Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SYNOVUS 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/1995

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)
SYNOVUS FINANCIAL CORP.

RETIREMENT BENEFITS
33 W 14TH STREET, 2ND FLOOR
COLUMBUS, GA 31901

33 W 14TH STREET, 2ND FLOOR
COLUMBUS, GA 31901

2b Employer Identification Number (EIN)
58-1134883

2c Plan Sponsor's telephone number
706-641-3964

2d Business code (see instructions)
551111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2026	RHONDA MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	6703
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)**	4787
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4923
b	Retired or separated participants receiving benefits	**6b**	130
c	Other retired or separated participants entitled to future benefits	**6c**	1725
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6778
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	6781
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)**	6307
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)**	6380
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:

2G 2J 2K 2T 3H 3I 2E

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 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
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	367681	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ROBINSON GRIMES AND

58-1374304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	30450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCHSTN LG CAP FOC I - BNY MELLON I 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.07%

(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

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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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

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

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STBLE RTN C

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2250946-001	C	1

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	21118046

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
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
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1088193	1234490
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	183100	949518
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16179494	22439848
(2) U.S. Government securities	1c(2)	2090845	1854370
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4438741	3965221
(B) All other	1c(3)(B)	355306	137928
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	12376146	10789404
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	7458835	8925866
(9) Value of interest in common/collective trusts	1c(9)	23472560	21118047
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	786886896	904221217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	139064	97293

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	1168166	1047912
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	855837346	976781114
Liabilities			
1g Benefit claims payable	1g	63705	0
1h Operating payables	1h	15717	15525
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	124680
1k Total liabilities (add all amounts in lines 1g through1j)	1k	79422	140205
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	855757924	976640909

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)	23875249	
(B) Participants	2a(1)(B)	39664797	
(C) Others (including rollovers)	2a(1)(C)	7489784	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		71029830
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	873670	
(B) U.S. Government securities	2b(1)(B)	60576	
(C) Corporate debt instruments	2b(1)(C)	206678	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	739978	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1880902
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	116768	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	43825215	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43941983
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	193237320	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	189316813	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3920507
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	199559	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		199559

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		533152
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		82638792
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		204144725
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82605544	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		82605544
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		196074
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	367681	
(4) IQPA audit fees	2i(4)	30450	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	61991	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		460122
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		83261740
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		120882985
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ROBINSON , GRIMES & COMPANY, PC **(2)** EIN: 58-1374304

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		100000000
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**		X	

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

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
SYNOVUS 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SYNOVUS FINANCIAL CORP.

D Employer Identification Number (EIN)
58-1134883

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** |

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): 04-6568107

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** |

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2025 AND 2024

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ROBINSON, GRIMES & COMPANY, P.C.
Certified Public Accountants & Consultants

Independent Auditor's Report

The Retirement Committee
Synovus 401(k) Savings Plan
Columbus, Georgia

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

We have performed audits of the financial statements of the Synovus 401(k) Savings 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 to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, 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 ("GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 GAAP.

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL'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).



Certified Public Accountants

September 25, 2026

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value	**$ 965,671,240**	$ 847,107,218
Receivables		
Employer match contributions	**1,234,490**	1,088,193
Accrued interest, dividends, and other receivables	**949,518**	183,100
Notes receivable from participants	**8,925,866**	7,458,835
Total receivables	**11,109,874**	8,730,128
Total assets	**976,781,114**	855,837,346
LIABILITIES	**140,205**	15,717
NET ASSETS AVAILABLE FOR BENEFITS	**$ 976,640,909**	$ 855,821,629

See Notes to Financial Statements.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Contributions		
Employer	**$ 23,875,249**	$ 22,366,092
Participants	**39,664,797**	36,832,864
Participant rollovers	**7,489,784**	6,502,845
Total contributions	**71,029,830**	65,701,801
Investment income		
Dividend and interest income	**45,082,907**	35,042,298
Net realized and unrealized appreciation of investments	**87,292,010**	72,205,307
Total investment income	**132,374,917**	107,247,605
Interest income on notes receivable from participants	**739,978**	424,821
Deductions		
Benefits paid to participants	**(82,865,323)**	(105,234,930)
Administrative expenses	**(460,122)**	(371,214)
Total deductions	**(83,325,445)**	(105,606,144)
Net increase in net assets	**120,819,280**	67,768,083
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	**855,821,629**	788,053,546
Ending	**$ 976,640,909**	$ 855,821,629

See Notes to Financial Statements.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

NOTE 1: Description of Plan

The following brief description of the Synovus 401(k) Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan sponsored by Synovus Financial Corporation ("Synovus") and its subsidiaries (collectively, the "Plan Sponsor") for substantially all of its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was originally adopted on January 1, 1995. The Plan Sponsor has since amended and restated the Plan. During 2025, the Plan was amended for certain enhanced limits on catch-up contribution provisions. The latest amendments were effective January 1, 2026, to amend the Plan Sponsor's name (Note 8) as well as participant consent provisions for small balance distributions, and certain mandatory Roth provisions for catch-up contributions. Following this on February 1, 2026, the plan was amended for certain eligibility requirements for participants.

The Retirement Committee, appointed by the Plan Sponsor, has responsibility for the administration of the Plan. These services are provided without charge. Fidelity Management Trust Company ("Fidelity"), as a qualified institution, serves as trustee, and has responsibility for the management of the Plan's Trust Fund. Fidelity Investments is the recordkeeper and custodian of the Plan's assets. Fees for these services are incurred and paid by the Plan.

Eligibility – Prior to January 1, 2024, employees who were not part of an exempt class of employees as defined in the Plan document were designated eligible employees and automatically enrolled at the time of hire if they were regularly scheduled to work at least 20 hours per week. Eligible employees who were regularly scheduled to work less than 20 hours per week were automatically enrolled the first payroll after completing one year of service with at least 1,000 hours worked and having attained age 21. Effective January 1, 2024, the Plan was amended so that eligible employees hired on or after January 1, 2024 who were scheduled to work at least 20 hours per week were automatically enrolled after completing 6 months of service. Additionally, the amendment established a new long term part time employee classification which allows for participation of eligible employees scheduled to work less than 20 hours per week if the employee completes 500 hours for 3 consecutive years prior to the effective date. The requirement is reduced to 2 consecutive years for plan years after the plan year beginning January 1, 2024.

Contributions – The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled to defer 5% of their eligible compensation in the Plan unless they affirmatively elect not to participate in the Plan. The Plan Sponsor matches the participant's deferral dollar-for-dollar up to 5% of a participant's eligible compensation.

NOTE 1: Description of Plan (Continued)

Each year, participants may elect to contribute through payroll deductions 1% to 79% of their aggregate compensation (up to the maximum limits provided under the Internal Revenue Code ("IRC")) on a pretax basis, as defined in the Plan.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Finally, participants may elect to make after-tax Roth contributions in lieu of all or a portion of their eligible pre-tax contributions.

Participant Accounts – Each participant's account is credited with the participant's deferred and rollover contributions, the Plan Sponsor's matching contributions, and an allocation of Plan earnings and losses and Plan administrative expenses. The Plan Sponsor's contributions are allocated to investment funds in the same manner as participant contributions. Plan earnings and losses and administrative expenses are allocated to the participants' accounts in proportion to the respective account balances within each investment fund.

Vesting – Participants are immediately vested in their contributions and the Plan Sponsor's contributions plus actual investment income or losses thereon.

Investment Options – A participant may direct participant and Plan Sponsor's contributions in any of the investment options established by the Retirement Committee. Participants may change their investment options daily.

Notes Receivable from Participants – Previously, participant loans were not allowed under the provisions of the Plan and consisted of loan accounts from plans merged into the Plan which were being repaid under substantially similar terms as under the former plans. Effective 1/15/2024, the Plan was amended to allow loans to participants which are reported as notes receivable from participants on the Statements of Net Assets. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

Participants may borrow from certain fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan repayment terms are not to exceed five years.

NOTE 1: Description of Plan (Continued)

The loans are secured by the balance in the participant's account and bear interest at a rate of Reuters prime rate plus 1% which at December 31, 2025 was 6.75%. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits – Participants may receive a distribution equal to the value of their account upon death, disability, termination of employment, retirement, or upon reaching the age of 59 ½. Prior to September 1, 2024, payments were made in either a full or partial lump-sum distribution or in installments not to exceed the lesser of 15 years or the life expectancy of the participant. Effective September 1, 2024, the Plan was amended to remove the lesser of 15-year plan provision such that installments are now solely limited to the life expectancy of the participant.

If the participant does not elect otherwise, accounts that are less than or equal to $1,000 may be distributed to the participant in a lump sum distribution, and balances between $1,000 and $5,000 may be rolled into an individual retirement account for the benefit of the participant. Hardship distributions are allowed on a participant's deferral balance based on the terms of the Plan.

Unallocated Accounts – Unallocated accounts consist of advance deposits made by the Plan Sponsor and forfeitures, which represent excess IRC 402(g) contributions. They are used to reduce the Plan Sponsor's contributions and pay Plan expenses according to Plan specifications.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor may terminate the Plan at any time. In the event of termination, the trustee shall dispose of the Plan's assets by distribution to participants or their beneficiaries.

NOTE 2: Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting.

Valuation of Investments – The Plan's investments are stated at fair value. For those investments stated at fair value, see Note 3 for a description of the valuation methodologies used to determine each investment's respective fair value.

NOTE 2: Summary of Significant Accounting Policies (Continued)

Net appreciation or depreciation of the fair value of investments consists of the unrealized appreciation or depreciation of investments held during the year, as well as the realized gain or loss on sale of investments which represents the difference between net sales proceeds and cost or previous fair value of the investments sold.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Liabilities – Liabilities consist of accrued recordkeeping and trustee fees incurred related to the Plan and certain security transactions purchased but not yet completed at year end.

Benefit Payments – Benefits are recorded when paid.

Plan Expenses – Significant costs of administering the Plan are absorbed by the Plan Sponsor and are excluded from these financial statements. These costs include legal, administrative, audit and accounting fees. Recordkeeping and investment management fees of the participant-directed investments are included in net appreciation (depreciation) of the fair value of the investments.

Tax Status – The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated June 10, 2014, in which the IRS stated that the Plan, as then designed, was in accordance with the applicable requirements of the IRC. The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America ("GAAP") require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS or state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions within the standard statute of limitation periods. However, there are currently no audits for any tax periods in progress.

Reclassifications – Certain items in the 2024 financial statements have been reclassified in order to be in conformity with the 2025 statement presentation.

NOTE 2: Summary of Significant Accounting Policies (Continued)

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 3: Fair Value Measurements

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 according to GAAP are described below:

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 3: Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, government bonds, and corporate bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds and exchange traded funds: Valued at net asset value of shares held by the Plan at year end.

Hedge funds: Investments in hedge funds are valued at estimated fair value, as determined by the general partner or investment manager of each fund. The general partner or investment manager utilizes the estimated net asset valuations of the underlying investment entities in the funds as a practical expedient. The underlying investment entities value securities and other financial instruments on a mark-to-market or other estimated fair value basis. The estimated fair values of substantially all of the investments of the underlying investment entities, which may include securities for which prices are not readily available, are determined by the general partner or management of the respective underlying investment entities and may not reflect amounts that could be realized upon immediate sale, nor amounts that ultimately may be realized.

Accordingly, the estimated fair values may differ significantly from the values that would have been used had a ready market existed for these investments. Net asset values are obtained from audited financial statements of the investment entities, when received. The portion of the hedge funds, which are valued as described above are classified as Level 3 within the fair value hierarchy.

The Plan may request to redeem any or all of its common shares in the hedge funds on the last business day of any calendar quarter with 75 days prior written notice. The redemption price is equal to the net asset value per common share on the redemption date, after accrual of any applicable fees. The Plan must maintain a minimum investment of $250,000 in the fund to request a partial redemption.

Money market accounts: Fair value approximates cost plus interest earned.

Common/collective trust ("CCT"): A detailed description of the valuation methodologies of the CCT can be found in the footnotes of the Fidelity Managed Income Portfolio audited financial statements for the year ended September 30, 2025.

NOTE 3: Fair Value Measurements (Continued)

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

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

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Common stocks	**$ 11,837,316**	**$ 0**	**$ 0**	**$ 11,837,316**
Mutual funds	**851,671,693**	**0**	**0**	**851,671,693**
Exchange traded funds	**52,549,524**	**0**	**0**	**52,549,524**
Corporate bonds	**0**	**4,103,149**	**0**	**4,103,149**
Government bonds	**1,276,028**	**578,342**	**0**	**1,854,370**
Hedge funds	**0**	**0**	**97,293**	**97,293**
Money market accounts	**18,548,443**	**3,891,405**	**0**	**22,439,848**
Total investments in the fair value hierarchy	**935,883,004**	**8,572,896**	**97,293**	**944,553,193**
Investments measured at net asset value (a)	**0**	**0**	**0**	**21,118,047**
Total investments at fair value	**$ 935,883,004**	**$ 8,572,896**	**$ 97,293**	**$ 965,671,240**

NOTE 3: Fair Value Measurements (Continued)

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Common stocks	$ 13,544,312	$ 0	$ 0	$ 13,544,312
Mutual funds	734,022,569	0	0	734,022,569
Exchange traded funds	52,864,327	0	0	52,864,327
Corporate bonds	0	4,794,047	0	4,794,047
Government bonds	1,365,408	725,437	0	2,090,845
Hedge funds	0	0	139,064	139,064
Money market accounts	14,219,086	1,960,408	0	16,179,494
Total investments in the fair value hierarchy	816,015,702	7,479,892	139,064	823,634,658
Investments measured at net asset value (a)	0	0	0	23,472,560
Total investments at fair value	$ 816,015,702	$ 7,479,892	$ 139,064	$ 847,107,218

(a) In accordance with GAAP, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments in the CCT for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2025	2024
Fair value	**$ 21,118,047**	$ 23,472,560
Unfunded commitments	**n/a**	n/a
Redemption frequency (if currently eligible)	**Daily**	Daily
Redemption period notice	**n/a**	n/a

NOTE 3: Fair Value Measurements (Continued)

Both observable and unobservable inputs may be used to determine the fair value of positions that the hedge fund has classified within the Level 3 category. As a result, the unrealized gains and losses for assets and liabilities within the level category may include changes in fair value that were attributable to both observable and unobservable inputs. Sales of Level 3 investments totaled $0 for both the years ended December 31, 2025 and 2024, respectively.

NOTE 4: Information Prepared and Certified by Trustee (Unaudited)

As explained in Note 1, the Plan's funds are maintained by the trustee, Fidelity. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	2025	2024
Investments at fair value	**$ 965,671,240**	$ 847,107,218
Notes receivable from participants	**$ 8,925,866**	$ 7,458,835
Investment income	**$ 132,374,917**	$ 107,247,605
Interest income on notes receivable from participants	**$ 739,978**	$ 424,821

NOTE 5: Party-In-Interest Transactions

Plan investments include shares of common stock of the Plan Sponsor. Certain Plan investments are managed by Fidelity. Fidelity is the trustee of the Plan and Fidelity Investments is the recordkeeper for the Plan. These transactions qualify as party-in-interest transactions.

NOTE 5: Party-In-Interest Transactions (Continued)

Fidelity provides certain administrative services to the Plan pursuant to a Trust Agreement ("TA") between the Plan and Fidelity. Fidelity's administration fee is based on a percentage of total Plan assets, subject to certain offsets. If the offsets received by Fidelity exceed the amount owed under the TA, Fidelity remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts in 2025 or 2024. The Plan or Plan Sponsor may make a payment to Fidelity Investments for administrative expenses not covered by excess offsets.

As described in Note 2, the Plan made direct payments to Fidelity of approximately $398,000 and $308,000 net of offsets, during the years ended December 31, 2025 and 2024, respectively. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 6: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 7: Form 5500 Reconciliation

The Plan received requests for benefit payments that were not yet processed as of December 31, 2025 and 2024. Net assets available for benefits on the Form 5500 include accruals for the benefit payment requests, resulting in the following reconciliations:

	2025	2024
Net assets available for benefits per the financial statements	**$ 976,640,909**	$ 855,821,629
Adjustment for benefit payment accruals	**0**	(63,705)
Net assets available for benefits per Form 5500	**$ 976,640,909**	$ 855,757,924

Net increase in net assets per the financial statements	**$ 120,819,280**
Net income in adjustment for benefit payment accruals	**63,705**
Net increase in net assets per Form 5500	**$ 120,882,985**

NOTE 8: Subsequent Events

The Plan's Retirement Committee has evaluated all subsequent events that may qualify for disclosure through September 25, 2026. Effective January 1, 2026, the Plan Sponsor merged with and took the name of Pinnacle Financial Partners, Inc. ("Pinnacle"). Certain amendments to the Plan were made in connection with the merger as discussed in Note 1, and the Pinnacle Plan is expected to merge into the Plan on December 31, 2026. There were no other transactions that are required to be disclosed under professional guidance.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	COMMON STOCKS:	NUMBER OF SHARES		
	ALPHABET INC CL A	3,045	306,532	953,085
	AMAZON.COM INC	3,149	451,253	726,852
	AMERICAN EXPRESS CO	390	68,772	144,281
	AMERICAN TOWER CORP	365	76,522	64,083
	AMGEN INC	350	90,342	114,559
	ANALOG DEVICES INC	299	57,158	81,089
	APPLE INC	3,104	405,614	843,853
	ARISTA NETWORKS INC	1,700	88,863	222,751
	AUTODESK INC	406	101,734	120,180
	BLACKSTONE INC	608	104,477	93,717
	BROADCOM INC	2,324	183,201	804,336
	COCA COLA CO	1,483	93,781	103,677
	DELL TECH INC CL C	390	43,653	49,093
	ECOLAB INC	430	76,442	112,884
	ELI LILLY & CO	245	155,785	263,297
	FLUOR CORP	2,230	88,100	88,375
	HILTON WORLDWIDE HOLDINGS INC	226	42,244	64,919
	HOME DEPOT INC	380	102,648	130,758
	HONEYWELL INTL INC	578	99,648	112,762
	INTUIT INC	157	104,117	104,000
	INTUITIVE SURGICAL INC	277	125,823	156,882
	KLA CORP	183	70,625	222,360
	MERCK & CO INC NEW	863	80,241	90,839
	META PLATFOMRS INC CL A	751	274,201	495,728
	MICRON TECHNOLOGY INC	1,402	101,334	400,145
	MICROSOFT CORP	1,791	441,919	866,163
	MOTOROLA SOLUTIONS INC	245	66,453	93,913
	NETFLIX INC	1,735	130,265	162,674
	NEWMONT CORP	3,633	166,744	362,755
	NVIDIA CORP	3,911	179,099	729,402
	O'REILLY AUTOMOTIVE INC	1,730	106,166	157,793
	ORACLE CORP	733	106,272	142,869
	ORAGANON & CO	85	1,634	609
	PALANTIR TECH INC	1,460	32,904	259,515
	PAYPAL HLDGS INC	330	20,462	19,265
	SEAGATE TECHNOLOGY HOLDINGS PLC	366	86,878	100,793
	SOLSTICE ADVANCED MATERIALS INC	143	5,947	6,947
	TESLA INC	636	123,270	286,022
	TJX COMPANIES INC NEW	1,197	120,142	183,871
	UBER TECH INC	1,109	79,116	90,616
	UNITEDHEALTH GROUP INC	240	115,687	79,226
	VEEVA SYS INC CL A	245	56,286	54,691
	VERTEX PHARMACEUTICALS INC	255	77,957	115,607
	VISA INC CL A	747	166,143	261,980
	WALMART INC	1,070	103,832	119,209
	YUM BRANDS INC	425	53,449	64,294
	ZOETIS INC CL A	530	80,984	66,685
*	SYNOVUS FINANCIAL CORP	20,877	1,039,769	1,047,912
	Total common stocks		6,754,488	11,837,316

See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	MUTUAL FUNDS:	NUMBER OF SHARES		
	AMERICAN BEACON SMALL VAL CAP FUND R6	444,006	11,267,655	10,376,412
	AMERICAN FUNDS EUROPACIFIC GR R6	351,527	19,676,517	21,295,483
	DODGE & COX INCOME FUND	2,426,898	30,620,304	31,209,912
	FEDERATED HERMES TOTAL RETURN BOND FUND	1,774,794	17,075,055	17,002,523
	FEDERATED HERMES MDT SMALL CAP CORE R6 FUND	112,418	3,219,989	3,193,803
*	FIDELITY 500 INDEX	368,684	56,626,696	87,643,519
*	FIDELITY INTERNATIONAL INDEX	188,221	9,234,533	11,443,839
*	FIDELITY SM CAP INDEX	300,295	7,399,843	9,288,125
*	FIDELITY TOTAL MARKET INDEX	121,872	14,643,016	22,770,615
*	FIDELITY US BOND INDEX	468,370	5,136,417	4,945,992
	JANUS HENDERSON ENTERPRISE	128,235	19,070,179	18,504,246
	MFS BLENDED RESEARCH INTL EQ R6	450,925	7,551,469	7,832,560
	NYLI CBRE GLOBAL INFRASTRUCTURE CLASS I	117,417	1,638,385	1,737,770
	PIF SM CAP GROWTH I R6	441,501	6,489,819	6,799,121
	TOUCHSTONE LARGE CAP FOCUSED I	239,568	12,859,850	19,673,327
	TRP LG CAP GROWTH	1,273,915	78,043,412	108,244,594
	TRP MID CAP GROWTH	742,995	22,586,797	23,827,850
	VANGUARD EQUITY INCOME ADM	172,273	16,705,229	16,005,880
	VANGUARD GNMA ADM	192,609	1,933,622	1,824,011
	VANGUARD INTL CORE STOCK AND	231,499	7,692,124	7,838,553
	VANGUARD STRATEGIC EQUITY INV	199,372	7,574,154	7,478,458
	VANGUARD TREAS IDX ADM	48,596	975,601	984,072
	VANGUARD ST INF PS IDX A	42,929	1,054,045	1,064,648
	VANGUARD TARGET RETIREMENT 2020	584,902	16,745,521	16,055,565
	VANGUARD TARGET RETIREMENT 2025	2,104,040	40,167,535	41,975,607
	VANGUARD TARGET RETIREMENT 2030	1,517,864	55,861,150	64,251,178
	VANGUARD TARGET RETIREMENT 2035	2,116,259	48,808,767	57,943,179
	VANGUARD TARGET RETIREMENT 2040	1,523,369	61,849,168	76,092,270
	VANGUARD TARGET RETIREMENT 2045	1,248,047	34,332,707	43,357,146
	VANGUARD TARGET RETIREMENT 2050	544,316	25,027,774	32,267,047
	VANGUARD TARGET RETIREMENT 2055	328,744	16,938,664	21,749,675
	VANGUARD TARGET RETIREMENT 2060	213,415	10,178,900	13,014,074
	VANGUARD TARGET RETIREMENT 2065	135,124	4,323,605	5,409,024
	VANGUARD TARGET RETIREMENT 2070	10,957	291,252	348,643
	VANGUARD TARGET RETIREMENT INCOME	653,807	8,728,492	9,068,303
	VANGUARD TOTAL INT'L STOCK ADMIRAL	199,166	6,846,785	8,072,182
	VANGUARD WINDSOR ADMIRAL	284,399	20,564,299	21,082,487
		Total mutual funds	709,739,330	851,671,693
	EXCHANGE TRADED FUNDS:	NUMBER OF SHARES		
	ISHARES MSCI EAFE ETF	2,485	172,176	238,635
	ISHARES RUSSELL MID CAP GROWTH ETF	7,533	363,721	1,031,569
	ISHARES RUSSELL MID CAP VALUE ETF	3,429	260,385	483,660
	ISHARES TR RUSSELL 1000 GROWTH ETF	20,902	2,247,729	9,892,917
	ISHARES TR RUSSELL 1000 VALUE ETF	42,399	4,414,921	8,918,206
	ISHARES TR RUSSELL 2000 ETF	4,815	953,396	1,185,260
	ISHARES IBONDS DEC 2027 TERM TR ETF	94,003	2,079,346	2,112,247
	ISHARES SILVER TRUST	23,933	782,370	1,541,764
	ISHARES IBONDS DEC 2033 TERM TR ETF	75,560	1,808,151	1,855,376
	SPDR GOLD SHARES	5,456	935,202	2,162,267
	SPDR MSCI ACWI EX-US ETF	41,495	916,793	1,490,500
	SPDR PORTFOLIO SHORT TERM TREASURY ETF	145,291	4,343,627	4,254,120
	STATE STREET SPDR PORTFOLIO LONG TERM TREASURY ET	178,244	4,942,706	4,718,119
	STATE STREET SPDR PORTFOLIO INT TERM TREASURY ETF	185,358	5,311,562	5,345,725

See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	STATE STREET SPDR PORTFOLIO TREASURY ETF	52,737	1,601,623	1,604,523
	STATE STREET UTILSELSECT SPDR ETF ELECT SECTOR SPDI	39,024	1,662,817	1,665,935
	VANECK GOLD MINERS ETF	18,338	463,585	1,572,850
	VANGUARD DVD APPR ETF FD	3,450	346,839	758,241
	VANGUARD FTSE EMERGING MRK ETF	14,130	543,555	759,629
	VANGUARD INTERMEDIATE TERM TRS ETF	15,985	999,496	957,981
		Total exchange traded funds	35,150,000	52,549,524
	CORPORATE BONDS:	FACE VALUE		
	3M CO 3.375 03/01/2029	100,000	109,428	97,997
	AT&T INC 4.250%, 03/01/2027	100,000	101,427	100,223
	CHUBB INA HOLDINGS INC 3.35% 05/03/2026	200,000	202,278	199,624
	GOLDMAN SACHS GROUP INC 4.25% 12/15/2034	50,000	53,892	48,456
	PFIZER INC 3.000%, 12/15/2026	100,000	98,700	99,323
	SMALL BUSINESS ADMIN GTD DEV P 2.2% 09/01/2032	39,943	39,381	37,705
	TARGET CORP 3.375 04/15/2029	150,000	167,618	147,377
	BARCLAYS BANK PLC 5.5 5/16/2033	200,000	198,750	198,491
	CATERPILLAR INC 5.2 5/15/2035	200,000	207,792	207,303
	DEERE & CO 5.45 1/16/2035	200,000	211,022	210,917
	FLORIDA PWR & LT CO 5% 8/1/2034	400,000	399,897	409,191
	GEORGIA PWR & CO 5.2% 3/15/2035	200,000	205,178	205,272
	HERSHEY CO 5.1% 2/24/2035	200,000	205,982	205,582
	JP MORGAN CHASE FINL CO LLC 4.65% 9/20/2033	500,000	495,625	490,862
	JP MORGAN CHASE FINL CO LLC 5.65% 12/14/2032	200,000	199,600	200,082
	MORGAN STANLEY 3.875% 01/27/2026	335,000	324,206	334,955
	MORGAN STANLEY FINANCE LLC 5% 6/3/2033	225,000	224,775	229,938
	MORGAN STANLEY FINANCE LLC 5% 3/13/2030	175,000	173,775	174,034
	TOYOTA MOTOR CREDIT CORP 4.625% 1/12/2028	275,000	272,250	279,280
	TOYOTA MOTOR CREDIT CORP 5.00% 8/14/2026	225,000	223,333	226,537
		Total corporate bonds	4,114,909	4,103,149
	GOVERNMENT BONDS:	FACE VALUE		
	FHLG 3.000%, 07/01/2049	11,463	11,582	10,307
	FHLG 3.000%, 10/01/2039	15,336	15,815	14,460
	FHLG 4.000%, 08/01/2033	7,719	7,898	7,767
	FEDERAL HOME LN MTG MLT CTF GT 2.595% 09/25/2029	100,000	105,230	95,564
	FEDERAL HOME LN MTG MLT CTF GT 2.673% 09/25/2029	100,000	105,910	95,741
	FNMA 3.639% 8/25/2030	99,616	113,065	97,964
	FNMA 2.500% 06/01/2040	51,405	53,538	46,609
	FNMA 2.500%, 03/01/2031	36,194	36,499	35,450
	FNMA 3.000%, 06/01/2049	10,835	10,907	9,742
	FNMA 3.000%, 08/01/2049	12,059	12,225	10,843
	FNMA 3.000%, 09/01/2039	14,789	15,186	13,954
	FNMA 3.500%, 01/01/2035	80,928	84,403	79,326
	GNMA 5.500%, 07/15/2040	58,912	64,803	60,617
	USTB 2.875%, 11/15/2046	250,000	237,070	184,609
	USTB 4.500%, 08/15/2039	250,000	313,911	250,430
	USTB 5.375%, 02/15/2031	25,000	33,145	26,878
	USTN 1.500%, 02/15/2030	250,000	271,211	229,629
	USTN 2.000%, 11/15/2026	300,000	307,781	296,036
	USTN 2.375%, 05/15/2029	300,000	318,750	288,444
		Total government bonds	2,118,929	1,854,370

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	HEDGE FUNDS:	NUMBER OF SHARES		
	COLLINS CAPITAL LOW VOLATILITY	1,124	152,851	97,293
		Total hedge funds	152,851	97,293
	COMMON COLLECTIVE TRUST	NUMBER OF SHARES		
*	FIDELITY MANAGED INCOME PORTFOLIO II	21,118,046	21,118,047	21,118,047
		Total common collective trust	21,118,047	21,118,047
	MONEY MARKET ACCOUNTS	NUMBER OF SHARES		
	BBH STIF FUND	3,891,405	3,891,405	3,891,405
	FEDERATED HERMES GOV'T	1,271,255	1,271,255	1,271,255
	FID GOVT MMKT K6	17,274,131	17,277,187	17,277,187
		Total money market accounts	22,439,848	22,439,848
*	NOTES RECEIVABLE FROM PARTICIPANTS	Interest Rate: 4.50% - 9.50% (cost $0)	0	8,925,866
		Total assets (held at end of year)		$ 974,597,106

* Party-in-interest

See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS,GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
FORM 5500 - SCHEDULE H - PART IV - LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (III): Series of Securities Transactions in excess of 5% of Plan Assets						
BBH STIF FUND	Cash and money market accounts	$ 1,236,979,594	N/A	$ 1,236,979,594	$ 1,236,979,594	N/A
BBH STIF FUND	Cash and money market accounts	N/A	$ (1,235,048,597)	$ (1,235,048,597)	$ (1,235,048,597)	$ 0

There were no category (i), (ii), or (iv) transactions during the Plan year ended December 31, 2025.

Columns (e) and (f) are not applicable.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	COMMON STOCKS:	NUMBER OF SHARES		
	ALPHABET INC CL A	3,045	306,532	953,085
	AMAZON.COM INC	3,149	451,253	726,852
	AMERICAN EXPRESS CO	390	68,772	144,281
	AMERICAN TOWER CORP	365	76,522	64,083
	AMGEN INC	350	90,342	114,559
	ANALOG DEVICES INC	299	57,158	81,089
	APPLE INC	3,104	405,614	843,853
	ARISTA NETWORKS INC	1,700	88,863	222,751
	AUTODESK INC	406	101,734	120,180
	BLACKSTONE INC	608	104,477	93,717
	BROADCOM INC	2,324	183,201	804,336
	COCA COLA CO	1,483	93,781	103,677
	DELL TECH INC CL C	390	43,653	49,093
	ECOLAB INC	430	76,442	112,884
	ELI LILLY & CO	245	155,785	263,297
	FLUOR CORP	2,230	88,100	88,375
	HILTON WORLDWIDE HOLDINGS INC	226	42,244	64,919
	HOME DEPOT INC	380	102,648	130,758
	HONEYWELL INTL INC	578	99,648	112,762
	INTUIT INC	157	104,117	104,000
	INTUITIVE SURGICAL INC	277	125,823	156,882
	KLA CORP	183	70,625	222,360
	MERCK & CO INC NEW	863	80,241	90,839
	META PLATFOMRS INC CL A	751	274,201	495,728
	MICRON TECHNOLOGY INC	1,402	101,334	400,145
	MICROSOFT CORP	1,791	441,919	866,163
	MOTOROLA SOLUTIONS INC	245	66,453	93,913
	NETFLIX INC	1,735	130,265	162,674
	NEWMONT CORP	3,633	166,744	362,755
	NVIDIA CORP	3,911	179,099	729,402
	O'REILLY AUTOMOTIVE INC	1,730	106,166	157,793
	ORACLE CORP	733	106,272	142,869
	ORAGANON & CO	85	1,634	609
	PALANTIR TECH INC	1,460	32,904	259,515
	PAYPAL HLDGS INC	330	20,462	19,265
	SEAGATE TECHNOLOGY HOLDINGS PLC	366	86,878	100,793
	SOLSTICE ADVANCED MATERIALS INC	143	5,947	6,947
	TESLA INC	636	123,270	286,022
	TJX COMPANIES INC NEW	1,197	120,142	183,871
	UBER TECH INC	1,109	79,116	90,616
	UNITEDHEALTH GROUP INC	240	115,687	79,226
	VEEVA SYS INC CL A	245	56,286	54,691
	VERTEX PHARMACEUTICALS INC	255	77,957	115,607
	VISA INC CL A	747	166,143	261,980
	WALMART INC	1,070	103,832	119,209
	YUM BRANDS INC	425	53,449	64,294
	ZOETIS INC CL A	530	80,984	66,685
*	SYNOVUS FINANCIAL CORP	20,877	1,039,769	1,047,912
	Total common stocks		6,754,488	11,837,316

See Independent Auditor's Report.

SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	MUTUAL FUNDS:	NUMBER OF SHARES		
	AMERICAN BEACON SMALL VAL CAP FUND R6	444,006	11,267,655	10,376,412
	AMERICAN FUNDS EUROPACIFIC GR R6	351,527	19,676,517	21,295,483
	DODGE & COX INCOME FUND	2,426,898	30,620,304	31,209,912
	FEDERATED HERMES TOTAL RETURN BOND FUND	1,774,794	17,075,055	17,002,523
	FEDERATED HERMES MDT SMALL CAP CORE R6 FUND	112,418	3,219,989	3,193,803
*	FIDELITY 500 INDEX	368,684	56,626,696	87,643,519
*	FIDELITY INTERNATIONAL INDEX	188,221	9,234,533	11,443,839
*	FIDELITY SM CAP INDEX	300,295	7,399,843	9,288,125
*	FIDELITY TOTAL MARKET INDEX	121,872	14,643,016	22,770,615
*	FIDELITY US BOND INDEX	468,370	5,136,417	4,945,992
	JANUS HENDERSON ENTERPRISE	128,235	19,070,179	18,504,246
	MFS BLENDED RESEARCH INTL EQ R6	450,925	7,551,469	7,832,560
	NYLI CBRE GLOBAL INFRASTRUCTURE CLASS I	117,417	1,638,385	1,737,770
	PIF SM CAP GROWTH I R6	441,501	6,489,819	6,799,121
	TOUCHSTONE LARGE CAP FOCUSED I	239,568	12,859,850	19,673,327
	TRP LG CAP GROWTH	1,273,915	78,043,412	108,244,594
	TRP MID CAP GROWTH	742,995	22,586,797	23,827,850
	VANGUARD EQUITY INCOME ADM	172,273	16,705,229	16,005,880
	VANGUARD GNMA ADM	192,609	1,933,622	1,824,011
	VANGUARD INTL CORE STOCK AND	231,499	7,692,124	7,838,553
	VANGUARD STRATEGIC EQUITY INV	199,372	7,574,154	7,478,458
	VANGUARD TREAS IDX ADM	48,596	975,601	984,072
	VANGUARD ST INF PS IDX A	42,929	1,054,045	1,064,648
	VANGUARD TARGET RETIREMENT 2020	584,902	16,745,521	16,055,565
	VANGUARD TARGET RETIREMENT 2025	2,104,040	40,167,535	41,975,607
	VANGUARD TARGET RETIREMENT 2030	1,517,864	55,861,150	64,251,178
	VANGUARD TARGET RETIREMENT 2035	2,116,259	48,808,767	57,943,179
	VANGUARD TARGET RETIREMENT 2040	1,523,369	61,849,168	76,092,270
	VANGUARD TARGET RETIREMENT 2045	1,248,047	34,332,707	43,357,146
	VANGUARD TARGET RETIREMENT 2050	544,316	25,027,774	32,267,047
	VANGUARD TARGET RETIREMENT 2055	328,744	16,938,664	21,749,675
	VANGUARD TARGET RETIREMENT 2060	213,415	10,178,900	13,014,074
	VANGUARD TARGET RETIREMENT 2065	135,124	4,323,605	5,409,024
	VANGUARD TARGET RETIREMENT 2070	10,957	291,252	348,643
	VANGUARD TARGET RETIREMENT INCOME	653,807	8,728,492	9,068,303
	VANGUARD TOTAL INT'L STOCK ADMIRAL	199,166	6,846,785	8,072,182
	VANGUARD WINDSOR ADMIRAL	284,399	20,564,299	21,082,487
		Total mutual funds	709,739,330	851,671,693
	EXCHANGE TRADED FUNDS:	NUMBER OF SHARES		
	ISHARES MSCI EAFE ETF	2,485	172,176	238,635
	ISHARES RUSSELL MID CAP GROWTH ETF	7,533	363,721	1,031,569
	ISHARES RUSSELL MID CAP VALUE ETF	3,429	260,385	483,660
	ISHARES TR RUSSELL 1000 GROWTH ETF	20,902	2,247,729	9,892,917
	ISHARES TR RUSSELL 1000 VALUE ETF	42,399	4,414,921	8,918,206
	ISHARES TR RUSSELL 2000 ETF	4,815	953,396	1,185,260
	ISHARES IBONDS DEC 2027 TERM TR ETF	94,003	2,079,346	2,112,247
	ISHARES SILVER TRUST	23,933	782,370	1,541,764
	ISHARES IBONDS DEC 2033 TERM TR ETF	75,560	1,808,151	1,855,376
	SPDR GOLD SHARES	5,456	935,202	2,162,267
	SPDR MSCI ACWI EX-US ETF	41,495	916,793	1,490,500
	SPDR PORTFOLIO SHORT TERM TREASURY ETF	145,291	4,343,627	4,254,120
	STATE STREET SPDR PORTFOLIO LONG TERM TREASURY ET	178,244	4,942,706	4,718,119
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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
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		Total exchange traded funds	35,150,000	52,549,524
	CORPORATE BONDS:	FACE VALUE		
	3M CO 3.375 03/01/2029	100,000	109,428	97,997
	AT&T INC 4.250%, 03/01/2027	100,000	101,427	100,223
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	USTN 2.000%, 11/15/2026	300,000	307,781	296,036
	USTN 2.375%, 05/15/2029	300,000	318,750	288,444
		Total government bonds	2,118,929	1,854,370

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS, GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
SCH H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Historical Cost	(e) Current value
	HEDGE FUNDS:	NUMBER OF SHARES		
	COLLINS CAPITAL LOW VOLATILITY	1,124	152,851	97,293
		Total hedge funds	152,851	97,293
	COMMON COLLECTIVE TRUST	NUMBER OF SHARES		
*	FIDELITY MANAGED INCOME PORTFOLIO II	21,118,046	21,118,047	21,118,047
		Total common collective trust	21,118,047	21,118,047
	MONEY MARKET ACCOUNTS	NUMBER OF SHARES		
	BBH STIF FUND	3,891,405	3,891,405	3,891,405
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	FID GOVT MMKT K6	17,274,131	17,277,187	17,277,187
		Total money market accounts	22,439,848	22,439,848
*	NOTES RECEIVABLE FROM PARTICIPANTS	Interest Rate: 4.50% - 9.50% (cost $0)	0	8,925,866
		Total assets (held at end of year)		$ 974,597,106

* Party-in-interest

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SYNOVUS 401(K) SAVINGS PLAN
COLUMBUS,GEORGIA
EMPLOYER IDENTIFICATION NUMBER: 58-1134883
PLAN NUMBER: 010
FORM 5500 - SCHEDULE H - PART IV - LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (III): Series of Securities Transactions in excess of 5% of Plan Assets						
BBH STIF FUND	Cash and money market accounts	$ 1,236,979,594	N/A	$ 1,236,979,594	$ 1,236,979,594	N/A
BBH STIF FUND	Cash and money market accounts	N/A	$ (1,235,048,597)	$ (1,235,048,597)	$ (1,235,048,597)	$ 0

There were no category (i), (ii), or (iv) transactions during the Plan year ended December 31, 2025.

Columns (e) and (f) are not applicable.

See Independent Auditor's Report.

