	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	55053168	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.03 %
15	Adjusted funding target attainment percentage	15	168.51 %
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	155.29 %
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**	64

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**	476000
b Excess assets, if applicable, but not greater than line 31a	**31b**	476000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
F.N.B. CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
F.N.B. CORPORATION

D Employer Identification Number (EIN)
25-1255406

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

WILLIS TOWERS WATSON

ONE PPG PLACE
SUITE 600
PITTSBURGH, PA 15222

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	367666	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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

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(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: ELIZABETH A. SHIMSHOCK, F.S.A.

b EIN: 23-1159360

c Position: ENROLLED ACTUARY

d Address: ONE PPG PLACE
SUITE 1000
PITTSBURGH, PA 15222

e Telephone: 412-863-4700

Explanation: FORMER ENROLLED ACTUARY RETIRED, AND THEIR RESPONSIBILITIES HAVE BEEN REASSIGNED WITHIN WILLIS TOWERS WATSON.

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 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
F.N.B. CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
F.N.B. CORPORATION

D Employer Identification Number (EIN)
25-1255406

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	358508	429563
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	43957530	45243390
(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)	65520646	67885311
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	73949965	81330438
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	183786649	194888702
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 through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	183786649	194888702

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	1291116	
(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)	71055	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1362171
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3373786	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3373786
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	41267768	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	38122486	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3145282
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7885716	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7885716

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		5222156
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		20989111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8779969	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	575335	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9355304
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	367666	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	164088	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		531754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9887058
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11102053
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579617.

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
F.N.B. CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
F.N.B. CORPORATION

D Employer Identification Number (EIN)
25-1255406

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): 25-6037109

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** 8

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 61.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 36.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 3.0 % 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_____.

F.N.B. Corporation Retirement Income Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years ended December 31, 2025 and 2024
with Report of Independent Auditors

F.N.B. Corporation

Retirement Income Plan

Financial Statements

and Supplemental Schedules

Years ended December 31, 2025 and 2024

Contents

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Report of Independent Auditors

To the Participants and Plan Administrator of F.N.B. Corporation Retirement Income Plan

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

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

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

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

Opinion

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

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the

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

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

In our opinion

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

Ernst & Young LLP

September 18, 2026

F.N.B. Corporation Retirement Income Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2025	2024
Net assets available for benefits		
Investments at fair value:		
Mutual funds	**$ 81,330,438**	$ 73,949,965
Common stocks	**65,234,811**	62,047,346
United States government securities	**45,243,390**	43,957,530
F.N.B. Corporation common stock	**2,650,500**	3,473,300
Total investments	**194,459,139**	183,428,141
Receivables:		
Interest and dividend income receivable	**429,563**	358,508
Total receivables	**429,563**	358,508
Net assets available for benefits	**$194,888,702**	$183,786,649

See accompanying notes to financial statements.

F.N.B. Corporation Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2025	2024
Additions to net assets attributed to:		
Investment income (loss):		
Interest and dividends	**$ 4,735,957**	$ 4,443,423
Net appreciation (depreciation) in fair value of investments	**16,253,154**	11,489,089
Net investment income (loss)	**20,989,111**	15,932,512
Total additions	**20,989,111**	15,932,512
Deductions from net assets attributed to:		
Benefits paid to participants	**9,355,304**	9,461,173
Administrative expenses	**531,754**	473,582
Total deductions	**9,887,058**	9,934,755
Net increase (decrease)	**11,102,053**	5,997,757
Net assets available for benefits:		
Beginning of year	**183,786,649**	177,788,892
End of year	**$ 194,888,702**	$ 183,786,649

See accompanying notes to financial statements.

F.N.B. Corporation Retirement Income Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of the Plan

The following description of the F.N.B. Corporation Retirement Income Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description for the Plan for a more complete description of the Plan's provisions.

The Plan is a noncontributory defined benefit plan that covers all eligible employees of F.N.B. Corporation (Corporation) and any affiliated subsidiaries that had elected to participate in the Plan. The Plan provides for retirement and death benefits to participants and their surviving spouses. Effective January 1, 2008, the Plan was amended to close participation to all employees hired on or after January 1, 2008. The Corporation amended the Plan on October 20, 2010 to freeze all benefit accruals effective December 31, 2010.

The Corporation and any affiliated subsidiaries that had elected to participate in the Plan have agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members and to fund the Plan's current service cost on a current basis. Prior service cost is amortized on a straight-line basis over the average remaining life of Plan participants. The general funding policy is to make a cash contribution to the Plan each year which is between the minimum required amount and the maximum tax deductible amount. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for the years ended December 31, 2025 and 2024. The Corporation did not make a contribution to the Plan for the 2025 and 2024 plan years.

The Plan is administered by F.N.B. Pension Committee (Committee) which is a committee of executives of the Corporation. The Committee has the overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Compensation Committee of the Board of Directors or directly to the Board of Directors.

Information about the Plan document, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guaranty is contained in the Summary Plan Description for the Plan which is available in the Corporation's personnel department.

2. Summary of Accounting Policies

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Risks and Uncertainties

The Plan invests in certain investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is 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. See Note 5 for a discussion of fair value measurements.

Dividend income is recorded on the ex-dividend date. Interest income from other investments is recorded as earned on an accrual basis. Purchases and sales of securities are recorded on a trade date basis. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

2. Summary of Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments which are attributable under the Plan's provisions to employees for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for present employees, retired, or terminated employees or their beneficiaries are based on the sum of the annual pension benefit as of December 31, 2006 determined under a prior formula, plus 1% of the employees' total, cumulative compensation beginning January 1, 2007 through December 31, 2010, with benefits unreduced at age 65. Prior to 2007, for legacy participants of the Plan and for participants in the Plan from the former NewBridge Bank Employees' Pension Plan that merged into the Plan effective December 31, 2017, benefits are based on years of service and the employees' compensation for the five highest consecutive years during their last ten years of employment. The accumulated plan benefits for active employees are based on the provisions of the Plan. There are no future benefit accruals for any participants in the Plan. 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. Employees with 5 or more years of credited service are generally entitled to pension benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Valuation of Other Financial Instruments

The carrying values of the Plan's receivables as of December 31, 2025 and 2024 approximate fair value.

3. Accumulated Plan Benefits

An 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 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 benefits information is as follows:

	December 31, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 79,777,515
Other participants	17,894,269
	97,671,784
Non-vested benefits	85,403
Total	$ 97,757,187

Changes in accumulated plan benefits are presented below for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits beginning of year	$ 100,553,106
Increase (decrease) during the year attributable to:	
Actuarial gains and losses	192,021
Effect of decrease in discount period	6,473,233
Benefits paid	(9,461,173)
Net (decrease)/increase	(2,795,919)
Actuarial present value of accumulated plan benefits end of year	$ 97,757,187

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial computations as of December 31, 2024 are:

Discount Rate	6.75%
Average retirement age	Varies by affiliate (average age 64)
Mortality Table	Pri-2012

The cost of providing plan benefits depends on demographic factors such as retirement, mortality, and turnover. Demographic assumptions used in the valuation were selected to reflect the experience of the covered population and reasonable expectations. If actual experience is more favorable than assumed, future plan costs will be lower. Alternatively, if actual experience is less favorable than assumed, future plan costs will be higher.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2024.

4. Investments

Certain information related to investments for the Plan disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by First National Trust Company, a subsidiary of the Corporation, and the trustee of the Plan.

5. Fair Value Measurements

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

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

Level 2 — Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. All investments of the Plan, except for United States government agency securities are valued at quoted prices reported from active markets in which the securities are traded. Accordingly, all such investment valuations fall within level 1 of the fair value hierarchy. The Plan uses prices from independent pricing services to measure fair value of United States government agency securities. Fair values are determined by utilizing pricing models that consider other observable inputs such as available trade, bid, and other market-based or market-derived information. As such, United States government agency securities fall within level 2 of the fair value hierarchy. There were no transfers in levels in 2025.

5. Fair Value Measurements (continued)

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2025			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	**$ 81,330,438**	$ —	$ —	**$ 81,330,438**
Common stocks, including F.N.B. Corporation Stock	**67,885,311**	—	—	**67,885,311**
United States government securities:				
Agency	—	**17,912,580**	—	**17,912,580**
Treasury	**27,330,810**	—	—	**27,330,810**
Total investments	**$ 176,546,559**	**$ 17,912,580**	$ —	**$ 194,459,139**

	Fair Value Measurements at December 31, 2024			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	$ 73,949,965	$ —	$ —	$ 73,949,965
Common stocks, including F.N.B Corporation Stock	65,520,646	—	—	65,520,646
United States government securities:				
Agency	—	26,221,980	—	26,221,980
Treasury	17,735,550	—	—	17,735,550
Total investments	$ 157,206,161	$ 26,221,980	$ —	$ 183,428,141

6. Transactions with Parties-in-Interest

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

The Plan held the Corporation common stock which represented 1.36% and 1.89% of the Plan's net assets available for benefits as of December 31, 2025 and 2024, respectively. The total number of shares of the Corporation common stock held by the Plan as of December 31, 2025 and 2024 was 155,000, valued at $2,650,500 and 235,000, valued at $3,473,300, respectively. During 2025 and 2024, the Plan received $85,800 and $135,000, respectively, in common stock cash dividends from the Corporation common stock. During 2025, the Plan did not purchase any shares of the Corporation Stock, but the Plan sold 80,000 shares of the Corporation Stock for proceeds of $1,234,036. During 2024, the Plan did not purchase any shares of the Corporation Stock, but the Plan sold 95,000 shares of the Corporation Stock for proceeds of $1,351,167.

The First National Trust Company is the trustee for the Plan and does not charge fees to the Plan for its services. Certain administrative expenses of the Plan are paid by the Corporation. Such expenses have historically been comprised of fees for audit and certain actuarial services. Administrative expenses paid by the Corporation on behalf of the Plan totaled $62,981 and $219,483 for the 2025 and 2024 plan years, respectively. Administrative expense paid by the Plan consists primarily of actuary fees and PBGC premiums. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

Additionally, certain administrative functions of the Plan are performed by officers or employees of the Corporation. No such officer or employee receives compensation from the Plan.

7. Plan Termination

F.N.B. Corporation (the Plan Sponsor) has the right under the Plan to discontinue contributions at any time and terminate the Plan. In the event of a termination of the Plan, the net assets of the Plan are to be set aside first for the payment of benefits for those participants that are or could be receiving benefits; second, for benefits guaranteed under Title IV of ERISA; third, for all other non-forfeitable benefits under the Plan; and fourth, for all other benefits under the Plan. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

8. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated April 3, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. The plan administrator is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025 and 2024 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax years in progress.

9. Subsequent Events

Plan management has evaluated subsequent events for recognition and disclosure through September 18, 2026, the date the financial statements were available to be issued.

Supplemental Schedules

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	2	0	0	0	0	0	0	0	0	2
40-44	0	9	10	1	0	0	0	0	0	0	20
45-49	0	15	22	8	2	0	0	0	0	0	47
50-54	0	7	23	13	3	3	0	0	0	0	49
55-59	0	9	11	19	14	12	2	0	0	0	67
60-64	0	7	18	17	10	14	5	4	0	0	75
65-69	0	2	4	5	1	2	1	1	1	0	17
70 & over	0	0	0	3	0	0	1	0	0	0	4
Total	0	51	88	66	30	31	9	5	1	0	281

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

Plan Name: F.N.B. Corporation Retirement Income Plan
EIN / PN: 25-1255406/001
Plan Sponsor: F.N.B. Corporation
Valuation Date: January 1,2025

SCHEDULE SB ATTACHMENTS

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

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age The plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all such participants on 1/1/2025.

Plan Name:	F.N.B. Corporation Retirement Income Plan
EIN / PN:	25-1255406/001
Plan Sponsor:	F.N.B. Corporation
Valuation Date:	January 1,2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	116,688	61,510	8,879,953	9,058,151
2026	318,264	161,967	8,686,567	9,166,798
2027	487,569	233,979	8,456,829	9,178,377
2028	651,038	316,352	8,203,302	9,170,692
2029	790,445	395,430	7,933,136	9,119,011
2030	899,613	440,968	7,642,179	8,982,760
2031	984,746	459,170	7,337,466	8,781,382
2032	1,050,210	480,385	7,028,269	8,558,864
2033	1,095,212	504,060	6,706,538	8,305,810
2034	1,126,766	509,130	6,375,037	8,010,933
2035	1,150,347	550,317	6,033,226	7,733,890
2036	1,167,688	591,088	5,683,798	7,442,574
2037	1,179,819	591,779	5,328,810	7,100,408
2038	1,183,844	591,746	4,969,249	6,744,839
2039	1,184,832	593,320	4,608,111	6,386,263
2040	1,183,006	585,656	4,248,692	6,017,354
2041	1,176,335	574,932	3,892,843	5,644,110
2042	1,165,706	565,706	3,543,145	5,274,557
2043	1,155,084	555,722	3,202,146	4,912,952
2044	1,139,247	546,365	2,872,350	4,557,962
2045	1,114,570	539,707	2,556,148	4,210,425
2046	1,085,247	530,549	2,255,719	3,871,515
2047	1,051,958	515,977	1,973,031	3,540,966
2048	1,013,833	497,891	1,709,793	3,221,517
2049	971,057	476,887	1,467,353	2,915,297
2050	924,647	454,017	1,246,657	2,625,321
2051	875,362	429,787	1,048,188	2,353,337
2052	823,540	404,386	871,945	2,099,871
2053	769,565	377,937	717,484	1,864,986
2054	714,437	350,721	583,918	1,649,076

Plan Name: F.N.B. Corporation Retirement Income Plan
EIN / PN: 25-1255406/001
Plan Sponsor: F.N.B. Corporation
Valuation Date: January 1,2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	658,776	323,062	469,986	1,451,824
2056	603,222	295,332	374,140	1,272,694
2057	548,457	267,896	294,623	1,110,976
2058	495,149	241,111	229,565	965,825
2059	443,897	215,294	177,069	836,260
2060	395,228	190,720	135,278	721,226
2061	349,568	167,621	102,447	619,636
2062	307,223	146,175	76,981	530,379
2063	268,377	126,500	57,467	452,344
2064	233,095	108,669	42,681	384,445
2065	201,333	92,700	31,592	325,625
2066	172,969	78,556	23,351	274,876
2067	147,811	66,163	17,271	231,245
2068	125,634	55,404	12,813	193,851
2069	106,195	46,136	9,555	161,886
2070	89,240	38,211	7,177	134,628
2071	74,520	31,475	5,438	111,433
2072	61,802	25,781	4,157	91,740
2073	50,871	20,993	3,206	75,070
2074	41,529	16,988	2,490	61,007

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 Rate

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	5.30%	5.28%

Plan-related expenses $476,000

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality – Funding	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age

SOA Combined Small Plan Turnover Table (Representative Termination Rates)

Percentage leaving during the year	
Age	Rate
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%

Retirement

Rates varying by age and group, average age 64

The rates at which participants retire by age are shown below.

Percentage retiring during the year		
Age(s)	**Former LSB Participants with 30 years of Service**	**All Other Participants**
55-60	5%	7%
61	5%	10%
62-63	50%	20%
64	50%	10%
65	100%	35%
66	100%	40%
67-69	100%	30%
70	100%	100%

Benefit commencement date:

- Preretirement death benefit: Former NewBridge participants: The later of the death of the active participant or the date the participant would have attained age 65. Lump sum or installment payments for single FNB employees hired before 1/1/1993 are assumed to commence immediately upon death.

  All other participants: The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit: The later of age 65 or termination of employment.
- Retirement benefit: Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	Former NewBridge participants: 100% of single participants and 50% of married participants are assumed to elect a Single Life Annuity. 50% of married participants are assumed to elect a 100% Joint Survivor Annuity. All other participants: 100% of single participants and 50% of married participants are assumed to elect a five-year Certain-and-Life Annuity. 50% of married participants are assumed to elect a 100% Joint Survivor Annuity.
Percent married	Former NewBridge participants: 80% of participants All other participants: 90% of males; 60% of females Used to value pre-retirement surviving spouse benefits
Spouse age	Wife three years younger than husband
Administrative expense	$476,000
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month
Funding Policy	F.N.B. Corporation's funding policy is to contribute an amount equal to the minimum required contribution. F.N.B. Corporation considers each year whether to contribute additional amounts (e.g., to reach certain funded status thresholds to avoid benefit restrictions, at-risk status, ERISA 4010 filings or other requirements).

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any data assumptions made other than those described in the Demographic Assumptions section above.

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

SCHEDULE SB ATTACHMENTS

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	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2022 plan year, discounted using the effective interest rate for the 2022 plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with F.N.B. Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with F.N.B. Corporation and based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $90,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions Applicable Beginning January 1, 2007

The most recent amendment reflected in the following plan provisions was effective on or before August 22, 2019.

Covered Employees

All salaried employees working at least 1,000 hours in a year for the First National Bank of Pennsylvania or for any affiliate which adopts the Plan (currently Regency Finance Company, F.N.B. Investment Services, F.N.B. Investment Advisors Trust, and Capital Corp.) and hired prior to January 1, 2008. Benefits frozen for all employees as of 12/31/2010.

Participation Date

Date of becoming a covered employee

Age 21 with one year of eligibility service, but not earlier than adoption date for former participants of the following entity:

Entity	Adoption Date
Legacy Bank	1/1/2007

Definitions

Eligibility service

One year for each year of employment in which at least 1,000 hours are worked. First the 12-month period commencing at hire is examined. Following this, the calendar year is the 12-month period.

Vesting service

One year for each year of employment in which at least 1,000 hours are worked. Partial years are granted in years of hire or termination if the employee was working at a rate equal to or in excess of 1,000 hours per year.

Earnings

All wages and salaries (not just regular base salary), bonuses other than signing bonuses, and incentive compensation (except as stated in this sentence), but excluding awards under any long-term incentive plan (regardless of how paid, such as in restricted stock or in cash), any reimbursements or other expense allowances, fringe benefits (cash and noncash) including severance pay and long-term disability benefits, moving expenses, deferred compensation, and welfare benefits. Only earnings from January 1, 2007 through December 31, 2010 are taken into account.

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65 and five years of service
Annual pension benefit	The sum of (A) plus (B): (A) The annual pension benefit as of 12/31/2006 determined under the prior formula (B) 1% of total career earnings with F.N.B. earned on or after January 1, 2007 (May 27, 2006 for former Legacy Bank employees) through December 31, 2010 while a participant in the plan
Monthly preretirement spouse benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint-and-survivor election and reduced for payment as early as the participant's 55th birthday. The benefit is paid for the spouse's life.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and five years of vesting service.
Postponed retirement	Retirement after NRD.
Disability retirement	Receipt of employer long-term disability benefits.
Deferred vested	Termination after completing five years of vesting service for reasons other than death, disability, or retirement.
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse with at least one year of marriage.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD.

Early retirement

Monthly pension benefit determined as of early retirement date, multiplied by an actuarially equivalent early commencement factor, as follows:

Age	Factor
55	0.438
56	0.473
57	0.511
58	0.553
59	0.599
60	0.650
61	0.706
62	0.768
63	0.837
64	0.914
65	1.000

The accrued benefit as of December 31, 2006 determined under the prior formula will be reduced for early commencement based on the prior early retirement factors.

Postponed retirement

Monthly pension benefit determined as of actual retirement date.

Disability retirement

For benefits earned on or after January 1, 2007, earnings will continue to be credited at most recent base rate of pay through December 31, 2010. The resulting benefit is determined and paid as if the participant terminated at the time of cessation of LTD payments.

Termination with deferred vested benefit

Monthly pension benefit determined as of termination date, reduced by actuarially equivalent early commencement factors if payment is desired prior to age 65.

Death with preretirement spouse benefits

Monthly preretirement spouse pension is payable.

SCHEDULE SB ATTACHMENTS

Other plan provisions	Forms of payment for preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above if the participant has no spouse as of the date payments begin. Otherwise, actuarially equivalent benefits are paid in the form of the 100% joint-and-survivor annuity (with the spouse as the beneficiary) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint-and-survivor annuity (with any designated beneficiary), a 100% joint-and-survivor annuity (with any designated beneficiary), a five-year certain-and-life annuity or a lump sum if such lump sum value is between $1,000 and $90,000. Notwithstanding all of the preceding, an automatic lump sum is paid if the actuarial present value of benefits is less than $1,000 at termination, retirement or death. Basis for actuarial equivalence is 1983 Group Annuity Mortality Male and 8% interest.
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 assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Plan Provisions Applicable Prior to January 1, 2007

Covered Employees

All salaried employees working at least 1,000 hours in a year for the First National Bank of Pennsylvania or for any affiliate which adopts the Plan (currently Regency Finance Company, F.N.B. Investment Services, F.N.B. Investment Advisors Trust, and Capital Corp.)

Participation Date

Age 21 with one year of eligibility service.

Definitions

Eligibility service

One year for each year of employment in which at least 1,000 hours are worked. First the 12-month period commencing at hire is examined. Following this, the calendar year is the 12-month period.

Vesting service

One year for each year of employment in which at least 1,000 hours are worked. Partial years are granted in years of hire or termination if the employee was working at a rate equal to or in excess of 1,000 hours per year.

Benefit accrual service

One year for each calendar year of covered employment in which at least 1,000 hours are worked. Partial years are granted in years of hire or termination if the employee was working at a rate equal to or in excess of 1,000 hours per year. Benefit accrual service is not granted for former participants of the following entities prior to the adoption date listed:

Entity	Adoption Date
Consumer Discount Company	05/01/1984
Reeves Bank	01/01/1989
Regency	07/26/1991
Old First National Bank	07/24/1992
Marine Bank	08/21/1992
Reliance Bank	10/31/1992
Bucktail Bank	07/01/1993
Mellon Bank Branches (Calls Plaza, Giant Eagle and drive through)	10/24/1998
FMAC	10/26/1999
Southern Financial	08/01/2000
Mount Oliver Branch of Bank of	12/31/2002
Pittsburgh Promistar	01/01/2003
Metropolitan National Bank	01/01/2003
The Modern Finance Company d/b/a TICO Credit Company	04/30/2004
First National Bank of Slippery Rock	01/01/2005
NorthSide Bank	02/18/2005
North East Bancshares	10/07/2005

SCHEDULE SB ATTACHMENTS

Earnings	Regular base salary, overtime and commissions, before any reductions for IRC §125 or §401(k). Only earnings prior to January 1, 2007 are taken into account.
Final average earnings	The annual average of the highest sixty consecutive months of earnings out of the last 120 months preceding a participant's separation from service. Final average earnings is frozen as of December 31, 2006.
Covered compensation	The average of the Social Security (OASDI) Taxable Wage Bases for the 35-year period ending with the last day of the calendar year in which the participant attains Social Security Retirement Age, rounded to the nearest whole multiple of $3,000. For terminations prior to Social Security Retirement Age, future wage bases are assumed to be equal to that in the year of termination.
Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 62.
Monthly pension benefit	1.2% of final average earnings plus 0.5% of final average earnings in excess of covered compensation, such sum to be multiplied by the number of years of benefit accrual service with a maximum of 25 years. The normal form of payment of this benefit is a five-year certain-and-life annuity. Former Metropolitan employees receive the greater of (A) or (B): (A) The monthly pension benefit under the Metropolitan formula for all years of benefit service (B) The monthly pension benefit under the Metropolitan formula for benefit service through December 31, 2002 plus the monthly pension benefit using the above formula for benefit service on or after January 1, 2003. Former Promistar employees receive the greater of (A) or (B): (A) The monthly pension benefit under the Promistar formula for all years of benefit service (B) The monthly pension benefit under the Promistar formula for benefit service through December 31, 2002 plus the monthly pension benefit using the above formula for benefit service on or after January 1, 2003.

SCHEDULE SB ATTACHMENTS

	Benefit is frozen as of December 31, 2006.
Monthly preretirement spouse benefit	100% of the monthly pension benefit as of the date of death, reduced for the 100% joint-and-survivor election and reduced for payment as early as the participant's 55th birthday. The benefit is paid for the spouse's life.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and five years of vesting service
Postponed retirement	Retirement after NRD
Disability retirement	Receipt of employer long-term disability benefits
Deferred vested	Termination after completing five years of vesting service for reasons other than death, disability, or retirement.
Preretirement spouse benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse with at least one year of marriage.

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD

Early retirement

Monthly pension benefit determined as of early retirement date, reduced by actuarially equivalent early commencement factors, as follows:

Years Prior to NRD	Reduction
1	10.1%
2	19.1
3	27.0
4	34.0
5	40.3
6	45.9
7	50.8

SCHEDULE SB ATTACHMENTS

Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Disability retirement	Service continues to accrue and final average earnings is kept constant while on Long-Term Disability (LTD). The resulting benefit is determined and paid as if the participant terminated at the time of cessation of LTD payments.
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, reduced by actuarially equivalent early commencement factors if payment is desired prior to NRD.
Death with preretirement spouse benefits	Monthly preretirement spouse pension is payable.
Other plan provisions	Forms of payment for preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above if the participant has no spouse as of the date payments begin. Otherwise, actuarially equivalent benefits are paid in the form of the 50% joint-and-survivor annuity (with the spouse as the beneficiary) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint-and-survivor annuity (with any designated beneficiary), a 100% joint-and-survivor annuity (with any designated beneficiary), a five-year certain-and-life annuity or a lump sum if such lump sum value is between $1,000 and $90,000. Notwithstanding all of the preceding, an automatic lump sum is paid if the actuarial present value of benefits is less than $1,000 at termination, retirement or death. Basis for actuarial equivalence is 1983 Group Annuity Mortality Male and 8% interest.
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 assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Plan Provisions Applicable Prior to January 1, 2007 – Former Metropolitan Employees as of December 31, 2002

Covered Employees	All salaried employees working at least 1,000 hours in a year for Metropolitan National Bank, excluding former First County employees.
Participation Date	The January 1 or July 1 after attainment of age 21 with one year of eligibility service.

Definitions

Eligibility service	One year for each year of employment in which at least 1,000 hours are worked. First, the 12-month period commencing at hire is examined. Following this, the calendar year is the 12-month period.
Vesting and benefit accrual service	One year for each calendar year of covered employment in which at least 1,000 hours are worked. Benefit accrual service is not granted before 1/1/1989 for former employees of Household Savings Bank.
Earnings	Federal W-2 earnings before any reductions for IRC §125 or §401(k), but excluding certain “special payments” such as club memberships, automobile usage, relocation pay, and stock option income.
Final average earnings	The average of the highest five consecutive years of earnings out of the last ten years preceding a participant’s separation from service.
Covered compensation	The average of the Social Security (OASDI) Taxable Wage Bases for the 35-year period ending with the last day of the calendar year in which the participant attains Social Security Retirement Age, rounded to the nearest whole multiple of $3,000. For terminations prior to Social Security Retirement Age, future wage bases are assumed to be equal to that in the year of termination.
Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65 and five years of participation.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	28% of final average earnings plus 19% of final average earnings in excess of covered compensation, such sum to be multiplied by the number of years of benefit accrual service with a maximum of 30 years and divided by 30. The normal form of payment of this benefit is a ten-year certain-and-life annuity.
Preretirement death benefit	100% of the present value of the accrued pension benefit as of the date of death, payable at what would have been the employee's NRD to any designated beneficiary in an actuarially equivalent ten-year certain-and-life annuity. If 15 years of vesting service were rendered, an actuarially reduced amount can commence as early as when the employee would have attained age 55. In any case, the beneficiary may instead elect an actuarially equivalent lump sum any time after the employees' death.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and 15 years of vesting service.
Postponed retirement	Retirement after NRD
Disability retirement	Proof of disability. Commencement of benefits prior to age 65 requires 15 years of vesting service.
Deferred vested	Termination for reasons other than death, disability, or retirement after completing five years of vesting service. Commencement of benefits prior to age 65 requires 15 years of vesting service.
Preretirement death benefit	Death while an active employee or with deferred vested benefits.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events	
Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Benefit as described in the monthly pension benefit, based on benefit accrual service projected to NRD, multiplied by the ratio of the participant's benefit accrual service at termination to the benefit accrual service projected to normal retirement. If an immediate benefit is elected, the benefit will be reduced by early commencement factors (6.67% reduction for each of the first five years early, 3.33% for the next five).
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Disability retirement	Benefit as described in the monthly pension benefit, based on benefit accrual service projected to NRD, multiplied by the ratio of the participant's benefit accrual service at date of disability to the benefit accrual service projected to normal retirement. The benefit will be reduced by early commencement factors if payment is desired prior to age 65 (same factors as Early retirement).
Termination with deferred vested benefit	Benefit as described in the monthly pension benefit, based on benefit accrual service projected to NRD, multiplied by the ratio of the participant's benefit accrual service at termination to the benefit accrual service projected to normal retirement. The benefit will be reduced by early commencement factors if payment is desired prior to age 65 with the appropriate service (same factors as Early retirement).
Death	Preretirement death benefit is payable.

SCHEDULE SB ATTACHMENTS

Other plan provisions	Forms of payment for preretirement death benefits are payable as a ten-year certain-and-life annuity or lump sum. Monthly pension benefits are paid as described above if the participant has no spouse as of the date payments begin. Otherwise, actuarially equivalent benefits are paid in the form of the 50% joint-and-survivor annuity (with the spouse as the beneficiary) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% joint-and-survivor annuity (with any designated beneficiary), a 100% joint-and-survivor annuity (with any designated beneficiary), a 100% joint-and-survivor annuity (with any designated beneficiary) with ten years certain, or a lump sum if such lump sum value is between $1,000 and $90,000. Notwithstanding all of the preceding, an automatic lump sum is paid if the actuarial present value of benefits is less than $1,000 at termination, retirement or death. Basis for actuarial equivalence is 1971 Group Annuity Mortality Setback 3 years and 7.0% interest.
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 assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Plan Provisions Applicable Prior to January 1, 2007 – Former Promistar Employees as of December 31, 2002

Covered Employees	All employees working at least 1,000 hours in a year for Promistar Financial Corporation.
Participation Date	The January 1 or July 1 after attainment of age 21 with one year of eligibility service.

Definitions

Eligibility service	One year for each year of employment in which at least 1,000 hours are worked. First, the 12-month period commencing at hire is examined. Following this, the calendar year is the 12-month period.
Vesting and benefit accrual service	One year for each calendar year of covered employment in which at least 1,000 hours are worked. Benefit accrual service is not granted prior to 1/1/1987 for former employees of First National Bank of Herminie. Partial years are granted in year of termination if the employee was working at a rate equal to or in excess of 1,000 hours per year.
Earnings	Federal W-2 earnings before any reductions for IRC §125 or §401(k), but excluding certain “special payments” such as severance payments.
Average monthly compensation	The average of the highest 60 consecutive months of earnings out of the last 120 months preceding a participant’s separation from service.
Covered compensation	The average of the Social Security (OASDI) Taxable Wage Bases for the 35-year period ending with the last day of the calendar year in which the participant attains Social Security Retirement Age. For terminations prior to Social Security Normal Retirement Age, future wage bases are assumed to be equal to that in the year of termination.
Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	1.0% of average monthly compensation multiplied by the number of years of benefit accrual service plus 0.5% of average monthly compensation in excess of monthly covered compensation multiplied by the number of years of benefit accrual service with a maximum of 35 years. The normal form of payment is a ten-year certain-and-life annuity.
Monthly preretirement spouse benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint-and-survivor election and reduced for payment as early as the participant's 55th birthday. The benefit is paid for the spouse's life.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and five years of vesting service.
Postponed retirement	Retirement after NRD
Disability retirement	Proof of disability
Deferred vested	Termination for reasons other than death, disability, or retirement after completing five years of vesting service.
Preretirement spouse benefit	Death while an active employee or with deferred vested benefits.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD

SCHEDULE SB ATTACHMENTS

Early retirement

Monthly pension benefit determined as of early retirement date is actuarially reduced as follows:

Years Prior to NRD	Reduction
1	10.3%
2	19.3%
3	27.3%
4	34.4%
5	40.7%
6	46.3%
7	51.4%
8	55.8%
9	59.9%
10	63.5%

Postponed retirement

The greater of the monthly pension benefit determined as of actual retirement date and the actuarial equivalent of the monthly pension benefit the participant was entitled to at the end of each year after normal retirement date.

Disability retirement

Actuarial equivalent of the accrued pension benefit.

Termination with deferred vested benefit

Monthly pension benefit determined as of termination date, payable at normal retirement date.

Death with preretirement spouse benefits

Monthly preretirement spouse benefit is payable.

Other plan provisions

Forms of payment for preretirement death benefits are payable only as described above. Monthly pension benefits are paid as an actuarially equivalent life annuity if the participant has no spouse as of the date payments begin. Otherwise, actuarially equivalent benefits are paid in the form of the 50% joint-and-survivor annuity (with the spouse as the beneficiary) or, if the participant elects and the spouse consents, another actuarially equivalent form offered by the plan. Optional forms are a 50% joint-and-survivor annuity (with any designated beneficiary), a 75% joint-and-survivor annuity (with any designated beneficiary), a 100% joint-and-survivor annuity (with any designated beneficiary), a ten-year certain-and-life annuity, a five-year certain-and-life annuity or a lump sum if such lump sum value is between $1,000 and $90,000. Notwithstanding all of the preceding, an automatic lump sum is paid if the actuarial present value of benefits is less than $1,000 at termination, retirement or death. Basis for actuarial equivalence is 1984 Unisex Mortality and 7.5% interest.

SCHEDULE SB ATTACHMENTS

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 assumed for determining pension cost but not for determining contributions.

Plan Provisions Applicable to Former New Bridge Bank Employees

The most recent amendment reflected in the following plan provisions was effective on or before August 22, 2019.

Covered Employees	Any person employed by F.N.B. who was a participant in the Plan prior to March 11, 2017. However, effective December 31, 2006, the LSB Plan was closed to new participants and rehires. Effective July 15, 2007, the FNB Plan was closed to new participants and rehires.
Participation Date	An eligible employee will participate in the Plan on the January 1 or July 1 on or next following completion of one Qualifying Year of Service and attainment of age 21. No new entrants after the close dates.

Definitions

Grandfathered group	LSB Plan – Completed 30 or more Years of Vesting Service as of December 31, 2006 FNB Plan – Completed 10 or more Years of Vesting Service and were age 55 or older as of July 15, 2007
Qualifying year of service	Computation period during which an employee completes 1,000 or more hours of service. The initial computation period is the 12-month period beginning on the date on which the employee first performs an hour of service. All subsequent 12-month computation periods shall commence with the first plan year which commences prior the first anniversary of the employee's initial eligibility computation period.
Years of vesting service	All plan years with 1,000 or more hours of service.

SCHEDULE SB ATTACHMENTS

Years of credited service	Prior to 1976: all full years and months of full-time employment. Beginning in 1976: all plan years with 1,000 or more hours of service. Except for the grandfathered group, Credited Service is frozen as follows: LSB Plan – December 31, 2006 (December 31, 2008 if had completed 11 or more Years of Vesting Service as of December 31, 2006) FNB Plan – July 15, 2007
Compensation	Compensation is the total compensation received by the Participant for the prior calendar year, including bonuses, overtime and commissions and any amounts deferred under a qualified 401(k), 132(f), 403(b) or 125 Plan. Excluded are amounts for other fringe benefits, moving expenses, automobile allowances, taxable values of employer-paid group term life insurance, and any other special forms of payment.
Final average compensation	Highest five (5) consecutive plan years out of the last ten (10) plan years of compensation. Except for the grandfathered group, final average compensation is frozen at the respective freeze dates.
Covered compensation	Average of Social Security Taxable Wage Base for the 35-year period ending at the Participant's Social Security retirement age
Normal retirement date (NRD)	The normal retirement date for each participant is the first of the month on or next following the later of age 65 or the fifth anniversary of plan participation

SCHEDULE SB ATTACHMENTS

Annual pension benefit

The amount of annual retirement benefit payable according to the normal form of payment is calculated as follows:

Former LSB Benefit Formula

(C) 0.9% of Final Average Compensation multiplied by Years of Credited Service (maximum 40 years), plus

(D) 0.65% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service (maximum 35 years).

(E) The minimum Normal Retirement Benefit is $25 per month.

Former FNB Plan

(F) 1.25% of Final Average Compensation multiplied by Years of Credited Service prior to January 1, 2007, plus

(G) 1.00% of Final Average compensation multiplied by Years of Credited Service after December 31, 2006, plus

(H) 0.65% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service (maximum 35 years).

(I) The December 31, 1993 Account Balances from the prior Money Purchase Plan are credited with interest, using actual earnings, each year. The actuarial equivalent of the Account Balance as of the prior December 31 will provide the minimum benefit. The minimum Normal Retirement Benefit is $30 per month.

Monthly preretirement death benefit

Married FNB participants, hired before 1/1/1993, who die prior to reaching ERD, married FNB participants hired on or after 1/1/1993, and married LSB participants - 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint-and-survivor election and reduced for payment as early as the participant's 55th birthday. The benefit is paid for the spouse's life.

Single FNB participants hired on or after 1/1/1993 and single LSB participants – no death benefits are payable

Married FNB participants, hired before 1/1/1993, who die after reaching ERD – 100% of the monthly pension benefit as of the date of death, reduced for the 100% joint-and-survivor election and reduced for payment as early as the participant's 55th birthday. The benefit is paid for the spouse's life.

Single FNB participants, hired prior to 1/1/1993, who die prior to reaching ERD – actuarial equivalent of 50% of the accrued benefit payable in 120 monthly installments

	Single FNB participants, hired prior to 1/1/1993, who die after reaching ERD – actuarial equivalent of 100% of accrued benefit payable in 120 monthly installments

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and ten years of Vesting Service or for FNB Plan participants age 60 with 5 years of Vesting Service.
Postponed retirement	Retirement after NRD
Disability retirement	Totally and Permanently Disabled. Unable to engage in any substantial gainful occupation because of physical or mental impairment.
Deferred vested	Termination after completing five years of vesting service for reasons other than death, disability, or retirement.
Preretirement death	Death while eligible for normal, early, postponed, or deferred vested retirement benefits and married at least one year. Death benefits are also payable for single FNB participants who were hired prior to 1/1/1993.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD.

Early retirement

Monthly pension benefit determined as of early retirement date, reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the benefit commences prior to Normal Retirement Date.

Special Early Retirement reductions for LSB participants who separate employment at 55 or older with 20 or more years of vesting services, as shown below.

Actual Retirement Age	Age 55 and 20 Years of Vesting	Age 60 and 25 Years of Vesting	Age 62 and 30 Years of Vesting
55	40%		
56	37%		
57	34%		
58	31%		
50	27%		
60	25%	20%	
61	2-%	16%	
62	15%	12%	0%
63	10%	8%	0%
64	5%	4%	0%
65	0%	0%	0%

Postponed retirement

The greater of the monthly pension benefit determined as of actual retirement date or the monthly pension benefit at NRD actuarially increased to actual retirement date.

Disability retirement

The monthly pension benefit as of the Disability Retirement Date, commencing at the Normal Retirement Date. If the payment begins prior to Normal Retirement Date, the monthly payment will be reduced.

Termination with deferred vested benefit

Monthly pension benefit determined as of termination date, reduced same as early retirement provisions above if meet service requirements.

Death with preretirement benefits

Monthly preretirement death benefit is payable.

SCHEDULE SB ATTACHMENTS

Other plan provisions	Forms of payment for preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above if the participant has no spouse as of the date payments begin. Otherwise, actuarially equivalent benefits are paid in the form of the 50% joint-and-survivor annuity (with the spouse as the beneficiary) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint-and-survivor annuity, a 100% joint-and-survivor annuity, a five-year certain-and-life annuity, a ten-year certain-and-life annuity, a fifteen-year certain-and-life annuity, or a lump sum if such lump sum value is between $1,000 and $90,000. Notwithstanding all of the preceding, an automatic lump sum is paid if the actuarial present value of benefits is less than $1,000 at termination, retirement or death. Basis for actuarial equivalence is 1983 Group Annuity Mortality Male and 8% interest.
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 assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
F.N.B. CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
F.N.B. CORPORATION

D Employer Identification Number (EIN)
25-1255406

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	183786649
b Actuarial value	**2b**	183786649

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	1140	87723557	87723557
b For terminated vested participants	132	6967215	6967215
c For active participants	281	14302524	14370797
d Total	1553	108993296	109061569

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	476000
c Target normal cost	**6c**	476000

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

LEE JONES LJ
Signature of actuary

08/27/2026
Date

LEE JONES
Type or print name of actuary

26-08654
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5962
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00%	5.27%	5.50%	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 64

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**	476000
b Excess assets, if applicable, but not greater than line 31a	**31b**	476000

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

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)—series of transactions in excess of 5% of plan assets						
Federated Hermes	Govt Obligations #117 Fund	$17,551,781 [1]	$ —	$ 17,551,781	$ 17,551,781	$ —
	Govt Obligations #117 Fund	—	18,911,186 [2]	18,911,186	18,911,186	—

There were no category (i), (ii), or (iv) reportable transactions during 2025.

Columns (e) and (f) have not been presented as this information is not applicable.

[1] Consists of 168 purchase transactions.

[2] Consists of 40 sale transactions.

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Entity	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	United States government securities:			
	Federal Home Loan Bank	$3,000,000 principal, 0.750%, due 06/12/2026	$ 2,981,730	$ 2,961,960
	Federal Home Loan Bank	$3,000,000 principal, 0.875%, due 06/12/2026	3,010,530	2,964,510
	Federal National Mtg Assoc	$3,000,000 principal, 1.875%, due 09/24/2026	3,050,790	2,963,430
	US Treasury Notes	$3,000,000 principal, 4.125%, due 09/30/2027	2,955,435	3,032,400
	Federal National Mtg Assoc	$3,000,000 principal, 0.750%, due 10/08/2027	2,820,000	2,860,530
	Federal Farm Credit Banks	$3,000,000 principal, 4.750%, due 10/13/2027	3,023,100	3,062,610
	US Treasury Notes	$3,000,000 principal, 4.000%, due 02/29/2028	2,970,889	3,031,710
	US Treasury Notes	$3,000,000 principal, 3.625%, due 05/31/2028	2,933,040	3,008,160
	US Treasury Notes	$3,000,000 principal, 4.375%, due 11/30/2028	3,025,909	3,068,580
	US Treasury Notes	$3,000,000 principal, 3.625%, due 08/31/2029	3,014,378	3,000,060
	US Treasury Notes	$3,000,000 principal, 3.875%, due 12/31/2029	3,044,766	3,025,920
	US Treasury Notes	$3,000,000 principal, 3.875%, due 04/30/2030	2,985,900	3,023,910
	US Treasury Notes	$3,000,000 principal, 4.125%, due 08/31/2030	3,014,262	3,053,340
	Federal Home Loan Bank	$3,000,000 principal, 4.625%, due 06/08/2029	3,013,230	3,099,540
	US Treasury Notes	$3,000,000 principal, 4.375%, due 11/30/2030	3,049,500	3,086,730
	Total United States government securities		44,893,459	45,243,390

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Entity	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stocks:			
	Abbott Laboratories	Common Stock, 8,000 shares	140,391	1,002,320
	Abbvie Inc	Common Stock, 4,750 shares	90,394	1,085,327
	AFLAC Inc	Common Stock, 8,000 shares	140,293	882,160
	Alphabet Inc Cap Stk Class A	Common Stock, 11,500 shares	1,200,635	3,599,500
	Amazon Com Inc	Common Stock, 8,500 shares	1,370,198	1,961,970
	Amgen Inc	Common Stock, 3,350 shares	90,522	1,096,488
	Apple Inc	Common Stock, 16,400 shares	545,299	4,458,504
	AT&T Inc	Common Stock, 17,500 shares	335,554	434,700
	Automatic Data Processing Inc.	Common Stock, 2,000 shares	67,522	514,460
	Bank of America Corp	Common Stock, 24,021 shares	640,956	1,321,155
	Blackrock Inc	Common Stock, 1,500 shares	267,345	1,605,510
	Broadcom Inc	Common Stock, 2,000 shares	334,462	692,200
	Chevron Corp	Common Stock, 6,500shares	294,910	990,665
	Chubb LTD	Common Stock, 1,203 shares	133,630	375,480
	Cisco Systems, Inc	Common Stock, 34,500 shares	792,738	2,657,535
	Coca Cola Co	Common Stock, 7,650 shares	252,892	534,812
	Disney Walt Company	Common Stock, 3,800 shares	71,241	432,326
	Dow Inc	Common Stock, 4,487 shares	155,319	104,906
	Dupont De Nemours Inc	Common Stock, 4,486 shares	97,407	180,337
	Emerson Electric Company	Common Stock, 6,500 shares	171,370	862,680
	Exxon Mobil Corp	Common Stock, 9,450 shares	330,212	1,137,213
*	F.N.B. Corporation	Common Stock, 155,000 shares	1,374,069	2,650,500
	Fedex Corp	Common Stock, 600 shares	57,330	173,316

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Entity	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stocks (continued):			
	General Dynamics Corp	Common Stock, 3,750 shares	143,030	1,262,475
	Genuine Parts Company	Common Stock, 7,300 shares	206,751	897,608
	Home Depot Inc.	Common Stock, 4,250 shares	157,104	1,462,425
	Illinois Tool Works, Inc	Common Stock, 4,250 shares	131,604	1,046,775
	Intel Corp.	Common Stock, 12,500 shares	404,528	461,250
	International Business Machine Corp.	Common Stock, 7,000 shares	617,625	2,073,470
	Johnson & Johnson	Common Stock, 6,150 shares	225,193	1,272,742
	JP Morgan Chase & Co	Common Stock, 3,300 shares	179,058	1,063,326
	Lockheed Martin Corp	Common Stock, 400 shares	86,312	193,468
	Lowes Companies Inc	Common Stock, 3,000 shares	67,684	723,480
	McDonalds Corp.	Common Stock, 3,250 shares	65,217	993,298
	Medtronics PLC Shs	Common Stock, 4,250 shares	319,239	408,255
	Merck & Company Inc	Common Stock, 7,650 shares	370,042	805,239
	Meta Platforms Inc	Common Stock, 725 shares	362,224	478,565
	MetLife Inc	Common Stock, 7,500 shares	248,730	592,050
	Microsoft Corp	Common Stock, 12,000 shares	227,063	5,803,440
	Morgan Stanley	Common Stock, 6,750 shares	243,480	1,198,327
	Nike Inc	Common Stock, 1,800 shares	77,797	114,678
	Nvidia Corp	Common Stock, 18,000 shares	1,285,130	3,357,000
	Oracle Corporation	Common Stock, 7,500 shares	313,181	1,461,825
	Paychex, Inc	Common Stock, 3,200 shares	171,188	358,976
	PepsiCo Inc	Common Stock, 6,000 shares	272,405	861,120
	Pfizer, Inc	Common Stock, 19,292 shares	655,004	480,371
	Procter & Gamble Company	Common Stock, 5,750 shares	205,802	824,033

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Entity	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stocks (continued):			
	Qnity Electronics Inc	Common Stock, 1,743 shares	108,465	142,316
	Qualcomm Inc	Common Stock, 5,700 shares	218,881	974,985
	Schlumberger LTD	Common Stock, 8,550 shares	223,287	328,149
	Select Sector SPDR TR SBI Materials	Common Stock, 18,000 shares	238,583	816,300
	Southern Company	Common Stock, 18,000 shares	455,132	1,569,600
	State Street Corp	Common Stock, 6,000 shares	297,800	774,060
	Stryker Corp	Common Stock, 500 shares	21,975	175,735
	Sysco Corp	Common Stock, 8,500 shares	252,306	626,365
	Target Corp	Common Stock, 6,250 shares	241,670	610,938
	Texas Instruments, Inc.	Common Stock, 5,850 shares	235,765	1,014,916
	United Health Group Inc	Common Stock, 3,200 shares	112,582	1,056,352
	United Parcel Service	Common Stock, 6,750 shares	499,979	669,533
	Verizon Communications	Common Stock, 14,500 shares	493,393	590,585
	Wal-Mart Stores Inc	Common Stock, 7,750 shares	81,016	863,428
	Weyerhaeuser Co	Common Stock, 3,520 shares	102,948	83,389
	3M Co	Common Stock, 4,000 shares	130,791	640,400
	Total Common Stock		19,704,653	67,885,311

F.N.B. Corporation Retirement Income Plan
EIN: 25-1255406 Plan Number: 001

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Entity	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Allspring	Mid Cap Value Fund, 121,795 shares	4,748,413	5,564,810
	Avantis	Emerging Markets Fund, 30,456 shares	1,873,971	2,345,721
	American Century	Large-Cap Equity Fund, 68,899 shares	5,508,699	5,671,766
	Federated Hermes	Government Obligations Premier Class # 117 Fund, 6,080,051 shares	6,080,051	6,080,051
	Ishares	Emerging Market Fund, 62,187 shares	2,618,728	3,402,251
	Ishares	Mid-Cap Growth Fund, 41,318 shares	5,708,313	5,658,087
	MFS	International Equity Fund, 134,359 shares	4,573,659	5,452,301
	T Rowe Price	Small Cap Institutional Stock Fund, 75,184 shares	3,050,742	4,288,524
	Vanguard	Institutional Index Fund, 382 shares	84,792	210,791
	Vanguard	Intermediate-Term Investment Fund, 807,613 shares	8,161,420	7,211,982
	Vanguard	International Growth Fund, 55,911 shares	3,234,123	6,373,326
	Vanguard	Long-Term Investment Fund, 725,137 shares	6,784,754	5,569,053
	Vanguard	Mid-Cap Index Fund, 18,862 shares	1,403,273	6,778,417
	Vanguard	Short-Term Investment Fund, 1,148,643 shares	12,206,200	12,083,721
	Vanguard	Small-Cap Index Fund, 37,544 shares	1,080,353	4,639,637
	Total Mutual Funds		67,117,491	81,330,438
	Total Investments		$ 131,715,603	$ 194,459,139

*Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ 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
F.N.B. CORPORATION RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1959

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)
F.N.B. CORPORATION

ATTN 721-CORP TAX
626 WASHINGTON PL
PITTSBURGH, PA 15219

ATTN 721-CORP TAX
626 WASHINGTON PL
PITTSBURGH, PA 15219

2b Employer Identification Number (EIN)
25-1255406

2c Plan Sponsor's telephone number
724-983-3458

2d Business code (see instructions)
522110

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	[signature]	9/24/2026	Brian M. Mancos
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9.24.26	James L. Dutey
	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

PENSION COMMITTEE

ONE F.N.B. BOULEVARD
HERMITAGE, PA 16148

3b Administrator's EIN
34-2050460

3c Administrator's telephone number
724-981-6000

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**	1548
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	281
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	258
b	Retired or separated participants receiving benefits	**6b**	1032
c	Other retired or separated participants entitled to future benefits	**6c**	125
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1415
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	100
f	Total. Add lines **6d** and **6e**.	**6f**	1515
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(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

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_____