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
ARCONIC CORP. PENSION PLAN A

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2020

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)
ARCONIC CORPORATION

201 ISABELLA STREET
PITTSBURGH, PA 15212

2b Employer Identification Number (EIN) 84-2745636

2c Plan Sponsor's telephone number 412-992-2500

2d Business code (see instructions) 331310

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.	10/02/2026	RACHEL GILMORE
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4139
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)**	390
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	347
b	Retired or separated participants receiving benefits	**6b**	941
c	Other retired or separated participants entitled to future benefits	**6c**	363
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1651
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	68
f	Total. Add lines **6d** and **6e**.	**6f**	1719
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	538936591
b Actuarial value	**2b**	558871601

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2640	669989751	669989751
b For terminated vested participants	1241	105247090	105247090
c For active participants	390	78170385	83069109
d Total	4271	853407226	858305950

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	96697
b Expected plan-related expenses	**6b**	4450000
c Target normal cost	**6c**	4546697

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

RICHARD L. MARCHIONE
Type or print name of actuary

26-08410
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

412-402-4500
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.49 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7711
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		391
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		8102
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	65.11 %
15	Adjusted funding target attainment percentage	15	65.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	62.79 %

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	7718000	0			
07/11/2025	7718000	0			
10/10/2025	7718000	0			
01/12/2026	7718000	0			
09/11/2026	6489000	0			
			Totals ► 18(b)	37361000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	35785853

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	4546697
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	299434349	31226930
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	35773627

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

36 Additional cash requirement (line 34 minus line 35)	**36**	35773627
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	35785853

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

a Total (excess, if any, of line 37 over line 36)	**38a**	12226
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 99	NONE	497119	Yes [X] No [ ]	Yes [X] No [ ]	586	Yes [ ] No [X]

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	431845	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	60800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	53310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
17 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	7230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALIGHT SOLUTIONS LLC	99	586

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EQUIFAX WORKFORCE SOULTIONS LLC 64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: ELIZABETH A. SHIMSHOCK
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: ONE PPG PLACE
SUITE 1000
PITTSBURGH, PA 15222
e Telephone: 412-402-4500

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

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: PENSION PLANS MASTER TRUST

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

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)
84-2745636-101	M	546958288

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE 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
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11220000	14207000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	528003229	546958288
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	539223229	561165288
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	136008	215903
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	136008	215903
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	539087221	560949385

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)	37361000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		37361000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		58927690
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		96288690
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69849930	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		69849930
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	502315	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	60800	
(5) Investment advisory and investment management fees	2i(5)	437972	
(6) Bank or trust company trustee/custodial fees	2i(6)	129112	
(7) Actuarial fees	2i(7)	40000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3406397	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4576596
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		74426526
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21862164
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587877.

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
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1926855

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 | 0

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: 11.6 % Private Equity: 8.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 61.7 %

High-Yield Debt: 1.9 % Real Assets: 4.5 % Cash or Cash Equivalents: 0.0 % Other: 11.8 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Report of Independent Certified Public Accountants

Arconic Corp. Pension Plans

December 31, 2025 and 2024

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted as they are not applicable.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Arconic Corp, Pension Plan A

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Arconic Corp. Pension Plan A (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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

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

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

In performing an audit in accordance with US GAAS, we:

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

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

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

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

Grant Thornton LLP

Southfield, Michigan
October 2, 2026

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Arconic Corp, Pension Plan B

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Arconic Corp. Pension Plan B (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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

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

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

In performing an audit in accordance with US GAAS, we:

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

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

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

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

Grant Thornton LLP

Southfield, Michigan
October 2, 2026

Arconic Corp. Pension Plans

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025

	Salary Plan	Hourly Plan
ASSETS		
Plan interest in Arconic Corp. Pension Plans Master Trust Investments, at fair value (Notes 3 and 4)	$ 546,958,288	$ 580,657,548
Employer contributions receivable	14,207,000	15,814,000
Total assets	561,165,288	596,471,548
LIABILITIES		
Administrative expenses payable	215,903	229,705
Total liabilities	215,903	229,705
NET ASSETS AVAILABLE FOR BENEFITS	$ 560,949,385	$ 596,241,843

The accompanying notes are an integral part of this financial statement.

Arconic Corp. Pension Plans

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024

	Salary Plan	Hourly Plan
ASSETS		
Plan interest in Arconic Corp. Pension Plans Master Trust Investments, at fair value (Notes 3 and 4)	$ 528,003,229	$ 534,016,187
Employer contributions receivable	11,220,000	14,751,000
Total assets	539,223,229	548,767,187
LIABILITIES		
Administrative expenses payable	136,008	139,091
Total liabilities	136,008	139,091
NET ASSETS AVAILABLE FOR BENEFITS	$ 539,087,221	$ 548,628,096

The accompanying notes are an integral part of this financial statement.

Arconic Corp. Pension Plans

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2025

	Salary Plan	Hourly Plan
Additions		
Investment income		
Plan interest in Arconic Corp. Pension Plans Master Trust (Note 3)	$ 58,927,690	$ 58,698,473
Employer contributions	37,361,000	45,185,000
Total additions	96,288,690	103,883,473
Deductions		
Benefit payments to participants	(69,849,930)	(47,945,207)
Administrative expenses	(4,576,596)	(8,324,519)
Total deductions	(74,426,526)	(56,269,726)
NET INCREASE	21,862,164	47,613,747
Net assets available for benefits		
Beginning of year	539,087,221	548,628,096
End of year	$ 560,949,385	$ 596,241,843

The accompanying notes are an integral part of this financial statement.

NOTE 1 - DESCRIPTION OF PLANS

General

The Arconic Corp. Pension Plan A (the "Salary Plan") and the Arconic Corp. Pension Plan B (the "Hourly Plan") (each individually, the "Plan" and collectively, the "Arconic Corp. Pension Plans" or "Plans") are defined benefit pension plans maintained pursuant to a master trust agreement (the "Master Trust") between Arconic Corporation ("Arconic," the "Company," or the "Plan Sponsor") and the trustee, The Bank of New York Mellon (the "Trustee"). Arconic is the administrator of the Plans and has placed complete authority to control and manage the operation and administration of the Plans in a committee comprised of certain of the Company's senior management (the "Benefits Management Committee" or "Management"). These individuals were appointed by the Company's Board of Directors.

In general, the Plans provide for monthly pension benefits to eligible U.S. employees upon retirement at or after age 65, or earlier upon disability, incapacity, special circumstances or with certain minimum age and service requirements. Pension benefits generally depend upon length of service, job grade or remuneration, and certain social security and other benefits. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Participants should refer to the respective plan document for a complete description of each Plan's provisions.

Eligibility and Vesting

Effective March 1, 2006 and January 8, 2018, the Salary Plan and the non-bargaining portion of the Hourly Plan, respectively, were closed to new participants. At different points between 2000 and 2020, the bargaining portion of the Hourly Plan was closed to new participants at all but one of Arconic's operating locations. Bargaining employees at the one remaining location are eligible to participate in the Hourly Plan after they have attained age 21 with one year of service. Effective December 31, 2024, the last operating location of the Hourly Plan was closed to new participants. All existing participants in the Salary Plan are fully vested. All participants in the Hourly Plan fully vest after a five-year period.

Benefit Provisions

For the Salary Plan, retirement benefits are determined by a compensation-based formula. For the Hourly Plan, retirement benefits are determined by the product of a specified factor and years of service. Normal retirement for the Plans is age 65 with five years of service.

Effective April 1, 2018, benefit accruals for future service and compensation increases for active employees that participate in the Salary Plan and non-bargaining portion of the Hourly Plan ceased.

Effective June 1, 2022, the United Steelworkers ratified a new four-year labor agreement covering approximately 3,300 employees at four of Arconic's U.S. locations which include employees who participate in the Hourly Plan. This agreement provides for higher multipliers used to calculate the union employees' future pension retirement benefits.

Effective June 1, 2024, a labor agreement covering the remaining operating location of the Hourly Plan open to new participants was ratified. This agreement provides for higher multipliers used to calculate the union employees' future pension retirement benefits.

Effective September 1, 2025, the Hourly Plan was amended pursuant to a collective bargaining agreement with the International Brotherhood of Electrical Workers at the Company's Davenport, Iowa location ratified on May 21, 2025. This agreement provides for higher multipliers used to calculate the union employees' future pension retirement benefits.

Risks and Uncertainties

The Plans invest in investment securities, which 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 investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

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

Plan Termination

Benefits under the Plans are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Should the Plans terminate in a future period, the net assets of the Plans generally will not be available on a pro rata basis to provide benefits to participants. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A full description of each Plan's termination priorities is available in the respective plan documents.

Plan Obligation Transfer

Effective September 30, 2025, the Salary Plan was amended pursuant to the Company entering an equity purchase agreement to sell one hundred percent of the issued and outstanding membership interest of Arconic Architectural Products LLC to Hoover Treated Wood Products, Inc., a subsidiary of Graham Holdings Company ("Graham Holdings"). As part of the consideration of this purchase, Graham Holdings agreed to accept a transfer of approximately $105,000,000 in accumulated plan benefits (based on actuarial present value as of December 31, 2024) from the Salary Plan to The Retirement Plan for Graham Holdings Company. The transfer was completed as of the close of business on September 30, 2025, and upon remeasurement of Salary Plan accumulated plan benefits as of the transfer date, resulted in a settlement of $110,400,584.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plans are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of the Plans' financial statements in conformity with US GAAP may require Management to make estimates based on judgments and assumptions, which may affect the reported amounts of assets, liabilities, and changes therein, and the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Dividends are recorded on the ex-dividend date. Net investment income includes interest income, dividends, unrealized and realized gains and losses on investments, and investment management or trustee fees.

Each Plan participates in the Master Trust through the purchase and sale of units. Cash inflows and outflows between the Plans and the Master Trust are accounted for at the beginning-of-the-month unit value. Units are revalued monthly to reflect changes in the investment values. Investment gains and losses of the Master Trust are allocated to the Plans based on each Plan's units held.

Each Plan's interest in the net assets of the Master Trust is based on the beginning-of-year value plus actual contributions and allocated investment income less actual benefit payments, allocated investment loss, and expenses.

Benefit Payments to Participants

Benefit payments to participants are recorded when paid.

Administrative Expenses

Audit, legal, actuarial, recordkeeping, and other administrative expenses are paid by the Plans. Expenses for services provided for the Master Trust are allocated to the Plans ratably, as applicable. Expenses for services provided directly to a specific plan are attributed to only that plan.

Employer Contributions Receivable

Employer contributions receivable represents the remaining funding amounts the Plan Sponsor is required to contribute to meet the minimum contribution levels established by law or a formal commitment by Arconic to make a contribution into either of the Plans. Employer contributions receivable are stated at the amount the Plans expect to collect.

The Plans evaluate employer contributions receivable for expected credit losses based on relevant available information, including historical collection experience, the financial condition of the Plan Sponsor, current economic conditions, reasonable and supportable forecasts, and subsequent collections. The Plans recognize an allowance for expected credit losses when amounts are not expected to be collected in accordance with their contractual or legal terms.

As of December 31, 2025, employer contributions receivable totaled $14,207,000 for the Salary Plan and $15,814,000 for the Hourly Plan. As of December 31, 2024, employer contributions receivable totaled $11,220,000 for the Salary Plan and $14,751,000 for the Hourly Plan. The Plans determined that no allowance for expected credit losses was required as of December 31, 2025 and 2024. In reaching this conclusion, the Plans considered the Plan Sponsor's financial condition, the Plans' historical collection experience, and the subsequent receipt of the full amount of the employer contributions receivable prior to the issuance of the Plans' financial statements.

Funding Policy

Participants are not permitted to make contributions to the Plans. The Plan Sponsor contributes amounts deemed necessary on an actuarial basis to provide each of the Plans with assets sufficient to meet the benefits to be paid to current and future retirees or their beneficiaries. The minimum required contributions, if any, for the Plans are designed to fund the Target Normal Cost and an amortization installment towards any funding shortfall, which occurs when there is an excess of Funding Target liability over the Actuarial Value of Plan Assets. The amortization installment is designed to fully fund this shortfall for a specific year over a fifteen-year period (effective January 1, 2022 in accordance with the provisions of the American Rescue Plan Act of 2021). Arconic may also voluntarily contribute amounts in excess of the minimum required contributions to meet certain funding thresholds or company objectives.

The actuarial-determined minimum required contribution is calculated using the Unit Credit Cost Method. The Funding Target liability is the present value of accrued benefits and based on compensation and service to date (unless frozen at a prior date). The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting both the effect of expected compensation increases during the year and expected expenses to be paid from plan assets during the year.

In 2025 and 2024, the Plans met ERISA’s minimum funding requirements.

Investment Policy and Strategy

The principal objectives underlying the investment of the Plans’ assets are to ensure that Arconic can properly fund benefit obligations as they become due under a broad range of potential economic and financial scenarios, maximize the long-term investment return with an acceptable level of risk based on such obligations, and broadly diversify investments across and within various asset classes to protect asset values against adverse movements. The use of derivative instruments is permitted where appropriate and necessary for achieving diversification across the balance of the asset portfolio.

NOTE 3 - MASTER TRUST

The following table sets forth the net assets of the Master Trust and each Plan's interest in the net assets of the Master Trust as of December 31, 2025:

	Salary Plan	Hourly Plan	Total
Cash:			
Collective trust funds	$ 24,093,787	$ 24,618,666	$ 48,712,453
Equity securities:			
Collective trust funds	72,290,301	77,720,131	150,010,432
Other	2,359,028	2,233,236	4,592,264
Fixed income securities:			
Collective trust funds	120,940,440	129,305,206	250,245,646
Corporate debt	121,261,427	130,419,281	251,680,708
U.S. government debt	61,241,298	62,233,227	123,474,525
Derivative instruments:			
Futures contracts	(943,476)	(955,799)	(1,899,275)
Alternative investments:			
Venture capital	13,660,388	14,645,976	28,306,364
Hedge funds	57,606,254	61,199,563	118,805,817
Private equity and venture capital - fund of funds	19,482,687	20,888,352	40,371,039
Private real estate	24,310,100	25,258,810	49,568,910
Private equity	22,048,792	23,639,600	45,688,392
Private debt	5,359,811	6,048,779	11,408,590
Fair value of investments	543,710,837	577,255,028	1,120,965,865
Net receivable for pending transactions*	3,247,451	3,402,520	6,649,971
Total net assets	$ 546,958,288	$ 580,657,548	$ 1,127,615,836

* The Total net receivable pending transactions is composed of a receivable for investments sold not yet settled, including related earned income, of $6,809,228 and a payable for investments purchased not yet settled of $159,257.

The following table sets forth the net assets of the Master Trust and each Plan's interest in the net assets of the Master Trust as of December 31, 2024:

	Salary Plan	Hourly Plan	Total
Cash:			
Collective trust funds	$ 16,285,974	$ 8,820,371	$ 25,106,345
Equity securities:			
Collective trust funds	41,468,404	66,142,120	107,610,524
Other	1,188,265	1,124,902	2,313,167
Fixed income securities:			
Collective trust funds	109,704,770	116,291,342	225,996,112
Corporate debt	124,673,786	126,729,516	251,403,302
U.S. government debt	40,597,120	40,900,212	81,497,332
Derivative instruments:			
Futures contracts	(4,813,034)	(4,846,187)	(9,659,221)
Alternative investments:			
Venture capital	28,605,198	24,102,161	52,707,359
Hedge funds	59,194,573	58,799,336	117,993,909
Private equity and venture capital - fund of funds	25,501,820	21,487,317	46,989,137
Private real estate	28,322,818	23,737,694	52,060,512
Private equity	28,635,323	24,127,544	52,762,867
Private debt	10,387,625	8,413,472	18,801,097
Fair value of investments	509,752,642	515,829,800	1,025,582,442
Net receivable for pending transactions*	18,250,587	18,186,387	36,436,974
Total net assets	$ 528,003,229	$ 534,016,187	$ 1,062,019,416

* The Total net receivable pending transactions is composed of a receivable for investments sold not yet settled, including related earned income, of $41,114,880 and a payable for investments purchased not yet settled of $4,677,906.

The following table sets forth the components of the net investment income by the investments held by the Master Trust (including those purchased and sold during the period) for the year ended December 31, 2025:

Net appreciation in fair value of investments	$ 96,633,942
Interest income and dividends	20,208,585
Other income	3,435,963
Investment management/trustee fees	(2,652,327)
Net investment income	$ 117,626,163

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. A fair value hierarchy is used to distinguish between (i) market participant assumptions developed based on market data obtained from independent sources (observable inputs) and (ii) an entity's own assumptions about market participant assumptions developed based on the best information available in the circumstances (unobservable inputs). The fair value hierarchy consists of three broad levels, which gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). 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 are required to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs that are both significant to the fair value measurement and unobservable.

Net asset value ("NAV") is used as a practical expedient for all the underlying investments that (a) do not have a readily determinable fair value and (b) either have the attributes of an investment company or prepare their financial statements consistent with the measurement principles of an investment company.

Below is a description of the valuation methodologies used to measure the fair value of assets held by the Master Trust. The methods described may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while Management believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the respective financial statement date.

Cash

Cash held within collective trust funds is valued at the closing NAV of the investment on a per share basis as a practical expedient.

Equity Securities

Equity securities held within collective trust funds, which are comprised of the stock of publicly traded companies, are valued at the closing NAV of the investment on a per share basis as a practical expedient. Other equity securities, which are comprised of direct investments in the stock of publicly traded companies, including real estate investment trusts, are valued at the closing price reported on an active market on the last business day of the period presented (Level 1).

Fixed Income Securities

U.S. and non-U.S. fixed interest obligations (corporate bonds and debentures) are valued through consultation and evaluation with brokers in the institutional market using quoted prices and other observable market data (Level 2). U.S. government debt is valued at the closing price reported on an active market on the last business day of the period presented (Level 1). Fixed income securities held within collective trust funds, which are comprised of both corporate debt and U.S. government debt, are valued at the closing NAV of the investment on a per share basis as a practical expedient.

Derivative Instruments

Futures contracts are valued at the closing price reported on an active market on the last business day of the period presented (Level 1).

Alternative Investments

Valued at the closing NAV of the investment on a per share basis as a practical expedient as reported in the investment's audited financial statements. In the event that audited financial statements for these investments are not available in time to prepare the Plans' financial statements or Management believes the value reported by the investment manager does not accurately reflect fair value due to an event in the marketplace, Management will adjust the reported NAV based upon information provided by the investment manager and independent valuation experts.

The following tables set forth the fair value of the Master Trust's investments by level within the fair value hierarchy or net asset value as of December 31, 2025 and 2024:

	Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Equity securities	$ 4,592,264	$ -	$ -	$ 4,592,264
Fixed income securities:				
Corporate debt	-	251,680,708	-	251,680,708
U.S. government debt	123,474,525	-	-	123,474,525
Derivative instruments:				
Futures contracts	(1,899,275)	-	-	(1,899,275)
Total investments in the fair value hierarchy	$ 126,167,514	$ 251,680,708	$ -	377,848,222
Investments measured at NAV (a)				743,117,643
Total investments, at fair value				$1,120,965,865

	Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Equity securities	$ 2,313,167	$ -	$ -	$ 2,313,167
Fixed income securities:				
Corporate debt	-	251,403,302	-	251,403,302
U.S. government debt	81,497,332	-	-	81,497,332
Derivative instruments:				
Futures contracts	(9,659,221)	-	-	(9,659,221)
Total investments in the fair value hierarchy	$ 74,151,278	$ 251,403,302	$ -	325,554,580
Investments measured at NAV [(a)]				700,027,862
Total investments, at fair value				$1,025,582,442

[(a)] Investments measured at NAV per share (or its equivalent) were classified outside the fair value hierarchy as permitted under US GAAP.

The following table sets forth a summary of liquidity considerations for the Master Trust's investments whose fair value is estimated using the practical expedient of reported NAV for the year ended December 31, 2025:

Category of Investment	Investment Strategy	Fair Value	Unfunded Commitments	Remaining Life	Redemption Restrictions and Terms
Collective trust funds:					
Cash	Cash	$ 48,712,453	Not applicable	Not applicable	1 day notice
Equity securities	Global equity markets	150,010,432	Not applicable	Not applicable	(a)
Fixed income securities	Global fixed income markets	250,245,646	Not applicable	Not applicable	(a)
Alternative investments:					
Venture capital	Global private equity	28,306,364	288,184	Up to 2 years	(b)
Hedge funds	Long/short equity and discretionary and systematic macro	118,805,817	Not applicable	Not applicable	(c)
Private equity/venture capital - fund of funds	Global private equity/venture capital	40,371,039	6,741,518	Up to 4 years	(b)
Private real estate	Global private real estate	49,568,910	3,928,941	Up to 4 years	(b)
Private equity	Global private equity	45,688,392	6,252,694	Up to 6 years	(b)
Private debt	Global distressed debt	11,408,590	3,398,590	Up to 1 year	(b)

(a) Terms vary by fund. Funds are available daily with one to five days notice, but full liquidity may take up to 10 days.

(b) Redemption not permitted during life of funds. Sale or transfer subject to approval of the general partner.

(c) Terms vary by fund. Under normal conditions, 77% liquidity is typically available within 90 days and 23% within a year but can be further restricted based on actions of other investors.

The following table sets forth a summary of liquidity considerations for the Master Trust's investments whose fair value is estimated using the practical expedient of reported NAV for the year ended December 31, 2024:

Category of Investment	Investment Strategy	Fair Value	Unfunded Commitments	Remaining Life	Redemption Restrictions and Terms
Collective trust funds:					
Cash	Cash	$ 25,106,345	Not applicable	Not applicable	1 day notice
Equity securities	Global equity markets	107,610,524	Not applicable	Not applicable	(a)
Fixed income securities	Global fixed income markets	225,996,112	Not applicable	Not applicable	(a)
Alternative investments:					
Venture capital	Global private equity	52,707,359	288,184	Up to 2 years	(b)
Hedge funds	Long/short equity and discretionary and systematic macro	117,993,909	Not applicable	Not applicable	(c)
Private equity/venture capital - fund of funds	Global private equity/venture capital	46,989,137	6,719,041	Up to 5 years	(b)
Private real estate	Global private real estate	52,060,512	4,158,050	Up to 5 years	(b)
Private equity	Global private equity	52,762,867	6,584,280	Up to 7 years	(b)
Private debt	Global distressed debt	18,801,097	3,398,590	Up to 2 years	(b)

(a) Terms vary by fund. Funds are available daily with one to five days notice, but full liquidity may take up to 10 days.

(b) Redemption not permitted during life of funds. Sale or transfer subject to approval of the general partner.

(c) Terms vary by fund. Under normal conditions, 77% liquidity is typically available within 90 days and 23% within a year but can be further restricted based on actions of other investors.

NOTE 5 - DERIVATIVE INSTRUMENTS

The Master Trust may enter into contractual arrangements classified as derivatives in carrying out the Plan Sponsor's investment strategy, principally to (1) manage interest rate risk within the portfolio, (2) manage exposure to a market more efficiently than could be accomplished through the use of cash markets, and (3) increase investment returns by reducing the cost of structuring the portfolio or by capturing value disparities between financial instruments. The Master Trust may utilize exchange traded instruments such as interest rate futures, options on futures, interest rate swaps, interest rate collars, put and call option contracts, and foreign currency forward contracts. The Master Trust is subject to enforceable master netting arrangements, or netting arrangements, with certain counterparties. Master netting agreements may not be specific to each different asset type; in such instances, they would allow Master Trust to close out and net its total exposure to a specified counterparty in the event of a default.

As of December 31, 2025 and 2024, the Master Trust held open positions in several long and short futures contracts. The aggregate notional amount and aggregate fair value as of December 31, 2025 and 2024 was $532,113,144 and $(2,412,034), respectively, and $661,129,667 and $(9,660,142), respectively, for long contracts and $(40,533,095) and $512,759, respectively, and $(107,227) and $921, respectively, for short contracts. The unrealized change on these positions in 2025 was not material to the financial statements. For the year ended December 31, 2025, the average notional amount of open positions for long contracts and short contracts held by the Master Trust was $586,280,809 and $(20,658,754), respectively.

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated future exchange. The Master Trust may use treasury, Eurodollar, and other fixed income futures contracts to manage exposure to interest rate risk and exposure in the market. Generally, the Master Trust's exposure to the underlying instrument held increases when futures are purchased and decreases when futures are sold.

NOTE 6 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits represent future benefit payments that are attributable, under each Plan's provisions, to service rendered by eligible employees to the Company through the benefit information date. Such benefits are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) active employees or their beneficiaries.

The actuarial present value of accumulated plan benefits reflects the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The Plans' actuary performs these calculations in accordance with standards of practice developed by the actuarial science profession.

The following table reflects the actuarial present value of accumulated plan benefits for each of the Plans as of December 31, 2025:

	Vested Benefits of Participants Currently Receiving Benefits	Other Vested Benefits	Nonvested Benefits*	Total Present Value of Accumulated Plan Benefits
Salary Plan	$ 560,971,850	$ 165,714,532	$ 3,764,206	$ 730,450,588
Hourly Plan	466,744,101	306,316,877	2,922,841	775,983,819
Total	$ 1,027,715,951	$ 472,031,409	$ 6,687,047	$ 1,506,434,407

* All participants in the Salary Plan are fully vested and entitled to a future benefit. However, not all participants are fully vested in all available subsidized early retirement benefits, which are contingent on additional service requirements.

The following table reflects the actuarial present value of accumulated plan benefits for each of the Plans as of December 31, 2024:

	Vested Benefits of Participants Currently Receiving Benefits	Other Vested Benefits	Nonvested Benefits*	Total Present Value of Accumulated Plan Benefits
Salary Plan	$ 659,933,447	$ 173,548,706	$ 4,889,495	$ 838,371,648
Hourly Plan	440,224,840	305,709,979	4,172,076	750,106,895
Total	$ 1,100,158,287	$ 479,258,685	$ 9,061,571	$ 1,588,478,543

* All participants in the Salary Plan are fully vested and entitled to a future benefit. However, not all participants are fully vested in all available subsidized early retirement benefits, which are contingent on additional service requirements.

The following table reflects the change in the actuarial present value of accumulated plan benefits for each of the Plans during the year ended December 31, 2025:

	Actuarial Present Value of Accumulated Plan Benefits, December 31, 2024	Assumptions Changes	Decrease in the Discount Period	Actual Benefits Paid	Benefits Accumulated and Other Experience	Other	Graham Holdings Transfer (Note 1)	Actuarial Present Value of Accumulated Plan Benefits, December 31, 2025
Salary Plan	$ 838,371,648	$ 27,021,259	$ 45,426,921	$ (69,849,930)	$ (3,784,859)	$ 3,666,133	$ (110,400,584)	$ 730,450,588
Hourly Plan	750,106,895	23,681,787	42,448,729	(47,945,207)	9,121,869	(1,430,254)	-	775,983,819
Total	$ 1,588,478,543	$ 50,703,046	$ 87,875,650	$ (117,795,137)	$ 5,337,010	$ 2,235,879	$ (110,400,584)	$ 1,506,434,407

The significant assumptions underlying the actuarial computations for the Plans at December 31, 2025 and 2024 were as follows:

Discount Rate

As of December 31, 2025 and 2024, the discount rate used for the Salary Plan was 5.29% and 5.65%, respectively, and the Hourly Plan was 5.50% and 5.77%, respectively. The assumption changes are primarily the result of the decrease in the Plans' discount rates.

Retirement

As of December 31, 2025 and 2024, the assumed weighted average retirement age for the Salary Plan was 64 and 63, respectively. For the Hourly Plan, the assumed weighted average retirement age was 64 as of both December 31, 2025 and 2024.

Life Expectancy of Participants

The following tables list the source and methodology for the mortality assumptions used in the calculation of accumulated plan benefits and lump-sum distributions for each of the Plans for the years ended December 31, 2025 and 2024:

Plan	Accumulated Plan Benefits
Salary Plan	Pri-2012 Mortality Table with an adjustment based on the company's actual experience, projected with modified MP-2021 with ultimate improvement rate of 0.75%, grading down to 0.60% at age 95 and 0.0% at age 115
Hourly Plan	Pri-2012 Mortality Table (Blue Collar) with an adjustment for the company's actual experience, projected with modified MP-2021 with ultimate improvement rate of 0.75%, grading down to 0.60% at age 95 and 0.0% at age 115

NOTE 7 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by letters dated October 1, 2020 that the Plans are qualified, and the trust established under the Plans is tax exempt under the appropriate sections of the Internal Revenue Code ("IRC"). These Plans have been amended since receiving the determination letters. However, Management and the Plans' tax counsel believe that the Plans are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe the Plans were qualified and the related trust was tax-exempt as of December 31, 2025 and 2024.

US GAAP requires Management to evaluate tax positions taken by the Plans and recognize a tax liability (or asset) if the organization has taken an uncertain position that would not be sustained upon examination by the IRS. Management and the Plans' tax counsel have analyzed the tax positions taken by the Plans and have concluded that as of December 31, 2025 and 2024, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. As such, no reserve was required under US GAAP. The Plans are subject to audit by the IRS, including the periods presented in these financial statements; however, there are no current IRS audits for any tax periods in progress.

NOTE 8 - INFORMATION CERTIFIED BY THE TRUSTEE

Management has elected to have the audit of each of the Plans' financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Management determined that the certification for each of the Plans received from the Trustee meets the requirements of ERISA Section 103(a)(3)(C).

The Trustee certified that the following data included in the accompanying financial statements of each of the Plans are complete and accurate.

	December 31,			
	2025		2024	
	Salary Plan	Hourly Plan	Salary Plan	Hourly Plan
Plan interest in Master Trust, investments, at fair value	$ 548,367,469	$ 582,168,243	$ 525,715,005	$ 532,295,334

	Year Ended December 31, 2025	
	Salary Plan	Hourly Plan
Plan interest in Master Trust investment income	$ 62,625,095	$ 61,930,021

The following is a reconciliation of the Plan Interest in Master Trust investments, at fair value certified to the amounts presented on the financial statements:

	December 31,			
	2025		2024	
	Salary Plan	Hourly Plan	Salary Plan	Hourly Plan
Plan interest in Master Trust investments, at fair value certified by the Trustee	$ 548,367,469	$582,168,243	$ 525,715,005	$ 532,295,334
Adjustment for investee results reported on a lag	(1,409,181)	(1,510,695)	2,288,224	1,720,853
Plan interest in Master Trust investments, at fair value per financial statements	$ 546,958,288	$580,657,548	$ 528,003,229	$ 534,016,187

The following is a reconciliation of Plan interest in Master Trust investment income certified by the Trustee to the net investment income presented on the financial statements for the year ended December 31, 2025:

	Salary Plan	Hourly Plan
Plan interest in investment income certified by the Trustee	$ 62,625,095	$ 61,930,021
Adjustment for investee results reported on a lag	(3,697,405)	(3,231,548)
Plan interest in investment income per the financial statements	$ 58,927,690	$ 58,698,473

NOTE 9 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plans invest in funds managed by the Trustee. These transactions, and expenses paid to the Trustee, qualify as party-in-interest transactions. Additionally, the Company makes funding contributions to the Plans; these transactions also qualify as party-in-interest transactions.

NOTE 10 - SUBSEQUENT EVENTS

The Plans have evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

Effective January 1, 2026, certain participants in the Salary Plan and Hourly Plan became participants in Arconic Corp. Pension Plan C ("Plan C") in connection with a plan spin-off. As of the effective date, the actuarial present value of accumulated plan benefits attributable to these participants was approximately $347,000,000, consisting of approximately $291,000,000 transferred from the Salary Plan and $56,000,000 transferred from the Hourly Plan.

In connection with the plan spin-off, net assets available for benefits totaling approximately $263,000,000 were transferred to Plan C during 2026, consisting of approximately $225,000,000 from the Salary Plan and $38,000,000 from the Hourly Plan. The required asset transfers were determined in accordance with the applicable provisions of ERISA, as amended, using plan termination assumptions prescribed by the PBGC under ERISA Section 4044.

Because the plan spin-off occurred after December 31, 2025, the transfers were not recognized in the accompanying statements of net assets available for benefits as of December 31, 2025, or in the statement of changes in net assets available for benefits for the year then ended.

The Plans are not aware of any other subsequent events which would require recognition or disclosure in the financial statements.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	1	0	0	0	0	0	0	2
40-44	2	5	2	10	0	1	0	0	0	0	20
45-49	0	3	3	14	22	6	1	0	0	0	49
50-54	1	10	5	20	28	18	6	0	0	0	88
55-59	2	7	6	20	27	17	19	6	0	0	104
60-64	0	2	4	12	18	18	21	13	4	0	92
65-69	0	0	0	5	4	4	5	7	6	0	31
70 & over	0	0	0	1	0	0	1	1	1	0	4
Total	5	28	20	83	99	64	53	27	11	0	390

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

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Name

Arconic Corp. Pension Plan A

Statement of Assumptions

The assumptions disclosed in this Appendix are for the funding determinations for the January 1, 2025 plan year.

Assumptions and Methods for Funding Determination Purposes

Actuarial Assumptions and Methods
Economic Assumptions

Interest rate basis		
• Applicable Month	September	
• Interest rate basis	3-Segment Rates	
Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.31%
Compensation increase	2.00% (for those accruing benefits)	
Lump sum rate	Segment rates reflecting MAP-21/ARPA corridors.	
Plan-related expenses	$4,450,000 in 2025	

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date

Not applicable. New hires are not eligible to participate.

New or rehired employees

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

Mortality for Annuities

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Lump Sum Mortality

2025 IRS 417(e) Applicable Mortality table

Termination rates

The rates at which participants are assumed to terminate employment by age are shown below:

Percentage assumed to leave during the year	
Attained Age	Rate
25	18.00%
30	13.00%
35	9.00%
40	5.50%
45	3.75%
50	3.50%
55	3.50%
60	3.50%
64	3.50%

SCHEDULE SB ATTACHMENTS

Early Retirement

Rates at which participants are assumed to retire by age and service are shown below:

Annual Rate of Early Retirement					
Age	55/10 Rules CJN	55/10 Rule M	30 Year	Age 62	Rule of 65 or 70/80
50			15.00%		5.50%
51			15.00%		5.50%
52			15.00%		5.50%
53			11.00%		5.50%
54			11.00%		5.50%
55	5.00%	4.00%	12.00%		5.50%
56	4.00%	3.00%	13.00%		5.50%
57	3.50%	3.00%	14.00%		5.50%
58	4.50%	5.00%	15.00%		5.50%
59	7.00%	5.00%	17.00%		5.50%
60	7.00%	5.00%	19.00%		5.50%
61	9.00%	6.00%	22.00%		5.50%
62		12.00%		28.00%	
63		11.00%		28.00%	
64		11.00%		28.00%	

Normal Retirement

Annual Rate of Normal Retirement		
Age	Rule CJN	Rule M
65	35.00%	25.00%
66	35.00%	25.00%
67	30.00%	20.00%
68	30.00%	20.00%
69	30.00%	20.00%
70	100.00%	100.00%

Benefit commencement dates

- Preretirement death benefit

Rules IC, IJ and IN: Date of death

Rule IM: The later of the death of the active participant or the date the participant would have attained age 55

Rule IP: The later of the death or the early retirement age of the active participant

• Deferred vested benefit	Normal retirement age or earliest age for unreduced benefits
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment

Form of payment

Rules IC and IN: 7.5% of participants are assumed to elect a life annuity, 22.5% are assumed to elect a 50% joint and survivor pop-up annuity and 70% are assumed to elect a lump sum.

Rules IP: 100% of participants are assumed to elect a lump sum for the Rule IP portion of their benefit

Rule IM: 15% of participants are assumed to elect a life annuity, 15% are assumed to elect a 50% joint and survivor annuity and 70% are assumed to elect a lump sum.

Percent married

80% of participants are assumed to be married at death

Spouse age

Wife 3 years younger than husband

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation Date

First day of plan year

Funding Target

Present value of accrued benefits as required by regulations under IRC §430

Target Normal Cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). The expense assumption is based on the prior year's actual expenses (excluding PBGC premiums) and further adjusted to include actual PBGC premiums due in the current plan year, rounded to the nearest $10,000.

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

Plan Name:	Arconic Corp. Pension Plan A
EIN / PN:	84-2745636/003
Plan Sponsor:	Arconic Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ARCONIC CORP. PENSION PLAN A

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARCONIC CORPORATION

D Employer Identification Number (EIN)
84-2745636

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	538,936,591
b Actuarial value	**2b**	558,871,601

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,640	669,989,751	669,989,751
b For terminated vested participants	1,241	105,247,090	105,247,090
c For active participants	390	78,170,385	83,069,109
d Total	4,271	853,407,226	858,305,950

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	96,697
b Expected plan-related expenses	**6b**	4,450,000
c Target normal cost	**6c**	4,546,697

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary RLM — Date 9/24/2026

RICHARD L. MARCHIONE — 2608410

Type or print name of actuary — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — 412-402-4500

Firm name — Telephone number (including area code)

PO BOX 674401

HOUSTON TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.49 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,711
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		391
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		8,102
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	65.11 %
15	Adjusted funding target attainment percentage	15	65.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	62.79 %

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	7,718,000	0			
07/11/2025	7,718,000	0			
10/10/2025	7,718,000	0			
01/12/2026	7,718,000	0			
09/11/2026	6,489,000	0			
			Totals ► 18(b)	37,361,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	35,785,853

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	4,546,697
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	299,434,349	31,226,930
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	35,773,627

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

36 Additional cash requirement (line 34 minus line 35)	**36**	35,773,627
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	35,785,853

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

a Total (excess, if any, of line 37 over line 36)	**38a**	12,226
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

15	Plan	Report Break	ValYear	Decrement	Decrements at Val Age - Exposure	Decrements at Val Age - Expected Number Decrementing	Decrements from Val Age to MRA - Total Number Leaving	Avg Age at Decrement	Avg Credited Service at Decrement	Avg Pay Rate at Decremen
16	_All Plans Consolidated	_Total	2025	In-Service Mortality	385.00	1.11	8.06	61.20	16.74	0.00
17	_All Plans Consolidated	_Total	2025	Withdrawal	126.00	4.64	20.21	50.41	12.45	0.00
18	_All Plans Consolidated	_Total	2025	Retirement	264.00	48.09	361.72	63.39	18.74	0.00
19	_All Plans Consolidated	_Total	2025	Spare Q1	10.00	0.00	0.00			
20	_All Plans Consolidated	_Total	2025	Total		53.83	390.00	62.68	18.37	0.00

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

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Name

Arconic Corp. Pension Plan A

Statement of Assumptions

The assumptions disclosed in this Appendix are for the funding determinations for the January 1, 2025 plan year.

Assumptions and Methods for Funding Determination Purposes

Actuarial Assumptions and Methods
Economic Assumptions

Interest rate basis		
• Applicable Month	September	
• Interest rate basis	3-Segment Rates	
Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.31%
Compensation increase	2.00% (for those accruing benefits)	
Lump sum rate	Segment rates reflecting MAP-21/ARPA corridors.	
Plan-related expenses	$4,450,000 in 2025	

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date

Not applicable. New hires are not eligible to participate.

New or rehired employees

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

Mortality for Annuities

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Lump Sum Mortality

2025 IRS 417(e) Applicable Mortality table

Termination rates

The rates at which participants are assumed to terminate employment by age are shown below:

Percentage assumed to leave during the year	
Attained Age	Rate
25	18.00%
30	13.00%
35	9.00%
40	5.50%
45	3.75%
50	3.50%
55	3.50%
60	3.50%
64	3.50%

SCHEDULE SB ATTACHMENTS

Early Retirement

Rates at which participants are assumed to retire by age and service are shown below:

Annual Rate of Early Retirement					
Age	55/10 Rules CJN	55/10 Rule M	30 Year	Age 62	Rule of 65 or 70/80
50			15.00%		5.50%
51			15.00%		5.50%
52			15.00%		5.50%
53			11.00%		5.50%
54			11.00%		5.50%
55	5.00%	4.00%	12.00%		5.50%
56	4.00%	3.00%	13.00%		5.50%
57	3.50%	3.00%	14.00%		5.50%
58	4.50%	5.00%	15.00%		5.50%
59	7.00%	5.00%	17.00%		5.50%
60	7.00%	5.00%	19.00%		5.50%
61	9.00%	6.00%	22.00%		5.50%
62		12.00%		28.00%	
63		11.00%		28.00%	
64		11.00%		28.00%	

Normal Retirement

Annual Rate of Normal Retirement		
Age	Rule CJN	Rule M
65	35.00%	25.00%
66	35.00%	25.00%
67	30.00%	20.00%
68	30.00%	20.00%
69	30.00%	20.00%
70	100.00%	100.00%

Benefit commencement dates

- Preretirement death benefit

Rules IC, IJ and IN: Date of death

Rule IM: The later of the death of the active participant or the date the participant would have attained age 55

Rule IP: The later of the death or the early retirement age of the active participant

• Deferred vested benefit	Normal retirement age or earliest age for unreduced benefits
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment

Form of payment

Rules IC and IN: 7.5% of participants are assumed to elect a life annuity, 22.5% are assumed to elect a 50% joint and survivor pop-up annuity and 70% are assumed to elect a lump sum.

Rules IP: 100% of participants are assumed to elect a lump sum for the Rule IP portion of their benefit

Rule IM: 15% of participants are assumed to elect a life annuity, 15% are assumed to elect a 50% joint and survivor annuity and 70% are assumed to elect a lump sum.

Percent married

80% of participants are assumed to be married at death

Spouse age

Wife 3 years younger than husband

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation Date

First day of plan year

Funding Target

Present value of accrued benefits as required by regulations under IRC §430

Target Normal Cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). The expense assumption is based on the prior year's actual expenses (excluding PBGC premiums) and further adjusted to include actual PBGC premiums due in the current plan year, rounded to the nearest $10,000.

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

Plan Name:	Arconic Corp. Pension Plan A
EIN / PN:	84-2745636/003
Plan Sponsor:	Arconic Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Covered employees	Every regular employee of a Company authorized by the Board of Directors to participate who is not (1) accruing service countable for pension benefit accrual purposes under another retirement plan of Arconic or a Subsidiary, (2) in a collective bargaining unit, (3) in temporary or special employment or (4) in receipt of a pension (with certain limited exceptions), commissions, severance pay, retainer or fee under contract is generally covered under the Plan upon reaching age 21 with 1 year of service.
Participation date	Date of becoming a covered employee

Definitions	
Service	Based on years, months, and days of continuous regular employment with the Company. Certain locations included do not recognize benefit service for all periods of service with the Company. These limitations are specified in the Plan document. Service was frozen for salaried and non-bargained hourly participants effective April 1, 2018.
Other pension	Any pension, other than Social Security or Railroad Retirement benefit that a participant is entitled to from a governmental plan, foreign or domestic, or a benefit from a nongovernmental plan to which Arconic or a subsidiary has contributed.
Compensation	Total payments made by the Company other than payments made for specific purposes not in the category of wages or salary. Compensation includes profit sharing amounts paid. Compensation excludes SPP pay and for Rule IM, compensation excludes overtime pay. Compensation was frozen for all Plan participants effective April 1, 2018.

SCHEDULE SB ATTACHMENTS

Average Earnings	The average of the five highest calendar years of compensation within the preceding ten years for all but Rule IM and IP. For Rule IM, Average Earnings is the average of the five highest consecutive calendar years of compensation within the preceding ten years. For Rule IP, Average Earnings is the average of the three highest years of compensation within the preceding ten years. In the case of a participant who has been employed for less than five years (three years for Rule IP), Average Earnings shall be based on the Compensation received during the participant's employment.
Social Security Covered Compensation	The average of the taxable wage bases for the 35 calendar years ending with the year an individual terminates service

SCHEDULE SB ATTACHMENTS

Rule IC

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement Age 62	Eligibility: Age 62 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (30 Year Rule)	Eligibility: 30 years of service Benefit: Consists of one twelfth of 1.5% of Average Earnings up to $100,000, plus 1% of Average Earnings over $100,000, all times service, payable until age 62. Accrued Benefit payable after age 62. Minimum benefit of $100 per month.
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 62 or immediate actuarial equivalent of Accrued Benefit reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.

SCHEDULE SB ATTACHMENTS

70/80 Retirement	Eligibility: Age 55 and age plus service at least 70 or age plus service at least 80. Payable only if the Company does not offer suitable long-term employment within 1 year after layoff. Available only if within 5 years of eligibility for 70/80 or Rule of 65 as of 12/31/1999. Benefit: Same as 30 Year Rule plus an additional supplement of $400 per month is paid until age 62. Minimum benefit of $100 per month.
Rule of 65	Eligibility: 20 years of service at date of layoff and age plus service at least 65. Payable only if the Company does not offer suitable long-term employment within 1 year after layoff. Available only if within 5 years of eligibility for 70/80 or Rule of 65 as of 12/31/1999. Benefit: Same as 70/80 Retirement Note: Benefit accruals after 1/1/2012 and the supplement are paid from Excess Plan C for those participants with job grades 19 and above as of October 1, 2011, for all 70/80 and Rule of 65 Retirements.
Disability	Eligibility: Permanently incapacitated and 10 or more years of service Benefit: Same as 70/80 Retirement except guaranteed minimum of $250 per month reduced by Other pension. Supplement is paid only if denied Social Security disability benefits.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 62 or an actuarial equivalent benefit as early as age 55 reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service Benefit: 50% of Accrued Benefit payable at the date of death
Special Retirement Payment	Eligibility: Any employee retiring under Normal, Early 55/10, Early 30 Year Rule, Early Age 62, 70/80 or Rule of 65 Benefit: In lieu of first 3 months pension, employee receives 2-1/2 months salary

SCHEDULE SB ATTACHMENTS

Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is reduced by 5%. 50% of the reduced benefit is payable to the spouse if the participant dies first. If the spouse dies first, the 5% reduction is restored. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, 50% Joint and Survivor Pop-up Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IM

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 65 or immediate actuarial equivalent of Accrued Benefit reduced from age 65 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.
Disability	Eligibility: Permanently incapacitated and 10 or more years of service Benefit: Accrued Benefit payable immediately with an additional supplement of $400 per month payable to age 62. Supplement is paid only if denied Social Security disability benefits. Minimum benefit of $100 per month.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 65 or an actuarial equivalent benefit as early as age 55 reduced from age 65 using 5% interest and the Male Modified Group Mortality with a 3-year setback
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

	Benefit: 50% of Accrued Benefit actuarially reduced for surviving spouse coverage payable at the later of the date of death or the date the participant would have attained age 55
Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is actuarially reduced. 50% of the reduced benefit is payable to the spouse if the participant dies first. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IN

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. In addition, benefits accrued as of December 31, 2001 under the former Reynolds Salaried Plan act as a minimum benefit subject to all applicable plan provisions in effect as of December 31, 2001. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement Age 62	Eligibility: Age 62 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (30 Year Rule)	Eligibility: 30 years of service Benefit: Consists of one twelfth of 1.5% of Average Earnings up to $100,000, plus 1% of Average Earnings over $100,000, all times service payable until age 62. Accrued Benefit payable after age 62. Minimum benefit of$100 per month.
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 62 or immediate actuarial equivalent of Accrued Benefit reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.

SCHEDULE SB ATTACHMENTS

Disability	Eligibility: Permanently incapacitated and 10 or more years of pension service Benefit: Accrued Benefit payable immediately, with a guaranteed minimum of $250 per month, and an additional supplement of $400 per month payable to age 62. Supplement is paid only if denied Social Security disability benefits. Minimum benefit of $100 per month.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 62 or an actuarial equivalent benefit as early as age 55 reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback.
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service Benefit: 50% of Accrued Benefit payable at the date of death
Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is reduced by 5%. 50% of the reduced benefit is payable to the spouse if the participant dies first. If the spouse dies first, the 5% reduction is restored. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, 50% Joint and Survivor Pop-up Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IP

Plan Provisions	
Accrued Benefit	Consists of 1.875% of Average Earnings multiplied by service up to 10 years, plus 1.75% of Average Earnings multiplied by service in excess of 10 years, less Social Security offset when first payable of 1.25% of Social Security benefit multiplied by years of service up to 40 years. Minimum annual benefit is $252 multiplied by years of service. All benefits accrued through December 31, 2003 and December 31, 2004, depending on location, are frozen. Those participants with Rule IP accrued amounts are generally currently covered by Rule IN.
Normal Retirement	Eligibility: Age 65, except age 60 for flight crew employees Benefit: Accrued Benefit payable immediately
Early Retirement	Eligibility: Within 10 years of Normal Retirement with 1 year of service and age plus service equals 60 or greater Benefit: Accrued Benefit reduced 1/4 of 1% for each of the first 24 months and 5/12 of 1%for each additional month commencement date precedes 3 years prior to the participant's Normal Retirement Date. The Social Security offset will not apply until the participant is first entitled to Social Security benefits. The Social Security offset is determined as the Social Security benefit as if the participant had remained in service to his Normal Retirement Date at his rate of compensation at the time of retirement, multiplied by the ratio of his years of service at retirement to the years of service he would have had at Normal Retirement reduced by 5/9 of 1% for each of the first 36 months and 5/12 of 1% for each additional month by which the participant is younger than the Social Security Retirement Date.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit deferred to Normal Retirement, or actuarially reduced pension commencing at early retirement age. If participant terminates within 15 years of his Normal Retirement Date and his age plus service equals 70 or greater, he may receive a

	benefit commencing at his early retirement age equal to the early retirement benefit.
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service or becoming eligible for Early Retirement Benefit: If eligible for Early Retirement at death, 100% of Accrued Benefit actuarially reduced for surviving spouse coverage payable immediately. If not eligible for Early Retirement but has at least 5 years of service at death, 55% of Accrued Benefit actuarially reduced for surviving spouse coverage payable at the later of the date of death or early retirement age.
Child Benefit	Eligibility: For an active participant eligible for an early or normal retirement benefit or a retired participant eligible for a deferred early retirement benefit for whom no spouse's benefit is payable. Benefit: The benefit payable to a surviving child is 82% of the benefit that would have been payable for the participant's life, until such child is age 21. If there is more than one child, the benefit is divided equally amongst them and payable until the youngest child is age 21.
Forms of Payment	• 100%, 55%, 50% joint and survivor annuity–reduced benefit to retiree until death and then X% of benefit payable to spouse. • Straight life–payments to retiree until death. • Lump sum payment. Note: 55% J&S, Straight life, and Lump Sum are the only forms of payment available upon election for termination retirements.
Special Credited Service	Service earned at High Altitude locations is increased 20% for each year after age 35 subject to a maximum increase of 5 years, except for calculation of minimum benefit
Supplemental Amounts	Certain retirees who retired prior to May 1, 1988 receive supplemental monthly amounts, which were paid from the Company's general assets prior to 1998

SCHEDULE SB ATTACHMENTS

Offsets The above benefits are offset by payments from the Group Annuity Contracts purchased from Metropolitan Life Insurance Company and John Hancock Mutual Life Insurance Company for benefits accrued prior to May 1,1987, benefits payable from any other retirement plan maintained or contributed to by Alumax, Inc. or Amax, Inc. on account of service which is included in the member's service under this plan and the equivalent actuarial benefit attributable to contributions made to the AMAX, Inc. Defined Contribution Pension Plan for Salaried Employees.

Future Plan Changes

As a result of the recent transaction between Hoover Treated Wood Products, Inc, Graham Holdings Company and Arconic BCS Holdings LLC, obligations from the Arconic Corp. Pension Plan A (Plan A) totaling approximately $105,000,000 for a certain group of retirees and select active participants will be transferred to the Retirement Plan for Graham Holdings Company in accordance with Section 2.5 of the July 15, 2025 purchase agreement. The transfer will occur September 30, 2025. This change will be reflected in the 2026 funding valuation.

Changes in Benefits Valued Since Prior Year

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated to reflect current experience.

Plan Name:	Arconic Corp. Pension Plan A
EIN / PN:	84-2745636/003
Plan Sponsor:	Arconic Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	1	0	0	0	0	0	0	2
40-44	2	5	2	10	0	1	0	0	0	0	20
45-49	0	3	3	14	22	6	1	0	0	0	49
50-54	1	10	5	20	28	18	6	0	0	0	88
55-59	2	7	6	20	27	17	19	6	0	0	104
60-64	0	2	4	12	18	18	21	13	4	0	92
65-69	0	0	0	5	4	4	5	7	6	0	31
70 & over	0	0	0	1	0	0	1	1	1	0	4
Total	5	28	20	83	99	64	53	27	11	0	390

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

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	727,960	2,281,190	67,776,535	70,785,685
2026	2,058,060	3,005,097	65,914,685	70,977,842
2027	3,189,553	3,880,307	63,949,156	71,019,016
2028	4,120,746	4,710,766	61,896,822	70,728,334
2029	4,841,274	5,375,423	59,782,459	69,999,156
2030	5,407,223	6,037,903	57,593,605	69,038,731
2031	5,838,571	6,647,668	55,312,770	67,799,009
2032	6,165,371	7,129,847	52,969,357	66,264,575
2033	6,414,429	7,478,133	50,567,937	64,460,499
2034	6,583,410	7,741,296	48,111,384	62,436,090
2035	6,691,556	7,992,883	45,608,598	60,293,037
2036	6,758,316	8,210,879	43,071,010	58,040,205
2037	6,789,582	8,467,886	40,509,750	55,767,218
2038	6,797,826	8,630,911	37,943,452	53,372,189
2039	6,775,901	8,795,157	35,385,134	50,956,192
2040	6,728,267	8,884,746	32,845,709	48,458,722
2041	6,668,207	8,853,999	30,338,223	45,860,429
2042	6,589,096	8,801,058	27,875,368	43,265,522
2043	6,478,132	8,663,841	25,469,392	40,611,365
2044	6,340,642	8,508,641	23,132,143	37,981,426
2045	6,191,830	8,324,124	20,875,060	35,391,014
2046	6,020,648	8,090,716	18,709,180	32,820,544
2047	5,827,495	7,823,754	16,645,259	30,296,508
2048	5,605,383	7,524,731	14,693,898	27,824,012
2049	5,354,621	7,187,923	12,865,173	25,407,717
2050	5,091,027	6,827,678	11,167,946	23,086,651
2051	4,813,485	6,448,715	9,609,285	20,871,485
2052	4,525,089	6,057,412	8,193,780	18,776,281
2053	4,227,299	5,658,301	6,923,171	16,808,771
2054	3,924,362	5,254,845	5,796,220	14,975,427
2055	3,621,352	4,850,805	4,808,683	13,280,840
2056	3,320,974	4,450,071	3,953,688	11,724,733
2057	3,026,044	4,056,556	3,222,202	10,304,802
2058	2,738,884	3,674,045	2,603,711	9,016,640
2059	2,462,099	3,306,007	2,086,761	7,854,867
2060	2,197,726	2,955,368	1,659,507	6,812,601
2061	1,947,480	2,624,498	1,310,159	5,882,137
2062	1,712,756	2,315,171	1,027,368	5,055,295
2063	1,494,601	2,028,516	800,584	4,323,701
2064	1,293,721	1,765,102	620,259	3,679,082
2065	1,110,490	1,524,993	477,959	3,113,442
2066	944,965	1,307,815	366,420	2,619,200
2067	796,935	1,112,872	279,516	2,189,323
2068	665,913	939,251	212,163	1,817,327

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	551,153	785,880	160,216	1,497,249
2070	451,710	651,555	120,328	1,223,593
2071	366,465	534,976	89,828	991,269
2072	294,204	434,764	66,610	795,578
2073	233,649	349,511	49,023	632,183
2074	183,495	277,779	35,772	497,046

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	56,309,645	15.00000	56,309,645	5,250,336
2. Shortfall	01/01/2024	(11,771,414)	14.00000	(10,967,034)	(1,070,967)
3. Shortfall	01/01/2023	110,891,420	13.00000	98,812,450	10,155,515
4. Shortfall	01/01/2022	182,791,706	12.00000	155,279,288	16,892,046
Total				299,434,349	31,226,930

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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2027	3,189,553	3,880,307	63,949,156	71,019,016
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2044	6,340,642	8,508,641	23,132,143	37,981,426
2045	6,191,830	8,324,124	20,875,060	35,391,014
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2067	796,935	1,112,872	279,516	2,189,323
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Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	551,153	785,880	160,216	1,497,249
2070	451,710	651,555	120,328	1,223,593
2071	366,465	534,976	89,828	991,269
2072	294,204	434,764	66,610	795,578
2073	233,649	349,511	49,023	632,183
2074	183,495	277,779	35,772	497,046

SCHEDULE SB ATTACHMENTS

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

15	Plan	Report Break	ValYear	Decrement	Decrements at Val Age - Exposure	Decrements at Val Age - Expected Number Decrementing	Decrements from Val Age to MRA - Total Number Leaving	Avg Age at Decrement	Avg Credited Service at Decrement	Avg Pay Rate at Decremen
16	_All Plans Consolidated	_Total	2025	In-Service Mortality	385.00	1.11	8.06	61.20	16.74	0.00
17	_All Plans Consolidated	_Total	2025	Withdrawal	126.00	4.64	20.21	50.41	12.45	0.00
18	_All Plans Consolidated	_Total	2025	Retirement	264.00	48.09	361.72	63.39	18.74	0.00
19	_All Plans Consolidated	_Total	2025	Spare Q1	10.00	0.00	0.00			
20	_All Plans Consolidated	_Total	2025	Total		53.83	390.00	62.68	18.37	0.00

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

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Plan Year: January 1, 2025 to December 31, 2025

Schedule H Attachment

Schedule H Line 5b

Due to limitations within the filing preparation system, item 5b could not be populated to properly reflect information related to liabilities transferred from this plan to the following plan during the plan year.

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
The Retirement Plan for Graham Holdings Company	53-0182885	009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Covered employees	Every regular employee of a Company authorized by the Board of Directors to participate who is not (1) accruing service countable for pension benefit accrual purposes under another retirement plan of Arconic or a Subsidiary, (2) in a collective bargaining unit, (3) in temporary or special employment or (4) in receipt of a pension (with certain limited exceptions), commissions, severance pay, retainer or fee under contract is generally covered under the Plan upon reaching age 21 with 1 year of service.
Participation date	Date of becoming a covered employee

Definitions	
Service	Based on years, months, and days of continuous regular employment with the Company. Certain locations included do not recognize benefit service for all periods of service with the Company. These limitations are specified in the Plan document. Service was frozen for salaried and non-bargained hourly participants effective April 1, 2018.
Other pension	Any pension, other than Social Security or Railroad Retirement benefit that a participant is entitled to from a governmental plan, foreign or domestic, or a benefit from a nongovernmental plan to which Arconic or a subsidiary has contributed.
Compensation	Total payments made by the Company other than payments made for specific purposes not in the category of wages or salary. Compensation includes profit sharing amounts paid. Compensation excludes SPP pay and for Rule IM, compensation excludes overtime pay. Compensation was frozen for all Plan participants effective April 1, 2018.

SCHEDULE SB ATTACHMENTS

Average Earnings	The average of the five highest calendar years of compensation within the preceding ten years for all but Rule IM and IP. For Rule IM, Average Earnings is the average of the five highest consecutive calendar years of compensation within the preceding ten years. For Rule IP, Average Earnings is the average of the three highest years of compensation within the preceding ten years. In the case of a participant who has been employed for less than five years (three years for Rule IP), Average Earnings shall be based on the Compensation received during the participant's employment.
Social Security Covered Compensation	The average of the taxable wage bases for the 35 calendar years ending with the year an individual terminates service

SCHEDULE SB ATTACHMENTS

Rule IC

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement Age 62	Eligibility: Age 62 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (30 Year Rule)	Eligibility: 30 years of service Benefit: Consists of one twelfth of 1.5% of Average Earnings up to $100,000, plus 1% of Average Earnings over $100,000, all times service, payable until age 62. Accrued Benefit payable after age 62. Minimum benefit of $100 per month.
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 62 or immediate actuarial equivalent of Accrued Benefit reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.

SCHEDULE SB ATTACHMENTS

70/80 Retirement	Eligibility: Age 55 and age plus service at least 70 or age plus service at least 80. Payable only if the Company does not offer suitable long-term employment within 1 year after layoff. Available only if within 5 years of eligibility for 70/80 or Rule of 65 as of 12/31/1999. Benefit: Same as 30 Year Rule plus an additional supplement of $400 per month is paid until age 62. Minimum benefit of $100 per month.
Rule of 65	Eligibility: 20 years of service at date of layoff and age plus service at least 65. Payable only if the Company does not offer suitable long-term employment within 1 year after layoff. Available only if within 5 years of eligibility for 70/80 or Rule of 65 as of 12/31/1999. Benefit: Same as 70/80 Retirement Note: Benefit accruals after 1/1/2012 and the supplement are paid from Excess Plan C for those participants with job grades 19 and above as of October 1, 2011, for all 70/80 and Rule of 65 Retirements.
Disability	Eligibility: Permanently incapacitated and 10 or more years of service Benefit: Same as 70/80 Retirement except guaranteed minimum of $250 per month reduced by Other pension. Supplement is paid only if denied Social Security disability benefits.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 62 or an actuarial equivalent benefit as early as age 55 reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service Benefit: 50% of Accrued Benefit payable at the date of death
Special Retirement Payment	Eligibility: Any employee retiring under Normal, Early 55/10, Early 30 Year Rule, Early Age 62, 70/80 or Rule of 65 Benefit: In lieu of first 3 months pension, employee receives 2-1/2 months salary

SCHEDULE SB ATTACHMENTS

Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is reduced by 5%. 50% of the reduced benefit is payable to the spouse if the participant dies first. If the spouse dies first, the 5% reduction is restored. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, 50% Joint and Survivor Pop-up Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IM

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 65 or immediate actuarial equivalent of Accrued Benefit reduced from age 65 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.
Disability	Eligibility: Permanently incapacitated and 10 or more years of service Benefit: Accrued Benefit payable immediately with an additional supplement of $400 per month payable to age 62. Supplement is paid only if denied Social Security disability benefits. Minimum benefit of $100 per month.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 65 or an actuarial equivalent benefit as early as age 55 reduced from age 65 using 5% interest and the Male Modified Group Mortality with a 3-year setback
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

	Benefit: 50% of Accrued Benefit actuarially reduced for surviving spouse coverage payable at the later of the date of death or the date the participant would have attained age 55
Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is actuarially reduced. 50% of the reduced benefit is payable to the spouse if the participant dies first. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IN

Plan Provisions	
Accrued Benefit	Consists of one twelfth times service times i) 1.1% of Average Earnings up to Social Security Covered Compensation plus ii) 1.475% of Average Earnings in excess of Social Security Covered Compensation reduced by Other pension. In addition, benefits accrued as of December 31, 2001 under the former Reynolds Salaried Plan act as a minimum benefit subject to all applicable plan provisions in effect as of December 31, 2001. All salaried and non-bargained hourly participants' accrued benefits are frozen effective April 1, 2018
Normal Retirement	Eligibility: Age 65 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement Age 62	Eligibility: Age 62 with 5 years of service Benefit: Accrued Benefit payable immediately, not less than $100 per month
Early Retirement (30 Year Rule)	Eligibility: 30 years of service Benefit: Consists of one twelfth of 1.5% of Average Earnings up to $100,000, plus 1% of Average Earnings over $100,000, all times service payable until age 62. Accrued Benefit payable after age 62. Minimum benefit of$100 per month.
Early Retirement (55/10)	Eligibility: Age 55 with 10 years of service Benefit: Accrued Benefit payable at age 62 or immediate actuarial equivalent of Accrued Benefit reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback. Minimum benefit of $100 per month.

SCHEDULE SB ATTACHMENTS

Disability	Eligibility: Permanently incapacitated and 10 or more years of pension service Benefit: Accrued Benefit payable immediately, with a guaranteed minimum of $250 per month, and an additional supplement of $400 per month payable to age 62. Supplement is paid only if denied Social Security disability benefits. Minimum benefit of $100 per month.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit payable at age 62 or an actuarial equivalent benefit as early as age 55 reduced from age 62 using 5% interest and the Male Modified Group Mortality with a 3-year setback.
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service Benefit: 50% of Accrued Benefit payable at the date of death
Postretirement Surviving Spouse Benefit	Monthly benefit payable to participant is reduced by 5%. 50% of the reduced benefit is payable to the spouse if the participant dies first. If the spouse dies first, the 5% reduction is restored. Except for a Deferred Vested Surviving Spouse Pension, the monthly benefit payable to a surviving spouse shall not be less than $100 per month.
Forms of Payment	Single Life Annuity, 50% Joint and Survivor Annuity, 50% Joint and Survivor Pop-up Annuity, or Lump Sum

SCHEDULE SB ATTACHMENTS

Rule IP

Plan Provisions	
Accrued Benefit	Consists of 1.875% of Average Earnings multiplied by service up to 10 years, plus 1.75% of Average Earnings multiplied by service in excess of 10 years, less Social Security offset when first payable of 1.25% of Social Security benefit multiplied by years of service up to 40 years. Minimum annual benefit is $252 multiplied by years of service. All benefits accrued through December 31, 2003 and December 31, 2004, depending on location, are frozen. Those participants with Rule IP accrued amounts are generally currently covered by Rule IN.
Normal Retirement	Eligibility: Age 65, except age 60 for flight crew employees Benefit: Accrued Benefit payable immediately
Early Retirement	Eligibility: Within 10 years of Normal Retirement with 1 year of service and age plus service equals 60 or greater Benefit: Accrued Benefit reduced 1/4 of 1% for each of the first 24 months and 5/12 of 1%for each additional month commencement date precedes 3 years prior to the participant's Normal Retirement Date. The Social Security offset will not apply until the participant is first entitled to Social Security benefits. The Social Security offset is determined as the Social Security benefit as if the participant had remained in service to his Normal Retirement Date at his rate of compensation at the time of retirement, multiplied by the ratio of his years of service at retirement to the years of service he would have had at Normal Retirement reduced by 5/9 of 1% for each of the first 36 months and 5/12 of 1% for each additional month by which the participant is younger than the Social Security Retirement Date.
Deferred Vested	Eligibility: 5 years of service Benefit: Accrued Benefit deferred to Normal Retirement, or actuarially reduced pension commencing at early retirement age. If participant terminates within 15 years of his Normal Retirement Date and his age plus service equals 70 or greater, he may receive a

	benefit commencing at his early retirement age equal to the early retirement benefit.
Preretirement Surviving Spouse Benefit	Eligibility: Death after 5 years of service or becoming eligible for Early Retirement Benefit: If eligible for Early Retirement at death, 100% of Accrued Benefit actuarially reduced for surviving spouse coverage payable immediately. If not eligible for Early Retirement but has at least 5 years of service at death, 55% of Accrued Benefit actuarially reduced for surviving spouse coverage payable at the later of the date of death or early retirement age.
Child Benefit	Eligibility: For an active participant eligible for an early or normal retirement benefit or a retired participant eligible for a deferred early retirement benefit for whom no spouse's benefit is payable. Benefit: The benefit payable to a surviving child is 82% of the benefit that would have been payable for the participant's life, until such child is age 21. If there is more than one child, the benefit is divided equally amongst them and payable until the youngest child is age 21.
Forms of Payment	• 100%, 55%, 50% joint and survivor annuity–reduced benefit to retiree until death and then X% of benefit payable to spouse. • Straight life–payments to retiree until death. • Lump sum payment. Note: 55% J&S, Straight life, and Lump Sum are the only forms of payment available upon election for termination retirements.
Special Credited Service	Service earned at High Altitude locations is increased 20% for each year after age 35 subject to a maximum increase of 5 years, except for calculation of minimum benefit
Supplemental Amounts	Certain retirees who retired prior to May 1, 1988 receive supplemental monthly amounts, which were paid from the Company's general assets prior to 1998

SCHEDULE SB ATTACHMENTS

Offsets The above benefits are offset by payments from the Group Annuity Contracts purchased from Metropolitan Life Insurance Company and John Hancock Mutual Life Insurance Company for benefits accrued prior to May 1,1987, benefits payable from any other retirement plan maintained or contributed to by Alumax, Inc. or Amax, Inc. on account of service which is included in the member's service under this plan and the equivalent actuarial benefit attributable to contributions made to the AMAX, Inc. Defined Contribution Pension Plan for Salaried Employees.

Future Plan Changes

As a result of the recent transaction between Hoover Treated Wood Products, Inc, Graham Holdings Company and Arconic BCS Holdings LLC, obligations from the Arconic Corp. Pension Plan A (Plan A) totaling approximately $105,000,000 for a certain group of retirees and select active participants will be transferred to the Retirement Plan for Graham Holdings Company in accordance with Section 2.5 of the July 15, 2025 purchase agreement. The transfer will occur September 30, 2025. This change will be reflected in the 2026 funding valuation.

Changes in Benefits Valued Since Prior Year

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	56,309,645	15.00000	56,309,645	5,250,336
2. Shortfall	01/01/2024	(11,771,414)	14.00000	(10,967,034)	(1,070,967)
3. Shortfall	01/01/2023	110,891,420	13.00000	98,812,450	10,155,515
4. Shortfall	01/01/2022	182,791,706	12.00000	155,279,288	16,892,046
Total				299,434,349	31,226,930

Plan Name: Arconic Corp. Pension Plan A
EIN / PN: 84-2745636/003
Plan Sponsor: Arconic Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated to reflect current experience.

Plan Name:	Arconic Corp. Pension Plan A
EIN / PN:	84-2745636/003
Plan Sponsor:	Arconic Corporation
Valuation Date:	January 1, 2025