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
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 043

1c Effective date of plan 06/06/2002

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)
TRIMAS CORPORATION

38505 WOODWARD AVE STE 200
BLOOMFIELD HILLS, MI 48304-5096

38505 WOODWARD AVE STE 200
BLOOMFIELD HILLS, MI 48304-5096

2b Employer Identification Number (EIN)
38-2687639

2c Plan Sponsor's telephone number
248-631-5450

2d Business code (see instructions)
332900

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.	10/05/2026	PAUL SWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	PAUL SWART
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	229
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)**	99
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	94
b	Retired or separated participants receiving benefits	**6b**	63
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	219
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f	Total. Add lines **6d** and **6e**.	**6f**	228
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:

1B 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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 _____
- **(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
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 043

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

D Employer Identification Number (EIN)
38-2687639

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	10697694
b Actuarial value	**2b**	10292427

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	63	3978347	3978347
b For terminated vested participants	67	2326523	2326523
c For active participants	99	5199012	5199716
d Total	229	11503882	11504586

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	246231
b Expected plan-related expenses	**6b**	273000
c Target normal cost	**6c**	519231

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/26/2026
Date

LORNA M. SPRINGER, FSA, EA
Type or print name of actuary

26-07422
Most recent enrollment number

AON CONSULTING, INC.
Firm name

216-416-0975
Telephone number (including area code)

950 MAIN AVE
SUITE 1600
CLEVELAND, OH 44113
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 8.05 %	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)		33
	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 5.19 %		2
	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		35
	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	89.46 %
15	Adjusted funding target attainment percentage	15	89.46 %
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	87.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	192000	0			
07/15/2025	192000	0			
10/15/2025	192000	0			
01/15/2026	113000	0			
			Totals ► 18(b)	689000	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	667080

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**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	519231
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1212159	147105
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**	666336

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

36 Additional cash requirement (line 34 minus line 35)	**36**	666336
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	667080
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	744
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	**B** Three-digit plan number (PN) ▶	
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN		043
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TRIMAS CORPORATION	38-2687639	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DELAWARE CHARTER GUARANTEE & TRUST

51-0099493

(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 50 64	CONTRACT ADMINISTRATOR	24876	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLCMGMT COLLECTIVE INVESTMENT TRUST

88-6273075

(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	INVESTMENT MANAGEMENT	8408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONCURRENT INVESTMENT ADVISORS, LLC

92-1819393

(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?
27 50	INVESTMENT ADVISOR	18000	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)

MILLIMAN

91-0675641

(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 50	CONTRACT ADMINISTRATOR	34202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

30-1506626

(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 27 50	ACCOUNTANT	19800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC (NJ)

22-2232264

(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 50	CONTRACT ADMINISTRATOR	58834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 043

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

D Employer Identification Number (EIN)
38-2687639

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: SLC MANAGEMENT LONG STRIPS CIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-6273075-003	C	2894777

a Name of MTIA, CCT, PSA, or 103-12 IE: SLC MANAGEMENT LONG CREDIT CIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-6273075-002	C	2979241

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
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 043

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

D Employer Identification Number (EIN)
38-2687639

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)	211000	113000
(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)	461177	350840
(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)	5001964	5874018
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5024989	5556738
(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	10699130	11894596
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	24812	11445
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	24812	11445
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10674318	11883151

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)	689000	
(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)		689000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8565	
(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)		8565
(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)	97948	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		97948
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1335227	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1335227	
(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)		226054
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		794802
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1816369
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	379101	
(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)		379101
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	59078	
(4) IQPA audit fees	2i(4)	19800	
(5) Investment advisory and investment management fees	2i(5)	26408	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	58834	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	64315	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		228435
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		607536
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1208833
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582959.

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
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 043

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

D Employer Identification Number (EIN)
38-2687639

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): _____ _____

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Employee Benefits Committee
of the TriMas Corporation Union Employees' Pension Plan
Bloomfield Hills, Michigan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 C 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).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Crowe LLP

Crowe LLP

South Bend, Indiana
October 1, 2026

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2025 and 2024

ASSETS	**2025**	**2024**
Investments, at fair value	$ 11,781,596	$ 10,488,130
Employer contributions receivable	113,000	211,000
Total Assets	11,894,596	10,699,130
LIABILITIES		
Accrued expenses	11,445	24,812
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,883,151	$ 10,674,318

See accompanying notes to financial statements.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 1,020,856	$ 672,877
Interest income	106,513	103,247
Total investment income	1,127,369	776,124
Employer contributions	689,000	794,000
Total additions	1,816,369	1,570,124
Deductions from net assets attributed to:		
Benefit payments	379,101	356,802
Administrative payments	228,435	271,969
Total deductions	607,536	628,771
Net increase	1,208,833	941,353
Net assets available for benefits:		
Beginning of year	10,674,318	9,732,965
End of year	$ 11,883,151	$ 10,674,318

See accompanying notes to financial statements.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS

As of December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 3,914,156	$ 3,682,637
Other participants	6,793,130	6,664,523
Vested benefits	10,707,286	10,347,160
Nonvested benefits	9,111	9,422
Actuarial present value of accumulated plan benefits	$ 10,716,397	$ 10,356,582

See accompanying notes to financial statements.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 10,356,582	$ 9,949,300
Increase attributable to:		
Benefits accumulated	116,013	165,454
Interest accumulation	622,903	598,630
Benefits paid	(379,101)	(356,802)
Net increase	359,815	407,282
Actuarial present value of accumulated plan benefits at end of year	$ 10,716,397	$ 10,356,582

See accompanying notes to financial statements.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

A. Description of Plan

The following description of the TriMas Corporation Union Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan, established June 6, 2002, is a defined benefit pension plan covering eligible employees of TriMas Corporation and subsidiaries (the "Company" or "TriMas"). Eligible employees participated in the Plan on their date of hire; however, the Plan was frozen to union employees hired after August 3, 2012. Benefits continue to accrue for union employee participants hired before August 3, 2012. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits - Employees with five or more years of service or who have attained normal retirement age (65) are entitled to annual pension benefits beginning at normal retirement age. Generally, this benefit is equal to the participant's years of credited service multiplied by the benefit level according to the scheduled rates for the various participating locations. The Plan permits early retirement after completion of five years of service and attainment of age 55. Generally, employees may elect to receive their pension benefits in the form of a joint and survivor annuity, lifetime annuity, period certain annuity, or lump sum payment. If employees terminate before becoming vested, they forfeit their right to receive their accumulated plan benefits.

Death and Disability Benefits - If a vested participant dies before retirement, a pre-retirement survivor annuity is eligible to be paid to the employee's beneficiary. This survivor annuity is payable on the earliest date on which the participant could have elected to receive retirement benefits if the participant had survived. Active employees with ten or more years of service who become totally and permanently disabled and eligible for disability retirement benefits shall receive annual disability benefits that are equal to their normal retirement benefit accumulated as of the date they become disabled. Disability retirement benefits are subject to offsets as described in the plan agreement.

Funding and Benefits - The contributions of the Company are designed to fund the Plan's projected benefit obligation in excess of plan assets over the lifetime of the participants in level annual amounts. The yield on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Plan met the minimum funding requirements of ERISA for the plan year ended December 31, 2025 and 2024. No employee of the Company is allowed to make a contribution under the Plan.

Administrative and Investment Management Expenses - The Plan's trustee and administration fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan. All other expenses of the Plan are paid by the Company.

B. Summary of Significant Accounting Policies

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

Estimates - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimate of actuarial present value of accumulated plan benefits.

Risks and Uncertainties - The Plan provides for various investment options in mutual funds, pooled separate accounts and pooled, common and collective funds. Investments are exposed to various risks, such as interest rate, liquidity, credit and market risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in values of investments in the near term could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

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

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value and include mutual funds, pooled separate accounts and pooled, common and collective funds. Mutual funds are valued using quoted market prices from nationally recognized securities exchanges (Level 1 inputs). The fair values of units held in pooled separate accounts and pooled, common and collective funds are based on their net asset values, as reported by the custodian and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. Each pooled separate account and pooled, common and collective fund provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Investment transactions are reflected on a trade-date basis. Realized gains and losses on investments are based on average cost. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recognized on the accrual basis of accounting. Income from other securities is recorded as earned on an accrual basis.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

C. Investments

The assets and liabilities are held in separate plan-level directed trusts. Effective May 1, 2024, the Plan signed a new trust agreement with Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company ("Principal Trust Company") through the affiliate Principal Custody Solutions. Under the new agreement, trustee and custodian services are provided by Principal Trust Company conducting business as Principal Bank ("Principal Bank").

Principal Trust Company and Principal Bank are the trustees of the Plan (collectively the "Trustees"). Principal Bank became the trustee effective May 1, 2024 and Principal Trust Company was the trustee of the Plan through April 30, 2024. The Trustees hold investment assets of the Plan and execute transactions therein, and substantially all information pertaining to investments, including associated investment income (loss), included in the financial statements has been certified by the Trustees.

D. Fair Value Measurement

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1: Inputs which use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access as of the measurement date;
- Level 2: Inputs which use other inputs that are observable, either directly or indirectly;
- Level 3: Inputs which are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

Assets and liabilities of the Plan measured at fair value on a recurring basis and the corresponding fair value hierarchy levels consisted of the following as of December 31, 2025:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Plan assets subject to leveling				
Mutual funds	$ 5,556,738	$ 5,556,738	$ —	$ —
Cash and cash equivalents	350,840	350,840	$ —	$ —
Plan assets measured at net asset value				
Pooled, common and collective funds	5,874,018	—	—	—
Total	$ 11,781,596	$ 5,907,578	$ —	$ —

Assets and liabilities of the Plan measured at fair value on a recurring basis and the corresponding fair value hierarchy levels consisted of the following as of December 31, 2024:

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Plan assets subject to leveling				
Mutual funds	$ 5,024,989	$ 5,024,989	$ —	$ —
Cash and cash equivalents	461,177	461,177	—	—
Plan assets measured at net asset value				
Pooled, common and collective funds	5,001,964	—	—	—
Total	$ 10,488,130	$ 5,486,166	$ —	$ —

Certain investments that are measured at fair value using the net asset value per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the fair value of the plan assets.

E. Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated November 6, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the Department of Labor or Internal Revenue Service; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

F. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered through the valuation date.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' credited years of service. The accumulated benefits for active employees are based on their accumulated credited years of service ending on the date as of which the benefit information is presented. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Significant assumptions underlying the actuarial computations as of December 31, 2025 and 2024 are as follows:

	2025	2024
Average Rate of Return	6.125%	6.125%
Assumed Retirement Age	Rates vary by age with 100% retirement at age 70	Rates vary by age with 100% retirement at age 70
Mortality Table		
Actives and Inactives	Pri-2012 Blue Collar [(a)]	Pri-2012 Blue Collar [(a)]

[(a)] The amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 with scale MP-2021

There were no changes to the valuation assumptions in 2025 or 2024 from those used in the respective prior year.

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

G. Plan Termination

Although there is no present intent to terminate the Plan, if the Plan were to terminate at some future time, the net assets of the Plan will be allocated to provide benefits for participants as prescribed by ERISA and its related regulations. To the extent unfunded vested benefits exist, such benefits will be paid by the Pension Benefit Guaranty Corporation, up to applicable limitations. Plan termination priorities are available from the Pension Benefit Guaranty Corporation.

H. Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. The Plan held investments managed by Sun Life Capital Management, Principal Bank, Principal Global Investors and Principal Trust Company, which qualify as party-in-interest transactions.

During 2025 and 2024, the Plan recorded administrative expenses to the following parties-in-interest:

Name of Party in Interest	Relationship	2025	2024
Aon	Actuary	$ 58,834	$ 53,198
Concurrent	Advisor	18,000	18,000
Milliman	Administrator	34,202	35,664
Principal Trust Company	Trustee/Investment Manager	—	11,950
Principal Custody Solutions	Trustee/Investment Manager	24,876	16,216
Crowe LLP	Auditor	19,800	19,800
Sun Life Capital Management	Investment Manager	8,408	5,251

I. Subsequent Events

On March 16, 2026, the Company completed the sale of its Aerospace segment ("Aerospace"). Between March and May 2026, the Company completed the $10.5 million asset transfer and spin-off of participants for Aerospace employees.

Plan management has evaluated subsequent events for recognition and disclosure through October 1, 2026, which is the date the financial statements were available to be issued, and determined there were no additional subsequent events requiring disclosure or recognition in the financial statements.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: TriMas Corporation
Employer Identification Number: 38-2687639
Three-Digit Plan Number: 043

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
		Mutual funds		
	Vanguard Group Inc.	Developed Markets Index Admiral Fund	$ 632,658	$ 807,577
	Vanguard Group Inc.	Emerging Markets Stock Index Admiral Fund	579,230	728,520
	Vanguard Group Inc.	Growth Index Admiral Fund	846,653	1,253,772
	Vanguard Group Inc.	Small Cap Growth Index Admiral Fund	506,508	625,841
	Vanguard Group Inc.	Small Cap Value Index Admiral Fund	749,192	873,050
	Vanguard Group Inc.	Value Index Admiral Fund	1,044,983	1,267,978
		Pooled, common and collective funds		
*	Sun Life Capital Management	SLC Management Long Credit CIT	2,673,599	2,979,241
*	Sun Life Capital Management	SLC Management Long Strips CIT	2,874,000	2,894,777
		Cash and cash equivalents		
*	Principal Bank	Principal Deposit Sweep Program	350,840	350,840
				$ 11,781,596

* Denotes party-in-interest

Refer to Independent Auditor's Report.

TRIMAS CORPORATION
UNION EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2025

Name of Plan Sponsor: TriMas Corporation
Employer Identification Number: 38-2687639
Three-Digit Plan Number: 043

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Principal Bank	Principal Deposit Sweep Program	1,224,888	—	1,224,888	1,224,888	—
Principal Bank	Principal Deposit Sweep Program	—	1,335,227	1,335,227	1,335,227	—

There were no category (i), (ii) or (iv) reportable transactions during 2025.
Columns (e) and (f) are not applicable.

Refer to Independent Auditor's Report.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39				4	1					
40-44				4	2					
45-49				4	7	1				
50-54				3	9	4	2			
55-59				4	11	4	5			
60-64			2	3	7	7	6			
65-69				3		1	3			
70+							1			

N-99

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	Generational mortality table and projection scale for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 2.
Disability Rates	None
Decrement Timing	Beginning of year decrements
Form of Benefit Payment	For participants not yet in pay status, we assume that benefits will be paid in the normal form of distribution for a single employee.
Surviving Spouse Benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.125%, limited to 5.74%
2024 Plan Year	6.125%, limited to 5.59%
2025 Plan Year	6.125%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Based on prior year expenses, rounded to $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	2.50%
62	22.00%
63	12.00%
64	12.00%
65	40.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Table 2

Withdrawal Rates — Male

Age	Rate	Age	Rate
20	24.950%	45	2.810%
21	22.948%	46	2.582%
22	20.946%	47	2.354%
23	18.944%	48	2.126%
24	16.942%	49	1.898%
25	14.940%	50	1.670%
26	13.938%	51	1.416%
27	12.936%	52	1.162%
28	11.934%	53	0.908%
29	10.932%	54	0.654%
30	9.930%	55+	0.400%
31	9.324%		
32	8.718%		
33	8.112%		
34	7.506%		
35	6.900%		
36	6.494%		
37	6.088%		
38	5.682%		
39	5.276%		
40	4.870%		
41	4.458%		
42	4.046%		
43	3.634%		
44	3.222%		

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.39%	Interest Adjusted Contribution
April 15, 2025	$ 192,000	104	$ 189,149
July 15, 2025	$ 192,000	195	$ 186,690
October 15, 2025	$ 192,000	287	$ 184,236
January 15, 2026	$ 113,000	379	$ 107,005
Total Contribution	$ 689,000		$ 667,080

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	2.50%	0.9750	1.37
57	2.50%	0.9506	1.35
58	2.50%	0.9269	1.34
59	2.50%	0.9037	1.33
60	2.50%	0.8811	1.32
61	2.50%	0.8591	1.31
62	22.00%	0.8376	11.42
63	12.00%	0.6533	4.94
64	12.00%	0.5749	4.42
65	40.00%	0.5059	13.15
66	40.00%	0.3036	8.01
67	40.00%	0.1821	4.88
68	40.00%	0.1093	2.97
69	40.00%	0.0656	1.81
70	100.00%	0.0393	2.75
	Weighted Average		63.75

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,170,808	January 1, 2020	10	$ 145,798
Shortfall	$ (206,706)	January 1, 2021	11	$ (23,962)
Shortfall	$ (289,148)	January 1, 2022	12	$ (31,455)
Shortfall	$ 777,305	January 1, 2023	13	$ 79,888
Shortfall	$ (176,123)	January 1, 2024	14	$ (17,199)
Shortfall	$ (63,977)	January 1, 2025	15	$ (5,965)

Schedule of Assets (Held at End of Year)
12/31/2025

Plan Name	TriMas Corporation Union Employees' Pension Plan
Plan Sponsor EIN	38-2687639
ERISA Plan No.	043
Plan Year End	12/31/2025

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accounts (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule of Reportable Transactions
12/31/2025

Plan Name	TriMas Corporation Union Employees' Pension Plan
Plan Sponsor EIN	38-2687639
ERISA Plan No.	043
Plan Year End	12/31/2025

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accounts (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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
TRIMAS CORPORATION UNION EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 043

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

D Employer Identification Number (EIN)
38-2687639

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	10,697,694
b Actuarial value	**2b**	10,292,427

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	63	3,978,347	3,978,347
b For terminated vested participants	67	2,326,523	2,326,523
c For active participants	99	5,199,012	5,199,716
d Total	229	11,503,882	11,504,586

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	246,231
b Expected plan-related expenses	**6b**	273,000
c Target normal cost	**6c**	519,231

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

Lorna M Springer (LMS)
Signature of actuary

8/26/2026
Date

LORNA M. SPRINGER, FSA, EA
Type or print name of actuary

2607422
Most recent enrollment number

Aon Consulting, Inc.
Firm name

216-416-0975
Telephone number (including area code)

950 Main Ave, Suite 1600
Cleveland OH 44113
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 8.05%	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)		33
	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 5.19%		2
	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		35
	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	89.46 %
15	Adjusted funding target attainment percentage	15	89.46 %
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	87.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	192,000	0			
07/15/2025	192,000	0			
10/15/2025	192,000	0			
01/15/2026	113,000	0			
			Totals ▶ 18(b)	689,000	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	667,080

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	**31a**		519,231
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1,212,159	147,105
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**		666,336

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

36 Additional cash requirement (line 34 minus line 35)	**36**	666,336
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	667,080
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	744
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 Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.39%	Interest Adjusted Contribution
April 15, 2025	$ 192,000	104	$ 189,149
July 15, 2025	$ 192,000	195	$ 186,690
October 15, 2025	$ 192,000	287	$ 184,236
January 15, 2026	$ 113,000	379	$ 107,005
Total Contribution	$ 689,000		$ 667,080

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	2.50%	0.9750	1.37
57	2.50%	0.9506	1.35
58	2.50%	0.9269	1.34
59	2.50%	0.9037	1.33
60	2.50%	0.8811	1.32
61	2.50%	0.8591	1.31
62	22.00%	0.8376	11.42
63	12.00%	0.6533	4.94
64	12.00%	0.5749	4.42
65	40.00%	0.5059	13.15
66	40.00%	0.3036	8.01
67	40.00%	0.1821	4.88
68	40.00%	0.1093	2.97
69	40.00%	0.0656	1.81
70	100.00%	0.0393	2.75
	Weighted Average		63.75

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	Generational mortality table and projection scale for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 2.
Disability Rates	None
Decrement Timing	Beginning of year decrements
Form of Benefit Payment	For participants not yet in pay status, we assume that benefits will be paid in the normal form of distribution for a single employee.
Surviving Spouse Benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.125%, limited to 5.74%
2024 Plan Year	6.125%, limited to 5.59%
2025 Plan Year	6.125%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Based on prior year expenses, rounded to $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	2.50%
62	22.00%
63	12.00%
64	12.00%
65	40.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Table 2

Withdrawal Rates — Male

Age	Rate	Age	Rate
20	24.950%	45	2.810%
21	22.948%	46	2.582%
22	20.946%	47	2.354%
23	18.944%	48	2.126%
24	16.942%	49	1.898%
25	14.940%	50	1.670%
26	13.938%	51	1.416%
27	12.936%	52	1.162%
28	11.934%	53	0.908%
29	10.932%	54	0.654%
30	9.930%	55+	0.400%
31	9.324%		
32	8.718%		
33	8.112%		
34	7.506%		
35	6.900%		
36	6.494%		
37	6.088%		
38	5.682%		
39	5.276%		
40	4.870%		
41	4.458%		
42	4.046%		
43	3.634%		
44	3.222%		

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, Part V — Summary of Plan Provisions

General Information

Plan Name	TriMas Corporation Union Employees' Pension Plan
Original Effective Date	June 6, 2002
Plan Year	January 1 to December 31
Employer ID Number	38-2687639
Plan Administrator's ID Number	38-2687639
Plan Number	043
Plan Type	Defined Benefit Pension Plan
Plan Administrator	Administrative Committee

Contributions

Retirement benefits under this plan are funded entirely by the employer.

Eligibility to Participate

Hourly-rated employees covered by a collective bargaining agreement, except for those who are nonresident aliens with no U.S. compensation, are eligible to participate immediately. Employees of Lake Erie Screw are eligible to participate on the January 1 following the later of age 20½ and six months of service. The following locations currently participate on the effective dates shown:

Location	Effective Date
Compac — Edison, NJ	June 6, 2002
Keo Cutter	June 6, 2002
Lake Erie Screw	June 6, 2002
Monogram	June 6, 2002
Livonia	November 16, 2003
Hammerblow	October 31, 2003

The only active participants remaining are in the Monogram location. Entry into the plan was closed to new participants hired after August 3, 2012.

Annuities were purchased on June 12, 2015 for all former participants at the Fulton and Hammerblow locations. As a result of this transaction, those participants no longer have any ongoing liabilities in this plan.

	Annuities were purchased on June 22, 2018 for 162 inactive participants. As a result of this transaction, those participants no longer have any ongoing liabilities in this plan.
Normal Retirement	The first of the month coincident with or following attainment of age 65.
Early Retirement	The first of the month coincident with or following attainment of age 55 and completion of five years of service (seven years of service for Hammerblow participants). There is no early retirement for Lake Erie Screw participants.
Disability Retirement	
Generally	Totally and permanently disabled, while actively employed by the employer, after the completion of 10 years of service. The disability must render the employee unable to perform any occupation and be expected to continue for life.
Lake Erie Screw	Eligible for disability benefits under the Social Security Act, after the completion of five years of service.
Late Retirement	With the attainment of normal retirement age, the first day of the month next or following the actual date of retirement.
Normal Retirement Benefit	The monthly benefit is equal to the benefit level in effect on the last day of employment multiplied by the years of credited service, subject to the maximum number of years, as shown below for each location:

Compac — Edison, NJ (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2002	$6.50 per year of service
January 1, 2003	$7.00 per year of service
January 1, 2004	$8.00 per year of service
January 1, 2005	$9.50 per year of service

Keo Cutter (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2000	$22.00 per year of service
January 1, 2004	$22.50 per year of service
January 1, 2005	$23.00 per year of service
January 1, 2006	$23.50 per year of service
January 1, 2007	$24.00 per year of service
January 1, 2010	$24.00 per year of service through December 31, 2009; plus: $25.00 for service from January 1, 2010 to December 31, 2010 $26.00 for service from January 1, 2011 to December 31, 2011 $27.00 for service on or after January 1, 2012

Lake Erie Screw (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2002	$26.75 per year of service
January 1, 2003	$27.75 per year of service
January 1, 2004	$28.75 per year of service
January 1, 2006	$29.75 per year of service
January 1, 2007	$30.75 per year of service
January 1, 2008	$31.75 per year of service

Livonia (only inactive participants remain)

Based on future service on or after January 1, 2004 as follows:

(1) $20.00 per year of service on or after January 1, 2004 and prior to January 1, 2005

(2) $21.00 per year of service on or after January 1, 2005 and prior to January 1, 2006

(3) $22.00 per year of service on or after January 1, 2006 and prior to January 1, 2007

(4) $22.75 per year of service on or after January 1, 2007 and prior to January 1, 2008

(5) $23.75 per year of service on or after January 1, 2008 and prior to January 1, 2009

(6) $24.75 per year of service on or after January 1, 2009 and prior to January 1, 2010

(7) $25.75 per year of service on or after January 1, 2010 and prior to January 1, 2011

(8) $26.75 per year of service on or after January 1, 2011 and prior to January 1, 2012

(9) $27.75 per year of service on or after January 1, 2012

Monogram (closed)

Benefit equals the sum of the following:

(1) $14.00 per year of service prior to July 19, 1989

(2) $17.00 per year of service from July 19, 1989 and prior to July 15, 1991

(3) $19.00 per year of service from July 15, 1991 and prior to July 14, 1999

(4) $20.00 per year of service from July 14, 1999 and prior to July 17, 2000

(5) $21.00 per year of service from July 17, 2000 and prior to July 16, 2001

(6) $22.00 per year of service from July 16, 2001 and prior to July 22, 2002

(7) $23.00 per year of service from July 22, 2002 and prior to July 16, 2004

(8) $24.50 per year of service from July 16, 2004 and prior to July 16, 2005

(9) $26.00 per year of service on or after July 16, 2005 and prior to August 10, 2009

(10) $27.50 per year of service on or after August 10, 2009 and prior to August 1, 2010

(11) $29.00 per year of service on or after August 1, 2010 and prior to August 1, 2011

(12) $30.50 per year of service on or after August 1, 2011 and prior to August 6, 2012

(13) $32.00 per year of service on or after August 6, 2012 and prior to August 5, 2013

(14) $33.50 per year of service on or after August 5, 2013 and prior to August 4, 2014

(15) $35.00 per year of service on or after August 4, 2014

The benefit is reduced by the accrued benefit under the Nortek Plan.

Hammerblow (no remaining participants)

Monthly annuity payable for life equal to the sum of the following:

(1) $6.50 multiplied by accrual service on and after May 1, 1970, and prior to May 1, 1977

(2) $7.00 multiplied by accrual service on and after May 1, 1977, and prior to May 1, 1979

(3) $8.50 multiplied by accrual service on and after May 1, 1979, and prior to May 1, 1983

(4) $9.00 multiplied by accrual service on and after May 1, 1983, and prior to May 1, 1984

(5) $9.50 multiplied by accrual service on and after May 1, 1984, and prior to May 1, 1985

(6) $10.50 multiplied by accrual service on and after May 1, 1985, and prior to May 1, 1986

(7) $11.50 multiplied by accrual service on and after May 1, 1986, and prior to May 1, 1989

(8) $12.00 multiplied by accrual service on and after May 1, 1989, and prior to May 1, 1990

(9) $12.50 multiplied by accrual service on and after May 1, 1990, and prior to May 1, 1991

(10) $13.00 multiplied by accrual service on and after May 1, 1991, and prior to May 1, 1992

(11) $13.50 multiplied by accrual service on and after May 1, 1992, and prior to May 1, 1993

(12) $14.50 multiplied by accrual service on and after May 1, 1993, and prior to May 1, 1994

(13) $15.50 multiplied by accrual service on and after May 1, 1994, and prior to May 1, 1995

(14) $17.00 multiplied by accrual service on and after May 1, 1995, and prior to May 1, 1996

(15) $18.50 multiplied by accrual service on and after May 1, 1996, and prior to May 1, 1997

(16) $19.50 multiplied by accrual service on and after May 1, 1997, and prior to May 1, 1998

(17) $20.00 multiplied by accrual service on and after May 1, 1998, and prior to May 1, 1999

(18) $20.50 multiplied by accrual service on and after May 1, 1999, and prior to May 1, 2001

	(19) $21.50 multiplied by accrual service on and after May 1, 2001, and prior to May 1, 2002 (20) $22.50 multiplied by accrual service on and after May 1, 2002, and prior to May 1, 2003 (21) $23.50 multiplied by accrual service on and after May 1, 2003, and prior to May 1, 2004 (22) $24.50 multiplied by accrual service on and after May 1, 2004
Early Retirement Benefit	Accrued benefit to early retirement date payable at normal retirement date reduced by 5/9 of 1% for each of the first 60 months prior to age 65 and 5/18 of 1% for each additional month.
Disability Retirement Benefit	The monthly benefit is equal to the accrued benefit determined on the date of disability.
Deferred Vested Benefit	
Eligibility	Participants with at least five years of service (three years for Hammerblow) who do not qualify for retirement under any other retirement eligibility provision of the plan are eligible to receive a deferred vested pension. If, at termination, the participant met the service but not the age requirement for early retirement the participant may elect to receive the benefit at his early retirement date if he had continued employment.
Amount	Unless the participant elects otherwise, the benefit for participants who terminate prior to normal retirement is the participant's accrued benefit payable at normal retirement date. Generally, benefits payable at an early retirement date are equal to the accrued benefit reduced by 5/9 of 1% for each of the first 60 months prior to age 65 and 5/18 of 1% for each additional month. For Lake Erie Screw participants, the benefit is equal to the actuarial equivalent of the accrued benefit paid at normal retirement date.

Vesting Percentage of Hammerblow Participants

	Date of Hire	
Vesting Service	**Before May 1, 1989**	**On or After May 1, 1989**
0	0%	0%
1	10%	0%
2	20%	0%
3	30%	20%
4	40%	40%
5	60%	60%
6	80%	80%
7	100%	100%

Year of Credited Service

Generally, a participant earns one year of credited service on the basis of 1,800 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,800 hours of service, computed to the nearest one-twelfth year, per the schedule defined in the plan.

Credited service for Compac participants is measured from the later of January 1, 1992 or date of hire.

Keo Cutter participants earn one year of credited service on the basis of 1,500 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,500 hours of service, computed to the nearest one-tenth year, per the schedule defined in the plan.

Lake Erie Screw participants earn one year of credited service for each calendar year with 1,000 hours of service.

Hammerblow participants earn one year of credited service on the basis of 1,700 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,700 hours of service, computed to the nearest one-tenth year.

Form of Payment

Normal Form

Single Employee — Life annuity

Married Employee — An actuarially reduced qualified joint and survivor annuity with 50% continuation to the participant's spouse, which is the actuarial equivalent of a life annuity.

Optional Forms	An actuarial equivalent 50%, 75% or 100% joint and survivor annuity, 10-year certain and life. If the present value of the benefit is less than $5,000, it shall be automatically cashed out. Lake Erie Screw participants may elect to receive a 66⅔% joint and survivor annuity, a series of equal monthly installments or a single sum cash payment. Hammerblow participants may elect to receive a 66⅔% joint and survivor annuity or a 5- or 15-certain and life annuity. All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-84 mortality table and a 6% interest rate.
Spouse's Preretirement Death Benefit	
Eligibility Requirement	Vested in accrued benefit and married throughout the one-year period ending with the date of the participant's death.
Amount	A benefit determined as if the participant terminated employment on the date of his death, survived to the earliest he could retire under the plan, retired on that day with a QJSA and died on the next day. A surviving spouse of an employee of Lake Erie Screw may elect to receive a single sum cash payment.

Changes in Plan Provisions in the Prior Five Years

- The 2025 funding and plan reporting valuations do not reflect any plan changes.
- The 2024 funding and plan reporting valuations do not reflect any plan changes.
- The 2023 funding and plan reporting valuations do not reflect any plan changes.
- The 2022 funding and plan reporting valuations do not reflect any plan changes.
- The 2021 funding and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39				4	1					
40-44				4	2					
45-49				4	7	1				
50-54				3	9	4	2			
55-59				4	11	4	5			
60-64			2	3	7	7	6			
65-69				3		1	3			
70+							1			

N-99

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,170,808	January 1, 2020	10	$ 145,798
Shortfall	$ (206,706)	January 1, 2021	11	$ (23,962)
Shortfall	$ (289,148)	January 1, 2022	12	$ (31,455)
Shortfall	$ 777,305	January 1, 2023	13	$ 79,888
Shortfall	$ (176,123)	January 1, 2024	14	$ (17,199)
Shortfall	$ (63,977)	January 1, 2025	15	$ (5,965)

Schedule SB Attachment (Form 5500) — 2025 Plan Year
TriMas Corporation Union Employees' Pension Plan
EIN: 38-2687639 PN: 043

Schedule SB, Part V — Summary of Plan Provisions

General Information

Plan Name	TriMas Corporation Union Employees' Pension Plan
Original Effective Date	June 6, 2002
Plan Year	January 1 to December 31
Employer ID Number	38-2687639
Plan Administrator's ID Number	38-2687639
Plan Number	043
Plan Type	Defined Benefit Pension Plan
Plan Administrator	Administrative Committee

Contributions

Retirement benefits under this plan are funded entirely by the employer.

Eligibility to Participate

Hourly-rated employees covered by a collective bargaining agreement, except for those who are nonresident aliens with no U.S. compensation, are eligible to participate immediately. Employees of Lake Erie Screw are eligible to participate on the January 1 following the later of age 20½ and six months of service. The following locations currently participate on the effective dates shown:

Location	Effective Date
Compac — Edison, NJ	June 6, 2002
Keo Cutter	June 6, 2002
Lake Erie Screw	June 6, 2002
Monogram	June 6, 2002
Livonia	November 16, 2003
Hammerblow	October 31, 2003

The only active participants remaining are in the Monogram location. Entry into the plan was closed to new participants hired after August 3, 2012.

Annuities were purchased on June 12, 2015 for all former participants at the Fulton and Hammerblow locations. As a result of this transaction, those participants no longer have any ongoing liabilities in this plan.

	Annuities were purchased on June 22, 2018 for 162 inactive participants. As a result of this transaction, those participants no longer have any ongoing liabilities in this plan.
Normal Retirement	The first of the month coincident with or following attainment of age 65.
Early Retirement	The first of the month coincident with or following attainment of age 55 and completion of five years of service (seven years of service for Hammerblow participants). There is no early retirement for Lake Erie Screw participants.
Disability Retirement	
Generally	Totally and permanently disabled, while actively employed by the employer, after the completion of 10 years of service. The disability must render the employee unable to perform any occupation and be expected to continue for life.
Lake Erie Screw	Eligible for disability benefits under the Social Security Act, after the completion of five years of service.
Late Retirement	With the attainment of normal retirement age, the first day of the month next or following the actual date of retirement.
Normal Retirement Benefit	The monthly benefit is equal to the benefit level in effect on the last day of employment multiplied by the years of credited service, subject to the maximum number of years, as shown below for each location:

Compac — Edison, NJ (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2002	$6.50 per year of service
January 1, 2003	$7.00 per year of service
January 1, 2004	$8.00 per year of service
January 1, 2005	$9.50 per year of service

Keo Cutter (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2000	$22.00 per year of service
January 1, 2004	$22.50 per year of service
January 1, 2005	$23.00 per year of service
January 1, 2006	$23.50 per year of service
January 1, 2007	$24.00 per year of service
January 1, 2010	$24.00 per year of service through December 31, 2009; plus: $25.00 for service from January 1, 2010 to December 31, 2010 $26.00 for service from January 1, 2011 to December 31, 2011 $27.00 for service on or after January 1, 2012

Lake Erie Screw (only inactive participants remain)

Effective Date	Benefit Amount
January 1, 2002	$26.75 per year of service
January 1, 2003	$27.75 per year of service
January 1, 2004	$28.75 per year of service
January 1, 2006	$29.75 per year of service
January 1, 2007	$30.75 per year of service
January 1, 2008	$31.75 per year of service

Livonia (only inactive participants remain)

Based on future service on or after January 1, 2004 as follows:

(1) $20.00 per year of service on or after January 1, 2004 and prior to January 1, 2005

(2) $21.00 per year of service on or after January 1, 2005 and prior to January 1, 2006

(3) $22.00 per year of service on or after January 1, 2006 and prior to January 1, 2007

(4) $22.75 per year of service on or after January 1, 2007 and prior to January 1, 2008

(5) $23.75 per year of service on or after January 1, 2008 and prior to January 1, 2009

(6) $24.75 per year of service on or after January 1, 2009 and prior to January 1, 2010

(7) $25.75 per year of service on or after January 1, 2010 and prior to January 1, 2011

(8) $26.75 per year of service on or after January 1, 2011 and prior to January 1, 2012

(9) $27.75 per year of service on or after January 1, 2012

Monogram (closed)

Benefit equals the sum of the following:

(1) $14.00 per year of service prior to July 19, 1989

(2) $17.00 per year of service from July 19, 1989 and prior to July 15, 1991

(3) $19.00 per year of service from July 15, 1991 and prior to July 14, 1999

(4) $20.00 per year of service from July 14, 1999 and prior to July 17, 2000

(5) $21.00 per year of service from July 17, 2000 and prior to July 16, 2001

(6) $22.00 per year of service from July 16, 2001 and prior to July 22, 2002

(7) $23.00 per year of service from July 22, 2002 and prior to July 16, 2004

(8) $24.50 per year of service from July 16, 2004 and prior to July 16, 2005

(9) $26.00 per year of service on or after July 16, 2005 and prior to August 10, 2009

(10) $27.50 per year of service on or after August 10, 2009 and prior to August 1, 2010

(11) $29.00 per year of service on or after August 1, 2010 and prior to August 1, 2011

(12) $30.50 per year of service on or after August 1, 2011 and prior to August 6, 2012

(13) $32.00 per year of service on or after August 6, 2012 and prior to August 5, 2013

(14) $33.50 per year of service on or after August 5, 2013 and prior to August 4, 2014

(15) $35.00 per year of service on or after August 4, 2014

The benefit is reduced by the accrued benefit under the Nortek Plan.

Hammerblow (no remaining participants)

Monthly annuity payable for life equal to the sum of the following:

(1) $6.50 multiplied by accrual service on and after May 1, 1970, and prior to May 1, 1977

(2) $7.00 multiplied by accrual service on and after May 1, 1977, and prior to May 1, 1979

(3) $8.50 multiplied by accrual service on and after May 1, 1979, and prior to May 1, 1983

(4) $9.00 multiplied by accrual service on and after May 1, 1983, and prior to May 1, 1984

(5) $9.50 multiplied by accrual service on and after May 1, 1984, and prior to May 1, 1985

(6) $10.50 multiplied by accrual service on and after May 1, 1985, and prior to May 1, 1986

(7) $11.50 multiplied by accrual service on and after May 1, 1986, and prior to May 1, 1989

(8) $12.00 multiplied by accrual service on and after May 1, 1989, and prior to May 1, 1990

(9) $12.50 multiplied by accrual service on and after May 1, 1990, and prior to May 1, 1991

(10) $13.00 multiplied by accrual service on and after May 1, 1991, and prior to May 1, 1992

(11) $13.50 multiplied by accrual service on and after May 1, 1992, and prior to May 1, 1993

(12) $14.50 multiplied by accrual service on and after May 1, 1993, and prior to May 1, 1994

(13) $15.50 multiplied by accrual service on and after May 1, 1994, and prior to May 1, 1995

(14) $17.00 multiplied by accrual service on and after May 1, 1995, and prior to May 1, 1996

(15) $18.50 multiplied by accrual service on and after May 1, 1996, and prior to May 1, 1997

(16) $19.50 multiplied by accrual service on and after May 1, 1997, and prior to May 1, 1998

(17) $20.00 multiplied by accrual service on and after May 1, 1998, and prior to May 1, 1999

(18) $20.50 multiplied by accrual service on and after May 1, 1999, and prior to May 1, 2001

	(19) $21.50 multiplied by accrual service on and after May 1, 2001, and prior to May 1, 2002 (20) $22.50 multiplied by accrual service on and after May 1, 2002, and prior to May 1, 2003 (21) $23.50 multiplied by accrual service on and after May 1, 2003, and prior to May 1, 2004 (22) $24.50 multiplied by accrual service on and after May 1, 2004
Early Retirement Benefit	Accrued benefit to early retirement date payable at normal retirement date reduced by 5/9 of 1% for each of the first 60 months prior to age 65 and 5/18 of 1% for each additional month.
Disability Retirement Benefit	The monthly benefit is equal to the accrued benefit determined on the date of disability.
Deferred Vested Benefit	
Eligibility	Participants with at least five years of service (three years for Hammerblow) who do not qualify for retirement under any other retirement eligibility provision of the plan are eligible to receive a deferred vested pension. If, at termination, the participant met the service but not the age requirement for early retirement the participant may elect to receive the benefit at his early retirement date if he had continued employment.
Amount	Unless the participant elects otherwise, the benefit for participants who terminate prior to normal retirement is the participant's accrued benefit payable at normal retirement date. Generally, benefits payable at an early retirement date are equal to the accrued benefit reduced by 5/9 of 1% for each of the first 60 months prior to age 65 and 5/18 of 1% for each additional month. For Lake Erie Screw participants, the benefit is equal to the actuarial equivalent of the accrued benefit paid at normal retirement date.

Vesting Percentage of Hammerblow Participants

	Date of Hire	
Vesting Service	**Before May 1, 1989**	**On or After May 1, 1989**
0	0%	0%
1	10%	0%
2	20%	0%
3	30%	20%
4	40%	40%
5	60%	60%
6	80%	80%
7	100%	100%

Year of Credited Service

Generally, a participant earns one year of credited service on the basis of 1,800 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,800 hours of service, computed to the nearest one-twelfth year, per the schedule defined in the plan.

Credited service for Compac participants is measured from the later of January 1, 1992 or date of hire.

Keo Cutter participants earn one year of credited service on the basis of 1,500 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,500 hours of service, computed to the nearest one-tenth year, per the schedule defined in the plan.

Lake Erie Screw participants earn one year of credited service for each calendar year with 1,000 hours of service.

Hammerblow participants earn one year of credited service on the basis of 1,700 or more hours of service in a plan year. A partial year of credit is earned if the participant has less than 1,700 hours of service, computed to the nearest one-tenth year.

Form of Payment

Normal Form

Single Employee — Life annuity

Married Employee — An actuarially reduced qualified joint and survivor annuity with 50% continuation to the participant's spouse, which is the actuarial equivalent of a life annuity.

Optional Forms	An actuarial equivalent 50%, 75% or 100% joint and survivor annuity, 10-year certain and life. If the present value of the benefit is less than $5,000, it shall be automatically cashed out. Lake Erie Screw participants may elect to receive a 66⅔% joint and survivor annuity, a series of equal monthly installments or a single sum cash payment. Hammerblow participants may elect to receive a 66⅔% joint and survivor annuity or a 5- or 15-certain and life annuity. All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-84 mortality table and a 6% interest rate.
Spouse's Preretirement Death Benefit	
Eligibility Requirement	Vested in accrued benefit and married throughout the one-year period ending with the date of the participant's death.
Amount	A benefit determined as if the participant terminated employment on the date of his death, survived to the earliest he could retire under the plan, retired on that day with a QJSA and died on the next day. A surviving spouse of an employee of Lake Erie Screw may elect to receive a single sum cash payment.

Changes in Plan Provisions in the Prior Five Years

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- The 2024 funding and plan reporting valuations do not reflect any plan changes.
- The 2023 funding and plan reporting valuations do not reflect any plan changes.
- The 2022 funding and plan reporting valuations do not reflect any plan changes.
- The 2021 funding and plan reporting valuations do not reflect any plan changes.

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

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