# 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
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 03/01/2008

**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)
TD BANK US HOLDING COMPANY

2211 CONGRESS STREET
SUITE 180
PORTLAND, ME 04102

**2b** Employer Identification Number (EIN)
01-0437984

**2c** Plan Sponsor's telephone number
844-275-8347

**2d** Business code (see instructions)
522220

**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. | 10/12/2026 | SHEILA GLEASON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

U.S. RETIREMENT COMMITTEE

2211 CONGRESS STREET
SUITE 180
PORTLAND, ME 04102

**3b** Administrator's EIN: 01-0437984

**3c** Administrator's telephone number: 844-275-8347

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 4283 |
| **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)** | 149 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 138 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1937 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1781 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3856 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 358 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 4214 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1D 1I 3H

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 509231651 |
| **b** Actuarial value | **2b** | 522635932 |

**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 | 2218 | 350300805 | 350300805 |
| **b** For terminated vested participants | 1945 | 110312794 | 110312794 |
| **c** For active participants | 149 | 18175283 | 18987570 |
| **d** Total | 4312 | 478788882 | 479601169 |

**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** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 1070000 |
| **c** Target normal cost | **6c** | 1070000 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

09/03/2026
Date

CARRIE PALUMBO
Type or print name of actuary

26-08819
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 103101787 | 59110684 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 1048000 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 102053787 | 59110684 |
| 10 | Interest on line 9 using prior year's actual return of 0.13 % | 132670 | 76844 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 0 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 22419000 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 79767457 | 59187528 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 108.97 % |
| 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 | 102.68 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 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 | 0 |

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** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 1070000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

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

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1070000 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 1070000 | 0 | 1070000 |

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

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

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

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

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

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

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TELUS HEALTH

250 ROYALL STREET
CANTON, MA 02021

52-1883918

| (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? |
|---|---|---|---|---|---|---|
| 15 38 50 | NONE | 241449 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WILLIS TOWERS WATSON US LLC

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 | NONE | 149998 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 18 21 50<br>59 62 99 | TRUSTEE | 84297 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**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)

AON INVESTMENTS USA INC.

36-3109431

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 17 50 | NONE | 76023 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

ERNST & YOUNG

34-6565696

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 62305 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

## 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: CHRYSLER FINANCIAL DB PLAN MRT

**b** Name of sponsor of entity listed in (a): TD BANK US HOLDING 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) |
|---|---|---|
| 20-2614244-006 | M | 512930997 |

**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
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 22280 | 25631 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 509209371 | 512930997 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 509231651 | 512956628 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 181044 | 250485 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 181044 | 250485 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 509050607 | 512706143 |

## Part II Income and Expense Statement

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

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

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 41709054 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 41709054 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 36985448 | |
| (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) | | 36985448 |
| 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) | 241449 | |
| (4) IQPA audit fees | 2i(4) | 62305 | |
| (5) Investment advisory and investment management fees | 2i(5) | 76023 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 84297 | |
| (7) Actuarial fees | 2i(7) | 149998 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 453998 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1068070 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 38053518 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3655536 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **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 | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586501.

# 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
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

## Part I Distributions

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

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

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

EIN(s): 25-1926855

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 0

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: 5.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 93.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

**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_____.

# LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

# FINANCIAL STATEMENTS

With Report of Independent Auditors

December 31, 2025 and 2024

Internal

**Legacy Chrysler Financial Employee Pension Plan**

Audited Financial Statements

**December 31, 2025 and 2024**

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Internal

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# Report of Independent Auditors

The Plan Administrator
Legacy Chrysler Financial Employee Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 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 after the date that the financial statements are available to be issued.

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

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**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

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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.

Ernst & Young LLP

October 8, 2026

## Legacy Chrysler Financial Employee Pension Plan

Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | **2025** | 2024 |
| **Assets** | | |
| Investments at fair value: | | |
| Interest in TD Bank U.S. Retirement Plans Master Trust (Note 8) | **$ 512,930,997** | $ 509,209,371 |
| **Total investments** | **512,930,997** | 509,209,371 |
| Interest Receivable | **25,631** | 22,280 |
| **Total assets** | **512,956,628** | 509,231,651 |
| **Liabilities** | | |
| Accrued expenses payable | **250,485** | 181,044 |
| **Total liabilities** | **250,485** | 181,044 |
| **Net assets available for benefits** | **$ 512,706,143** | $ 509,050,607 |

*See accompanying notes.*

## Legacy Chrysler Financial Employee Pension Plan

Statements of Changes in Net Assets Available for Benefits

| | Year Ended December 31, | |
|---|---|---|
| | **2025** | 2024 |
| **Investment income:** | | |
| Change in Plan interest in TD Bank U.S. Retirement Plans Master Trust | **$ 42,096,087** | $ 1,707,316 |
| **Total investment additions** | **42,096,087** | 1,707,316 |
| **Deductions from net assets attributed to:** | | |
| Benefits paid directly to participants or beneficiaries | **36,985,448** | 36,353,948 |
| Administrative expenses | **1,455,103** | 2,158,144 |
| **Total deductions** | **38,440,551** | 38,512,092 |
| **Net increase in net assets available for benefits** | **3,655,536** | (36,804,776) |
| **Net assets available for benefits, beginning of year** | **509,050,607** | 545,855,383 |
| **Net assets available for benefits, end of year** | **$ 512,706,143** | $ 509,050,607 |

*See accompanying notes.*

## Legacy Chrysler Financial Employee Pension Plan

Statements of Accumulated Plan Benefits

| | December 31, | |
|---|---|---|
| | **2025** | 2024 |
| **Actuarial present value of accumulated plan benefits** | | |
| **Vested benefits:** | | |
| Active employees | **$ 16,578,977** | $ 18,630,802 |
| Participants with deferred benefits | **106,156,110** | 113,412,204 |
| Participants receiving payments | **365,692,997** | $ 353,297,244 |
| | **488,428,084** | 485,340,250 |
| **Nonvested benefits** | **676,162** | 790,157 |
| **Actuarial present value of accumulated plan benefits, end of year** | **$ 489,104,246** | 486,130,407 |

*See accompanying notes.*

## Legacy Chrysler Financial Employee Pension Plan

Statements of Changes in Accumulated Plan Benefits

| | Year Ended December 31, | |
|---|---|---|
| | **2025** | 2024 |
| **Actuarial present value of accumulated plan benefits at beginning of year:** | **$ 486,130,407** | $ 542,278,050 |
| Actuarial losses/(gains) | **11,398,969** | (19,100,487) |
| Change in discount period | **24,831,561** | 25,104,442 |
| Benefits paid | **(36,985,448)** | (36,353,948) |
| Change in assumptions | **3,728,757** | (25,797,650) |
| | **2,973,839** | (56,147,643) |
| **Actuarial present value of accumulated plan benefits at end of year:** | **$ 489,104,246** | $ 486,130,407 |

*See accompanying notes.*

## 1. DESCRIPTION OF THE PLAN

The Legacy Chrysler Financial Employee Pension Plan (the "Plan") is a defined benefit pension plan sponsored by TD Bank US Holding Company (the "Company"), an indirect wholly-owned subsidiary of The Toronto-Dominion Bank. The following provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions. Capitalized terms used herein but not defined shall have the meaning attributed to them in the Plan document.

### General

The Plan was established January 1, 2015 as a defined benefit pension plan. The Plan is a continuation of the Chrysler Financial Salaried Employees' Retirement Plan ("SERP") and includes the former Chrysler Financial Pension Plan ("CFPP") and the Pension Plan for Former Chrysler Financial UAW Employees ("Former UAW Plan"), which were merged into the SERP.

Effective April 1, 2011 Chrysler Financial Services Americas LLC was acquired by and became a wholly owned subsidiary of TD Bank, N.A., which thereby assumed sponsorship of the SERP, CFPP and Former UAW Plan. Effective June 10, 2011, Chrysler Financial became known as TD Auto Finance LLC ("the Company").

The SERP and the CFPP were frozen effective April 1, 2012. Each participant's accrued benefit was frozen as of March 31, 2012 and no further benefit shall accrue to any participant in the Plan on or after April 1, 2012; no further employee contributions are allowed to be made to the Plan on or after April 1, 2012; no participant shall earn credited service under the Plan after March 31, 2012; and no individual shall commence or resume as a participant on or after April 1, 2012. The Former UAW Plan was established pursuant to a collective bargaining agreement that was duly terminated as of November 4, 2011; and the related pension agreement between TD Auto Finance LLC and the union was duly terminated as of September 14, 2013.

The Former UAW Plan was frozen effective December 31, 2013. Each participant's accrued benefit was frozen as of December 31, 2013 and no further benefit shall accrue to any participant in the Plan on or after January 1, 2014; no further employee contributions are allowed to be made to the Plan on or after January 1, 2014; no participant shall earn credited service under the Plan after December 31, 2013; and no individual shall commence or resume as a participant on or after January 1, 2014.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA"), as amended.

### Plan Administration

The Plan is administered by the U.S. Retirement Committee (the "Plan Administrator") as delegated by the Human Resources Committee of The Toronto-Dominion Bank Board of Directors. The Plan Administrator is responsible for the overall operation of the Plan, determines claims, and reviews any appeal of denied benefits. The Bank of New York Mellon (the "Trustee") is the trustee, custodian, and pension payment processor of the Plan. TELUS Health provides pension benefits administration services for the Plan on behalf of the Plan Administrator.

### Pension Benefits

Participants in the CFPP or Former UAW Plan are entitled to a retirement benefit beginning at normal retirement age equal to the basic monthly pension rate in effect at the time of termination, as listed in the Plan document, multiplied by the participant's years and months of credited service earned under the Plan through the Plan freeze date. Participants may

**1. DESCRIPTION OF THE PLAN (CONTINUED)**

commence their benefit early on or after age 55 after accruing at least 10 years of credited service or certain other circumstances as set forth in the Plan document.

Participants in the SERP are entitled to a retirement benefit beginning at normal retirement age comprised of a contributory benefit plus the greater of: (a) a final average salary benefit equal to 2.25% of final average salary times years of credited service up to 20 years; plus 2.0% of final average salary times years of credited service in excess of 20 years (to a maximum of 8.5 years); or (b) the same formula described in (a) but projecting to age 65 and prorating the benefit based on actual credited service. Only service and compensation earned through the Plan freeze date is considered in the calculation of the retirement benefit. Participants may commence their benefit early on or after attaining age 55 with at least 10 years of credited service or certain other circumstances as set forth in the Plan document.

**Death and Disability Benefits**

The Plan also provides pre-retirement death benefits to surviving spouses and domestic partners of eligible participants who have not yet commenced a pension benefit. Under the CFPP or Former UAW plan, if a participant dies after terminating employment and/or before he or she is eligible to commence retirement benefits, the surviving spouse or domestic partner is entitled to a benefit equal to 50 percent of the monthly pension the deceased participant would have been eligible to receive as a deferred pension at the time of the participant's death. If the participant is actively employed and eligible for early retirement at the time of death, the surviving spouse or domestic partner may be eligible for an enhanced benefit as described in the Plan. The surviving spouse or domestic partner of a participant in the SERP is entitled to a benefit equal to the greater of: (a) the lump-sum standard form death benefit or (b) 50 percent of the monthly pension the deceased participant would have been eligible to receive as a deferred pension at the time of the participant’s death.

A participant in the CFPP or Former UAW Plan who becomes permanently and totally disabled, as defined in the Plan document, is eligible to receive a monthly benefit plus a temporary disability pension benefit under the Plan after accruing at least 10 years of credited service. The temporary disability pension portion of the benefit is not payable to the participant for any month in which they would be entitled to receive Social Security Benefits or for any month after they have attained age 62 and one month. A participant in the SERP is eligible to receive a monthly disability benefit if they qualify for disability retirement under the CFPP and either contributed to the SERP for at least 5 years or is at least age 55.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The accompanying financial statements were prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") and are presented on the accrual basis of accounting.

**Management Estimates**

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and changes therein, including the present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan invests in the TD Bank U.S. Retirement Plans Master Trust (the "Master Trust") (see Note 7). Investments held in the Master Trust are stated at fair value. Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

between market participants on the measurement date. A fair value measurement reflects all of the assumptions that market participants would use in pricing the asset or liability, including assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset, and the risk of non-performance.

Common collective trusts are valued based on net asset value ("NAV") as a practical expedient that is based on the underlying investments of the fund. See Note 8 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income of the Master Trust is recorded as earned. Dividends of the Master Trust are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Master Trust's gains and losses on investments bought and sold as well as held during the year.

**Actuarial Present Value of Accumulated Plan Benefits**

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

The actuarial present value of accumulated plan benefits is determined by an actuary 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. The census data is as of January 1, 2026. The valuation date of the accumulated plan benefits is as of December 31, 2025.

The significant actuarial assumptions used in the determination of accumulated plan benefits as of December 31, 2025 and 2024 are as follows:

| | |
|---|---|
| Interest Rate | 5.23% and 5.31%, respectively. |
| Mortality | Pri-2012 Private Retirement Plans mortality tables with sex-distinct rates for employees, retirees and contingent survivors, projected generationally from 2012 using Scale MP-2021, for 2025 and 2024. |
| Assumed Retirement Age | The probability of retirement for certain of the Plan benefits was 100% at age 65 or over for 2025 and 2024. |
| Special Early Retirement | Special early retirement may occur between ages 50 and 62 as a result of a permanent shut down of a facility or discontinuation of operations or under objective criteria provided in the Plan for 2025 and 2024. |
| Accumulated Contributions | Accumulated contributions for active employees are $543,723 and $645,993 for December 31, 2025 and 2024 respectively. |

Significant actuarial assumption changes since the last valuation included the decrease in discount rate, which resulted in an increase in accumulated plan benefits of $2,973,839.

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

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

accumulated plan benefits. The Plan is guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") to the extent provided for by Title IV of ERISA.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**Administrative Expense**

Generally, eligible administrative expenses for the Plan were paid by the Plan for the years ended December 31, 2025 and 2024 and totaled $1,455,103 and $2,158,144 respectively. All other Plan related expenses not paid by the Plan were paid by the Company.

**3. ACCOUNTING CHANGES**

There were no recent accounting pronouncements adopted by the Plan in the current year, and there are no recent accounting pronouncements being considered for adoption in future years.

**4. FUNDING POLICY**

The funding policy of the Plan is to contribute at least the amount required by federal law and such additional amounts as the Company deems appropriate based on the Plan's funded status. Amounts contributed are deposited with the Trustee of the Plan. The Company met the minimum funding requirements of ERISA and the Internal Revenue Code ("the Code") for 2025 and 2024.

**5. PLAN TERMINATION**

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

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

**6. INVESTMENTS**

All information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2025 and 2024 and change in Plan interest in TD Bank U.S. Retirement Plans Master Trust for the years then ended, was obtained or derived from information provided to the plan administrator and is certified as complete and accurate by the Trustee and custodian of the Plan.

## 7. INTEREST IN TD BANK U.S. RETIREMENT PLANS MASTER TRUST

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan. At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was 100%. The Trustee maintains all the assets of the Master Trust.

Realized and unrealized gains of the Master Trust were $41,922,507 and $1,420,785 respectively, for the years ended December 31, 2025 and 2024, respectively. Interest income of the Master trust was $173,580 and $286,531 for the years ended December 31, 2025 and 2024, respectively.

Through its investment activities, the Master Trust is subject to certain credit risks which it controls through adherence to investment and diversification standards. In management's opinion, no concentration of credit risk exists for the Master Trust.

## 8. FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a three-level fair value hierarchy based on the nature of data inputs for fair value disclosure. This hierarchy requires maximum use of observable inputs, and minimum use of unobservable inputs when measuring fair value. These levels are as follows:

| | |
|---|---|
| Level 1 | Quoted market prices in active markets that the Plan has access to for identical assets and liabilities. Level 1 instruments include equity securities and mutual funds that are traded in an active exchange market. |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted market prices for similar (but not identical) assets or liabilities in active markets, quoted market prices for identical assets or liabilities that are not active and other inputs that are observable or can be corroborated by observable market data for substantially the full term of the asset or liabilities. |
| Level 3 | Fair value is based on unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. |

The following is a description of the valuation methodologies used for assets measured at fair value in the Master Trust. There have been no changes in the methodologies used at December 31, 2025 as compared to those used at December 31, 2024.

***Common Collective Trusts:*** Reported by the issuer at fair value based on the value of the underlying investments divided by the number of units outstanding, less liabilities, to arrive at net asset value ("NAV") per unit. NAV is used as a fair value practical expedient. There are no restrictions on redemptions from the common collective trusts.

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

Receivables reported in the Statements of Net Assets Available for Benefits are presented at carrying amounts which approximate fair values.

**8. FAIR VALUE MEASUREMENTS (CONTINUED)**

The fair value of the total assets of the Master Trust, measured at NAV was $512,930,997 and $509,209,371 at December 31, 2025 and 2024, respectively. In accordance with FASB Accounting Standards Codification "Fair Value Measurement – Overall (Subtopic 820-10)", certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

**9. INCOME TAX STATUS**

The Plan received a determination letter from the Internal Revenue Service (“IRS”) dated December 2, 2015 stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**10. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Master Trust holds units of common collective trust funds managed by the Trustee for the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

**11. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is probable that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

**12. SUBSEQUENT EVENTS**

The Plan was evaluated for the impact of events that occurred subsequent to December 31, 2025 and up to October 8, 2026 the date the financial statements were issued, and no events were required to be recognized in the financial statements.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

## Schedule of Active Participant Data as of January 1, 2025

**Number distributed by attained age and attained years of credited service**

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | **Under 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40 & Over** | **Total** |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 45-49 | 0 | 0 | 16 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 35 |
| 50-54 | 0 | 0 | 10 | 27 | 7 | 1 | 0 | 0 | 0 | 0 | 45 |
| 55-59 | 0 | 0 | 1 | 15 | 10 | 10 | 0 | 0 | 0 | 0 | 36 |
| 60-64 | 0 | 0 | 4 | 1 | 5 | 5 | 6 | 0 | 0 | 0 | 21 |
| 65-69 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 4 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Total | 0 | 3 | 35 | 63 | 22 | 17 | 8 | 0 | 0 | 1 | 149 |

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

Plan Name: Legacy Chrysler Financial Employee Pension Plan
EIN / PN: 01-0437984 / 002
Plan Sponsor: TD Bank US Holding Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

| **Interest rates:** | **Reflecting Corridors** | **Not Reflecting Corridors** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.36% | 5.32% |

**Annual rates of increase**

- Compensation: Not applicable
- Future Social Security wage bases: Not applicable
- Statutory limits on compensation: None

### Demographic Assumptions

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

# SCHEDULE SB ATTACHMENTS

**Termination**

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

| Age | Percentage | Age | Percentage |
|---|---|---|---|
| 20 | 0.00% | 45 | 7.00% |
| 25 | 0.00 | 50 | 7.00 |
| 30 | 0.00 | 55 | 5.00 |
| 35 | 13.00 | 60 | 0.00 |
| 40 | 9.00 | | |

**Disability**

None assumed

**Retirement**

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

| Age | Percentage | Age | Percentage |
|---|---|---|---|
| Under 47 | 0% | 56 | 15% |
| 47 | 3 | 57 | 15 |
| 48 | 3 | 58 | 15 |
| 49 | 3 | 59 | 15 |
| 50 | 3 | 60 | 15 |
| 51 | 3 | 61 | 15 |
| 52 | 3 | 62 | 35 |
| 53 | 3 | 63 | 25 |
| 54 | 10 | 64 | 25 |
| 55 | 25 | 65 & Over | 100 |

**Form of payment**

Participants are assumed to elect the normal form.

**Percent married and spouse option**

80% of males are assumed to be married and 100% of married males are assumed to elect the spouse option. 55% of females are assumed to be married and 60% of married females are assumed to elect the spouse option.

**Spouse age**

Male spouses are assumed to be 2 years older than female spouses.

**Plan-related expenses**

Plan-related expenses are assumed to be the rounded amount of administrative expenses paid in the prior year adjusted for the expected change in the PBGC premium. The amount included this year for plan-related expenses is $1,070,000.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year. |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.60% with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year).<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with TD Auto Finance and, based on that review, is not aware of any significant benefits required to be valued that were not. |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
LEGACY CHRYSLER FINANCIAL EMPLOYEE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TD BANK US HOLDING COMPANY

**D** Employer Identification Number (EIN)
01-0437984

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 509,231,651 |
| **b** Actuarial value | **2b** | 522,635,932 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 2,218 | 350,300,805 | 350,300,805 |
| **b** For terminated vested participants | 1,945 | 110,312,794 | 110,312,794 |
| **c** For active participants | 149 | 18,175,283 | 18,987,570 |
| **d** Total | 4,312 | 478,788,882 | 479,601,169 |

**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** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 1,070,000 |
| **c** Target normal cost | **6c** | 1,070,000 |

**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**

Carrie Palumbo CP
Signature of actuary

9/3/2026
Date

Carrie Palumbo
Type or print name of actuary

2608819
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 103,101,787 | 59,110,684 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 1,048,000 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 102,053,787 | 59,110,684 |
| 10 | Interest on line 9 using prior year's actual return of 0.13% | 132,670 | 76,844 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 0 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11% | | 0 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 22,419,000 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 79,767,457 | 59,187,528 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 108.97 % |
| 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 | 102.68 % |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 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 | 0 |

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** | 62 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 1,070,000 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

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

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1,070,000 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 1,070,000 | 0 | 1,070,000 |

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

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

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

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

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

# SCHEDULE SB ATTACHMENTS

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

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

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

| **Interest rates:** | **Reflecting Corridors** | **Not Reflecting Corridors** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective interest rate | 5.36% | 5.32% |

**Annual rates of increase**

- Compensation: Not applicable
- Future Social Security wage bases: Not applicable
- Statutory limits on compensation: None

### Demographic Assumptions

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

# SCHEDULE SB ATTACHMENTS

**Termination**

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

| Age | Percentage | Age | Percentage |
|---|---|---|---|
| 20 | 0.00% | 45 | 7.00% |
| 25 | 0.00 | 50 | 7.00 |
| 30 | 0.00 | 55 | 5.00 |
| 35 | 13.00 | 60 | 0.00 |
| 40 | 9.00 | | |

**Disability**

None assumed

**Retirement**

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

| Age | Percentage | Age | Percentage |
|---|---|---|---|
| Under 47 | 0% | 56 | 15% |
| 47 | 3 | 57 | 15 |
| 48 | 3 | 58 | 15 |
| 49 | 3 | 59 | 15 |
| 50 | 3 | 60 | 15 |
| 51 | 3 | 61 | 15 |
| 52 | 3 | 62 | 35 |
| 53 | 3 | 63 | 25 |
| 54 | 10 | 64 | 25 |
| 55 | 25 | 65 & Over | 100 |

**Form of payment**

Participants are assumed to elect the normal form.

**Percent married and spouse option**

80% of males are assumed to be married and 100% of married males are assumed to elect the spouse option. 55% of females are assumed to be married and 60% of married females are assumed to elect the spouse option.

**Spouse age**

Male spouses are assumed to be 2 years older than female spouses.

**Plan-related expenses**

Plan-related expenses are assumed to be the rounded amount of administrative expenses paid in the prior year adjusted for the expected change in the PBGC premium. The amount included this year for plan-related expenses is $1,070,000.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year. |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Actuarial value of assets for determining minimum required contributions** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.60% with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year).<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with TD Auto Finance and, based on that review, is not aware of any significant benefits required to be valued that were not. |

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

### Summary of principal plan provisions - Legacy Chrysler Financial Pension Plan (CFPP)

**Plan Sponsor**

TD Auto Finance LLC

**Plan Year**

The twelve-month period beginning January 1

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spin-off from Chrysler, LLC. Accrued benefits and credited service were frozen effective April 1, 2012. The plan was restated January 1, 2012 and amended effective December 11, 2013. This amendment was administrative in nature. The CFPP's last favorable determination letter is dated September 6, 2013. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Normal Retirement Benefit**

Normal Retirement Date: Age 65.

Benefit Formula: An employee retiring at or after age 65 with one or more years of credited service receives a monthly pension for life. The amount payable for each year of credited service is as follows, depending upon his job classification.

| Date of Retirement | Job Classification | Monthly Amount |
|---|---|---|
| January 1, 2008 and thereafter | A | $52.90 |
| | B | $53.15 |
| | C | $53.40 |
| | D | $53.65 |

# SCHEDULE SB ATTACHMENTS

**Early Retirement Benefit**

An employee retiring at his option either (1) at ages 55-64 with 10 or more years of credited service, (2) at ages 55-59 after the time when his age plus his years of credited service equals 85, or (3) with 30 or more years of credited service, receives a monthly pension for life. If his age is 62-64, the amount is his pension rate times his years of credited service. If he is younger than age 62, such amount is reduced by application of an early retirement factor (as shown below) based on his age at retirement; however, if he has 30 or more years of credited service or his age plus his years of credited service equals 85, such reduction is eliminated at age 62 and one month.

Early Retirement Factors:

| Age | Rate | Age | Rate | Age | Rate | Age | Rate |
|---|---|---|---|---|---|---|---|
| 42 | 21.0% | 48 | 32.8% | 54 | 53.2% | 60 | 86.7% |
| 43 | 22.6 | 49 | 35.4 | 55 | 57.9 | 61 | 93.3 |
| 44 | 24.3 | 50 | 38.3 | 56 | 63.5 | 62 & over | 100.0 |
| 45 | 26.1 | 51 | 41.5 | 57 | 69.4 | | |
| 46 | 28.2 | 52 | 45.0 | 58 | 75.2 | | |
| 47 | 30.4 | 53 | 48.9 | 59 | 80.8 | | |

**Special Early Retirement**

This benefit may be available at age 55 to an employee with 10 or more years of credited service who is laid off at age 50 or older as a result of a facility closing or discontinuance of operation, or whose layoff appears to be permanent, if he has not been offered suitable work by TD Auto Finance in the same labor market area.

The benefit is equal to the Normal Retirement Benefit plus an additional temporary amount paid until age 62 and one month.

**Disability Benefit**

An employee retiring by reason of permanent and total disability before age 65 with 10 or more years of credited service receives a monthly disability pension. The amount thereof, payable not beyond his attainment of age 65, is usually his pension rate times his years of credited service, but an additional temporary amount is paid until age 62 and one month if he does not qualify for a disability pension under the Social Security Act. Upon his attainment of age 65, the disability pension ceases and the normal retirement pension commences.

# SCHEDULE SB ATTACHMENTS

**Vested Benefits Upon Termination of Service**

An employee with 5 or more years of credited service whose employment terminates before he is eligible for early retirement becomes entitled to a deferred monthly pension, to commence at age 65, in an amount equal to his pension rate in effect on the date he terminated employment times his years of credited service. At his election, the pension may commence at any time between ages 60 and 65, or at ages 55-59 after the time when his age plus his years of credited service equals 85, in which case the amount is reduced.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The Plan provides that unless a retiring employee rejects the surviving spouse option, it automatically goes into effect. Under the option, the employee receives a reduced pension during his lifetime. Upon his death, 65% of his reduced post-age 65 benefit is paid to his surviving spouse for life. If the spouse dies first, or there is a divorce, the retired employee may request that the reduction in future payments be cancelled. A retired employee who was not married when he retired or whose reduction was thus cancelled may elect this option upon his subsequent marriage or remarriage.

If a married employee dies in service after he has qualified for voluntary early retirement, his surviving spouse receives a benefit for life equal to the amount she would have received if he had retired voluntarily on the date of his death and had not rejected the spouse option.

If an employee dies in service with 5 or more years of credited service and is not eligible for voluntary retirement or a terminated vested employee dies before commencement of retirement benefits, and is survived by an eligible spouse, he shall automatically be deemed as of the day preceding his death to have been entitled to a reduced deferred pension, and the spouse shall be eligible to receive a 50% pre-retirement spouse benefit. The spouse benefit may commence, at the spouse's election, during such period the employee could have elected to commence his deferred pension. Such spouse benefit would be further reduced if it commences before the employee would have attained age 65.

**Supplemental Allowances**

*Early Retirement Supplement*

An employee who retires at any age with 30 or more years of credited service usually receives an early retirement supplement payable not beyond age 62 and one month. This increases his total monthly benefit at retirement (before any reduction for the surviving spouse option) to the following amounts:

| Date of Retirement | Monthly Amount |
|---|---|
| January 1, 2008 and thereafter | $3,140 |

# SCHEDULE SB ATTACHMENTS

*Interim Supplement*

An employee who retires voluntarily between ages 55 and 62, with less than 30 years of credited service, usually receives an interim supplement payable to age 62 and one month. The monthly amount per year of credited service varies for retirements at ages 55 through 61, according to the following schedule:

| Date of Retirement | Monthly Amounts for Retirements at Ages 55 through 61 |
|---|---|
| January 1, 2008 and thereafter | $22.35, 26.35, 31.90, 37.35, 41.65, 48.25, 48.25 |

*Temporary Pension*

An employee who retirees under Special Early Retirement or certain disability retirees, receives a temporary pension to age 62 in lieu of any other supplement of $50.80 per month per year of credited service (maximum 30 years).

**Pension Increases**

None.

**Maximum Benefits and Pay**

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

**Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

**Changes in Plan Provisions Since the Last Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Summary of principal plan provisions – Legacy Chrysler Financial Salaried Employees' Retirement Plan (SERP)

**Plan Sponsor**

TD Auto Finance LLC

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spinoff from Chrysler, LLC. Accrued benefits and credited service were frozen effective April 1, 2012. The plan was restated January 1, 2012 and amended effective December 11, 2013. It was restated on January 1, 2015 to reflect the plan merger noted below. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Plan Year**

The twelve-month period beginning January 1

**Final Average Monthly Earnings**

The highest average produced by any 60 consecutive monthly earnings out of the 180 months preceding retirement or termination of employment.

**Normal Retirement Benefit**

Normal Retirement Date: Age 65.

Contributory Benefit: A monthly benefit equal to 5% of the participant's contributions. Employee contributions are not permitted effective April 1, 2012.

Non-Contributory Benefit: When combined with 50% of the participant's monthly Social Security Benefit, the monthly benefit payable under the Chrysler Financial Pension Plan (CFPP), and the contributory benefit above based on post age 35 contributions, the participant shall receive in total:

2¼% of Final Average Monthly Earnings for the first 20 years of service plus 2% of Final Average Monthly Earnings for each of the next 8½ years of service (maximum 62%). Service before age 35 is not covered.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

Normal Form of Benefit: Ten year certain and life unless married. If married, a ten year certain benefit reduced 5% plus (or minus) ½% for each year in excess of five years that the participant's spouse is younger (or older) than the participant with 65% of the annuity payable to the spouse for life after the later of the participant's death or the expiration of the certain period.

**Special Early Retirement Benefit**

Eligibility: Age 50 and 10 years of credited service plus qualifications as specified under the plan. The benefit is payable at age 55.

Contributory Benefit: The Normal Retirement Benefit.

Non-Contributory Benefit: The greater of:

- The Normal Retirement Benefit as defined above without the Social Security offset until age 62 and based on service after age 35, earnings at retirement, and Social Security determined as if the participant has no earnings after retirement.

- The Normal Retirement Benefit as defined above based on expected service at age 65 and actual Final Average Monthly Earnings at retirement, prorated by the ratio of actual service after age 21 to expected service after age 21 at age 65.

**Early Retirement Benefit**

Eligibility: Age 55 and 10 years of credited service.

Benefit: The benefit payable under Special Early Retirement reduced after any offsets and according to the following table:

| Age | Percent of Benefit Received |
|---|---|
| 55 | 57.9 |
| 56 | 63.5 |
| 57 | 69.4 |
| 58 | 75.2 |
| 59 | 80.8 |
| 60 | 86.7 |
| 61 | 93.3 |
| 62 and over | 100.0 |

# SCHEDULE SB ATTACHMENTS

**Disability Benefit**

Eligibility: Permanent and total disability with one of:

- Age 55 and 10 years of credited service
- Age 35 and 10 years of contributory participation
- Age 35 and between 5 and 10 years of contributory participation (benefits deferred to age 55)

Benefit: The benefit as defined under Special Early Retirement.

**Vested Benefits Upon Termination of Service**

Vesting: 5 years vesting service.

Contributory Benefit: The Normal Contributory Benefit payable at age 65, or earlier with a reduction.

Non-Contributory Benefit: The accrued benefit as defined below payable as age 65, or earlier with a reduction.

If the participant has attained ten years of service after age 35, the accrued benefit is based on the greater of 1 and 2. Otherwise, the accrued benefit is based on 2 only.

1) The Normal Retirement Benefit as defined above without the Social Security offset until age 62 and based on service after age 35, earnings at termination, and Social Security determined as if the participant has continued to earn service to age 65 and earnings at the same rate prior to termination. The Social Security benefit is prorated by actual service over projected service.

2) The Normal Retirement Benefit as defined above based on expected service at age 65 and actual earnings at retirement prorated by the ratio of actual service after age 21 to expected service after age 21 at the Normal Retirement Date.

A contributing participant not entitled to a vested termination benefit shall receive his accumulated contributions with interest.

# SCHEDULE SB ATTACHMENTS

**Death Benefits for Participants in Active Service**

Contributory Benefit: If the participant's death occurs before age 35 or the participant is not actively contributing, his/her spouse shall receive the participant's accumulated contributions. If the participant's death occurs after age 35 while contributing, the participant's spouse shall receive 100 times the participant's projected age 65 monthly benefit. The benefit earned on contributions made before age 35 is not counted.

Non-Contributory Benefit: If the participant's death occurs after age 60 and ten years of service, the participant's spouse shall receive the actuarially equivalent lump sum amount of the 120 certain payments he/she would have received if the participant had retired on the date of his/her death, reduced 5/8% per month the date of death precedes age 65.

If the married participant's death occurs while either eligible for Early Retirement or Vested Termination, his/her spouse shall receive the greater of 1 or 2:

1. The standard death benefit as defined above.
2. The benefit payable to the spouse under the 50% Joint and Survivor option assuming the participant had retired on the day of his death with this option in effect.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The following optional forms of payment are available:

- A single life annuity actuarially equivalent to the Normal Form.
- An actuarially reduced benefit payable for the participant's lifetime, with 65% of such reduced benefit payable to the participant's spouse upon the participant's death.
- An actuarially reduced benefit payable for the participant's lifetime, with 50%, 75%, or 100% of such benefit payable to the participant's designated beneficiary upon the participant's death.

**Plan Participants' Contributions**

2½% of Salary over 50% of the monthly equivalent of the Social Security contribution base rounded down to the nearest $25. A participant may contribute for up to 28½ years after age 35.

**Additional Benefits**

Participants listed on Appendix C of the plan shall be entitled to receive a corresponding Additional Retirement Benefit.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

**Special Provisions for former AMC/Jeep Salaried Plan Participants**

*Minimum Monthly Benefit*

$51.65 multiplied by AMC/Jeep service and reduced for retirement before age 62.

*Supplements*

AMC: The excess of:

- For employees with 30 years total service, $3,020 per month, prorated down for AMC service less than 30 years, or an amount from $21.90 to $47.30 based on retirement age times AMC service plus the Minimum Monthly Benefit.
- The greater AMC regular benefit or the Minimum Monthly Benefit.

Jeep: The excess of 1 plus 2 over 3:

1. For employees with 30 years total service, $49.80 times 30 years, prorated down for Jeep service less than 30 years, plus $17.15 times Jeep service in excess of 30 years.
2. The minimum benefit.
3. The greater of Jeep regular benefits or the Minimum Monthly Benefit.

**Special Provisions for MBCC Participants**

Participants with credited service under the MBCC plan receive a monthly benefit equal to:

- 1.2% of Final Average Monthly Earnings time MBCC credited service

  plus
- 0.4% of the excess of Final Average Monthly Earnings and Covered Compensation times MBCC credited service.

**Changes in Plan Provisions Since the Last Year's Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Summary of principal plan provisions – Legacy Pension Agreement between Chrysler Financial and the UAW (UAW)

**Plan Sponsor**

TD Auto Finance LLC

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spin-off from Chrysler, LLC. This plan was amended on December 11, 2013 and frozen on December 31, 2013. The Former UAW Plan's last favorable determination letter is dated December 14, 2010. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Plan Year**

The twelve-month period beginning January 1

**Normal Retirement Benefit**

Normal Retirement Date: Age 65

Benefit Formula: An employee retiring on or after age 65 with one or more years of credited service receives a monthly pension for life. The amount payable for each year of credited service is as follows, depending upon his job classification.

| Date of Retirement | Job Classification | Monthly Amount |
|---|---|---|
| October 1, 2010 and thereafter | A | $53.55 |
| | B | $53.80 |
| | C | $54.05 |
| | D | $54.30 |

# SCHEDULE SB ATTACHMENTS

**Early Retirement Benefit**

An employee retiring at his option either (1) at ages 60-64 with 10 or more years of credited service, or (2) with 30 or more years of credited service, receives a monthly pension for life. If his age is 62-64, the amount is his pension rate times his years of credited service. If he is younger than age 62, such amount is reduced by application of an early retirement factor (as shown below) based on his age at retirement; however, if he has 30 or more years of credited service or his age plus his years of credited service equals 85, such reduction is eliminated at age 62 and one month.

**Early Retirement Factors:**

| Age | Rate | Age | Rate | Age | Rate | Age | Rate |
|---|---|---|---|---|---|---|---|
| 42 | 21.0% | 48 | 32.8% | 54 | 53.2% | 60 | 86.7% |
| 43 | 22.6 | 49 | 35.4 | 55 | 57.9 | 61 | 93.3 |
| 44 | 24.3 | 50 | 38.3 | 56 | 63.5 | 62 & over | 100.0 |
| 45 | 26.1 | 51 | 41.5 | 57 | 69.4 | | |
| 46 | 28.2 | 52 | 45.0 | 58 | 75.2 | | |
| 47 | 30.4 | 53 | 48.9 | 59 | 80.8 | | |

**Special Early Retirement**

This benefit may be available at age 55 to an employee with 10 or more years of credited service who is laid off at age 50 or older as a result of a facility closing or discontinuance of operation, or whose layoff appears to be permanent, if he has not been offered suitable work by TD Auto Finance in the same labor market area.

This benefit may also be available at age 50 to an employee with 10 or more years of credited service who is laid off as a result of a facility closing where no other TD Auto Finance facility is in the same labor market area.

The benefit equal to the Normal Retirement Benefit plus the Temporary Pension paid until age 62 and one month.

**Disability Benefit**

An employee retiring by reason of permanent and total disability before age 65 with 10 or more years of credited service receives a monthly disability pension. The amount thereof, payable not beyond his attainment of age 65, is usually his pension rate times his years of credited service, but an additional temporary amount is paid until age 62 and one month if he does not qualify for a disability pension under

the Social Security Act. Upon his attainment of age 65, the disability pension ceases and the normal retirement pension commences.

**Vested Benefits Upon Termination of Service**

An employee with 5 or more years of credited service whose employment terminates before he is eligible for early retirement becomes entitled to a deferred monthly pension, to commence at age 65, in an amount equal to his pension rate in effect on the date he terminated employment times his years of credited service. At his election, the pension may commence at any time between ages 60 and 65, or at ages 55-59 after the time when his age plus his years of credited service equals 85, in which case the amount is reduced.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The Plan provides that unless a retiring employee rejects the surviving spouse option, it automatically goes into effect. Under the option, the employee receives a reduced pension during his lifetime. Upon his death, 65% of his reduced post-age 65 benefit is paid to his surviving spouse for life. If the spouse dies first, or there is a divorce, the retired employee may request that the reduction in future payments be cancelled. A retired employee who was not married when he retired or whose reduction was thus cancelled may elect this option upon his subsequent marriage or remarriage.

**Death Benefits**

If a married employee dies in service after he has qualified for voluntary early retirement, his surviving spouse receives a benefit for life equal to the amount she would have received if he had retired voluntarily on the date of his death and had not rejected the spouse option.

If an employee dies in service with 5 or more years of credited service and is not eligible for voluntary retirement or a terminated vested employee dies before commencement of retirement benefits, and is survived by an eligible spouse, he shall automatically be deemed as of the day preceding his death to have been entitled to a reduced deferred pension, and the spouse shall be eligible to receive a 50% pre-retirement spouse benefit. The spouse benefit may commence, at the spouse's election, during such period the employee could have elected to commence his deferred pension. Such spouse benefit would be further reduced if it commences before the employee would have attained age 65.

**Supplemental Allowances**

*Early Retirement Supplement*

An employee who retires at any age with 30 or more years of credited service usually receives an early retirement supplement payable not beyond age 62 and one month. This increases his total monthly benefit at retirement (before any reduction for the surviving spouse option) to:

| Date of Retirement | Monthly Amount |
|---|---|
| October 1, 2010 and thereafter | $3,170 |

*Interim Supplement*

An employee who retires voluntarily between ages 55 and 62, with less than 30 years of credited service, usually receives an interim supplement payable to age 62 and one month. The monthly amount per year of credited service varies for retirements at ages 55 through 61, according to the following schedule:

| Date of Retirement | Monthly Amounts for Retirements at Ages 55 through 61 |
|---|---|
| October 1, 2010 and thereafter | $22.60, 26.70, 32.25, 37.80, 42.20, 48.85, 48.85 |

**Temporary Pension**

An employee who retirees under Special Early Retirement or certain disability retirees, receives a temporary pension to age 62 in lieu of any other supplement of $51.40 per month per year of credited service (maximum 30 years).

**Pension Increases**

None.

**Maximum Benefits and Pay**

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

# SCHEDULE SB ATTACHMENTS

**Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

**Changes in Plan Provisions Since Last Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated from $1,048,000 for 2024 to $1,070,000 for 2025.

An assumption study was performed in 2024, and as a result the withdrawal and spouse age assumptions were changed to better reflect anticipated future experience.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

## Schedule of Active Participant Data as of January 1, 2025

**Number distributed by attained age and attained years of credited service**

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | **Under 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40 & Over** | **Total** |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 45-49 | 0 | 0 | 16 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 35 |
| 50-54 | 0 | 0 | 10 | 27 | 7 | 1 | 0 | 0 | 0 | 0 | 45 |
| 55-59 | 0 | 0 | 1 | 15 | 10 | 10 | 0 | 0 | 0 | 0 | 36 |
| 60-64 | 0 | 0 | 4 | 1 | 5 | 5 | 6 | 0 | 0 | 0 | 21 |
| 65-69 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 4 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Total | 0 | 3 | 35 | 63 | 22 | 17 | 8 | 0 | 0 | 1 | 149 |

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

Plan Name: Legacy Chrysler Financial Employee Pension Plan
EIN / PN: 01-0437984 / 002
Plan Sponsor: TD Bank US Holding Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 229,325 | 773,652 | 35,277,186 | 36,280,163 |
| 2026 | 578,648 | 1,609,349 | 34,301,261 | 36,489,258 |
| 2027 | 809,835 | 2,355,910 | 33,296,651 | 36,462,396 |
| 2028 | 977,949 | 3,231,932 | 32,287,687 | 36,497,568 |
| 2029 | 1,093,612 | 4,208,187 | 31,217,055 | 36,518,854 |
| 2030 | 1,195,556 | 5,124,384 | 30,082,097 | 36,402,037 |
| 2031 | 1,273,820 | 5,803,675 | 28,916,196 | 35,993,691 |
| 2032 | 1,336,625 | 6,290,503 | 27,713,675 | 35,340,803 |
| 2033 | 1,376,883 | 6,740,634 | 26,472,842 | 34,590,359 |
| 2034 | 1,393,474 | 7,192,225 | 25,200,836 | 33,786,535 |
| 2035 | 1,396,748 | 7,673,551 | 23,907,538 | 32,977,837 |
| 2036 | 1,391,877 | 8,118,741 | 22,590,868 | 32,101,486 |
| 2037 | 1,407,164 | 8,549,764 | 21,259,973 | 31,216,901 |
| 2038 | 1,419,911 | 9,011,793 | 19,924,589 | 30,356,293 |
| 2039 | 1,424,042 | 9,414,512 | 18,588,611 | 29,427,165 |
| 2040 | 1,427,463 | 9,737,054 | 17,260,327 | 28,424,844 |
| 2041 | 1,429,505 | 9,970,678 | 15,946,423 | 27,346,606 |
| 2042 | 1,447,766 | 10,184,664 | 14,654,589 | 26,287,019 |
| 2043 | 1,455,593 | 10,373,420 | 13,392,304 | 25,221,317 |
| 2044 | 1,449,283 | 10,504,571 | 12,166,625 | 24,120,479 |
| 2045 | 1,437,088 | 10,533,335 | 10,984,118 | 22,954,541 |
| 2046 | 1,412,755 | 10,400,703 | 9,850,750 | 21,664,208 |
| 2047 | 1,376,195 | 10,181,705 | 8,771,850 | 20,329,750 |
| 2048 | 1,334,367 | 9,921,285 | 7,752,303 | 19,007,955 |
| 2049 | 1,291,256 | 9,624,416 | 6,794,812 | 17,710,484 |
| 2050 | 1,244,842 | 9,298,991 | 5,904,904 | 16,448,737 |
| 2051 | 1,193,939 | 8,949,565 | 5,087,043 | 15,230,547 |
| 2052 | 1,140,132 | 8,578,002 | 4,341,454 | 14,059,588 |
| 2053 | 1,083,791 | 8,185,855 | 3,668,975 | 12,938,621 |

Plan Name: Legacy Chrysler Financial Employee Pension Plan
EIN / PN: 01-0437984 / 002
Plan Sponsor: TD Bank US Holding Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2054 | 1,025,108 | 7,775,043 | 3,069,194 | 11,869,345 |
| 2055 | 964,398 | 7,348,548 | 2,540,530 | 10,853,476 |
| 2056 | 902,121 | 6,910,358 | 2,080,263 | 9,892,742 |
| 2057 | 838,838 | 6,464,568 | 1,684,625 | 8,988,031 |
| 2058 | 775,155 | 6,015,629 | 1,349,036 | 8,139,820 |
| 2059 | 711,727 | 5,567,974 | 1,068,260 | 7,347,961 |
| 2060 | 649,198 | 5,125,736 | 836,565 | 6,611,499 |
| 2061 | 588,180 | 4,692,642 | 648,041 | 5,928,863 |
| 2062 | 529,246 | 4,271,897 | 496,778 | 5,297,921 |
| 2063 | 472,875 | 3,866,187 | 377,072 | 4,716,134 |
| 2064 | 419,466 | 3,477,734 | 283,625 | 4,180,825 |
| 2065 | 369,320 | 3,108,350 | 211,628 | 3,689,298 |
| 2066 | 322,639 | 2,759,476 | 156,845 | 3,238,960 |
| 2067 | 279,554 | 2,432,238 | 115,653 | 2,827,445 |
| 2068 | 240,121 | 2,127,506 | 85,022 | 2,452,649 |
| 2069 | 204,341 | 1,845,940 | 62,469 | 2,112,750 |
| 2070 | 172,174 | 1,588,028 | 46,007 | 1,806,209 |
| 2071 | 143,539 | 1,354,035 | 34,066 | 1,531,640 |
| 2072 | 118,315 | 1,143,954 | 25,441 | 1,287,710 |
| 2073 | 96,347 | 957,495 | 19,220 | 1,073,062 |
| 2074 | 77,448 | 794,028 | 14,723 | 886,199 |

# SCHEDULE SB ATTACHMENTS

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

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

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 229,325 | 773,652 | 35,277,186 | 36,280,163 |
| 2026 | 578,648 | 1,609,349 | 34,301,261 | 36,489,258 |
| 2027 | 809,835 | 2,355,910 | 33,296,651 | 36,462,396 |
| 2028 | 977,949 | 3,231,932 | 32,287,687 | 36,497,568 |
| 2029 | 1,093,612 | 4,208,187 | 31,217,055 | 36,518,854 |
| 2030 | 1,195,556 | 5,124,384 | 30,082,097 | 36,402,037 |
| 2031 | 1,273,820 | 5,803,675 | 28,916,196 | 35,993,691 |
| 2032 | 1,336,625 | 6,290,503 | 27,713,675 | 35,340,803 |
| 2033 | 1,376,883 | 6,740,634 | 26,472,842 | 34,590,359 |
| 2034 | 1,393,474 | 7,192,225 | 25,200,836 | 33,786,535 |
| 2035 | 1,396,748 | 7,673,551 | 23,907,538 | 32,977,837 |
| 2036 | 1,391,877 | 8,118,741 | 22,590,868 | 32,101,486 |
| 2037 | 1,407,164 | 8,549,764 | 21,259,973 | 31,216,901 |
| 2038 | 1,419,911 | 9,011,793 | 19,924,589 | 30,356,293 |
| 2039 | 1,424,042 | 9,414,512 | 18,588,611 | 29,427,165 |
| 2040 | 1,427,463 | 9,737,054 | 17,260,327 | 28,424,844 |
| 2041 | 1,429,505 | 9,970,678 | 15,946,423 | 27,346,606 |
| 2042 | 1,447,766 | 10,184,664 | 14,654,589 | 26,287,019 |
| 2043 | 1,455,593 | 10,373,420 | 13,392,304 | 25,221,317 |
| 2044 | 1,449,283 | 10,504,571 | 12,166,625 | 24,120,479 |
| 2045 | 1,437,088 | 10,533,335 | 10,984,118 | 22,954,541 |
| 2046 | 1,412,755 | 10,400,703 | 9,850,750 | 21,664,208 |
| 2047 | 1,376,195 | 10,181,705 | 8,771,850 | 20,329,750 |
| 2048 | 1,334,367 | 9,921,285 | 7,752,303 | 19,007,955 |
| 2049 | 1,291,256 | 9,624,416 | 6,794,812 | 17,710,484 |
| 2050 | 1,244,842 | 9,298,991 | 5,904,904 | 16,448,737 |
| 2051 | 1,193,939 | 8,949,565 | 5,087,043 | 15,230,547 |
| 2052 | 1,140,132 | 8,578,002 | 4,341,454 | 14,059,588 |
| 2053 | 1,083,791 | 8,185,855 | 3,668,975 | 12,938,621 |

Plan Name: Legacy Chrysler Financial Employee Pension Plan
EIN / PN: 01-0437984 / 002
Plan Sponsor: TD Bank US Holding Company
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2054 | 1,025,108 | 7,775,043 | 3,069,194 | 11,869,345 |
| 2055 | 964,398 | 7,348,548 | 2,540,530 | 10,853,476 |
| 2056 | 902,121 | 6,910,358 | 2,080,263 | 9,892,742 |
| 2057 | 838,838 | 6,464,568 | 1,684,625 | 8,988,031 |
| 2058 | 775,155 | 6,015,629 | 1,349,036 | 8,139,820 |
| 2059 | 711,727 | 5,567,974 | 1,068,260 | 7,347,961 |
| 2060 | 649,198 | 5,125,736 | 836,565 | 6,611,499 |
| 2061 | 588,180 | 4,692,642 | 648,041 | 5,928,863 |
| 2062 | 529,246 | 4,271,897 | 496,778 | 5,297,921 |
| 2063 | 472,875 | 3,866,187 | 377,072 | 4,716,134 |
| 2064 | 419,466 | 3,477,734 | 283,625 | 4,180,825 |
| 2065 | 369,320 | 3,108,350 | 211,628 | 3,689,298 |
| 2066 | 322,639 | 2,759,476 | 156,845 | 3,238,960 |
| 2067 | 279,554 | 2,432,238 | 115,653 | 2,827,445 |
| 2068 | 240,121 | 2,127,506 | 85,022 | 2,452,649 |
| 2069 | 204,341 | 1,845,940 | 62,469 | 2,112,750 |
| 2070 | 172,174 | 1,588,028 | 46,007 | 1,806,209 |
| 2071 | 143,539 | 1,354,035 | 34,066 | 1,531,640 |
| 2072 | 118,315 | 1,143,954 | 25,441 | 1,287,710 |
| 2073 | 96,347 | 957,495 | 19,220 | 1,073,062 |
| 2074 | 77,448 | 794,028 | 14,723 | 886,199 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

### Summary of principal plan provisions - Legacy Chrysler Financial Pension Plan (CFPP)

**Plan Sponsor**

TD Auto Finance LLC

**Plan Year**

The twelve-month period beginning January 1

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spin-off from Chrysler, LLC. Accrued benefits and credited service were frozen effective April 1, 2012. The plan was restated January 1, 2012 and amended effective December 11, 2013. This amendment was administrative in nature. The CFPP's last favorable determination letter is dated September 6, 2013. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Normal Retirement Benefit**

Normal Retirement Date: Age 65.

Benefit Formula: An employee retiring at or after age 65 with one or more years of credited service receives a monthly pension for life. The amount payable for each year of credited service is as follows, depending upon his job classification.

| Date of Retirement | Job Classification | Monthly Amount |
|---|---|---|
| January 1, 2008 and thereafter | A | $52.90 |
| | B | $53.15 |
| | C | $53.40 |
| | D | $53.65 |

# SCHEDULE SB ATTACHMENTS

**Early Retirement Benefit**

An employee retiring at his option either (1) at ages 55-64 with 10 or more years of credited service, (2) at ages 55-59 after the time when his age plus his years of credited service equals 85, or (3) with 30 or more years of credited service, receives a monthly pension for life. If his age is 62-64, the amount is his pension rate times his years of credited service. If he is younger than age 62, such amount is reduced by application of an early retirement factor (as shown below) based on his age at retirement; however, if he has 30 or more years of credited service or his age plus his years of credited service equals 85, such reduction is eliminated at age 62 and one month.

Early Retirement Factors:

| Age | Rate | Age | Rate | Age | Rate | Age | Rate |
|---|---|---|---|---|---|---|---|
| 42 | 21.0% | 48 | 32.8% | 54 | 53.2% | 60 | 86.7% |
| 43 | 22.6 | 49 | 35.4 | 55 | 57.9 | 61 | 93.3 |
| 44 | 24.3 | 50 | 38.3 | 56 | 63.5 | 62 & over | 100.0 |
| 45 | 26.1 | 51 | 41.5 | 57 | 69.4 | | |
| 46 | 28.2 | 52 | 45.0 | 58 | 75.2 | | |
| 47 | 30.4 | 53 | 48.9 | 59 | 80.8 | | |

**Special Early Retirement**

This benefit may be available at age 55 to an employee with 10 or more years of credited service who is laid off at age 50 or older as a result of a facility closing or discontinuance of operation, or whose layoff appears to be permanent, if he has not been offered suitable work by TD Auto Finance in the same labor market area.

The benefit is equal to the Normal Retirement Benefit plus an additional temporary amount paid until age 62 and one month.

**Disability Benefit**

An employee retiring by reason of permanent and total disability before age 65 with 10 or more years of credited service receives a monthly disability pension. The amount thereof, payable not beyond his attainment of age 65, is usually his pension rate times his years of credited service, but an additional temporary amount is paid until age 62 and one month if he does not qualify for a disability pension under the Social Security Act. Upon his attainment of age 65, the disability pension ceases and the normal retirement pension commences.

# SCHEDULE SB ATTACHMENTS

**Vested Benefits Upon Termination of Service**

An employee with 5 or more years of credited service whose employment terminates before he is eligible for early retirement becomes entitled to a deferred monthly pension, to commence at age 65, in an amount equal to his pension rate in effect on the date he terminated employment times his years of credited service. At his election, the pension may commence at any time between ages 60 and 65, or at ages 55-59 after the time when his age plus his years of credited service equals 85, in which case the amount is reduced.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The Plan provides that unless a retiring employee rejects the surviving spouse option, it automatically goes into effect. Under the option, the employee receives a reduced pension during his lifetime. Upon his death, 65% of his reduced post-age 65 benefit is paid to his surviving spouse for life. If the spouse dies first, or there is a divorce, the retired employee may request that the reduction in future payments be cancelled. A retired employee who was not married when he retired or whose reduction was thus cancelled may elect this option upon his subsequent marriage or remarriage.

If a married employee dies in service after he has qualified for voluntary early retirement, his surviving spouse receives a benefit for life equal to the amount she would have received if he had retired voluntarily on the date of his death and had not rejected the spouse option.

If an employee dies in service with 5 or more years of credited service and is not eligible for voluntary retirement or a terminated vested employee dies before commencement of retirement benefits, and is survived by an eligible spouse, he shall automatically be deemed as of the day preceding his death to have been entitled to a reduced deferred pension, and the spouse shall be eligible to receive a 50% pre-retirement spouse benefit. The spouse benefit may commence, at the spouse's election, during such period the employee could have elected to commence his deferred pension. Such spouse benefit would be further reduced if it commences before the employee would have attained age 65.

**Supplemental Allowances**

*Early Retirement Supplement*

An employee who retires at any age with 30 or more years of credited service usually receives an early retirement supplement payable not beyond age 62 and one month. This increases his total monthly benefit at retirement (before any reduction for the surviving spouse option) to the following amounts:

| Date of Retirement | Monthly Amount |
|---|---|
| January 1, 2008 and thereafter | $3,140 |

# SCHEDULE SB ATTACHMENTS

*Interim Supplement*

An employee who retires voluntarily between ages 55 and 62, with less than 30 years of credited service, usually receives an interim supplement payable to age 62 and one month. The monthly amount per year of credited service varies for retirements at ages 55 through 61, according to the following schedule:

| Date of Retirement | Monthly Amounts for Retirements at Ages 55 through 61 |
|---|---|
| January 1, 2008 and thereafter | $22.35, 26.35, 31.90, 37.35, 41.65, 48.25, 48.25 |

*Temporary Pension*

An employee who retirees under Special Early Retirement or certain disability retirees, receives a temporary pension to age 62 in lieu of any other supplement of $50.80 per month per year of credited service (maximum 30 years).

**Pension Increases**

None.

**Maximum Benefits and Pay**

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

**Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

**Changes in Plan Provisions Since the Last Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Summary of principal plan provisions – Legacy Chrysler Financial Salaried Employees' Retirement Plan (SERP)

**Plan Sponsor**

TD Auto Finance LLC

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spinoff from Chrysler, LLC. Accrued benefits and credited service were frozen effective April 1, 2012. The plan was restated January 1, 2012 and amended effective December 11, 2013. It was restated on January 1, 2015 to reflect the plan merger noted below. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Plan Year**

The twelve-month period beginning January 1

**Final Average Monthly Earnings**

The highest average produced by any 60 consecutive monthly earnings out of the 180 months preceding retirement or termination of employment.

**Normal Retirement Benefit**

Normal Retirement Date: Age 65.

Contributory Benefit: A monthly benefit equal to 5% of the participant's contributions. Employee contributions are not permitted effective April 1, 2012.

Non-Contributory Benefit: When combined with 50% of the participant's monthly Social Security Benefit, the monthly benefit payable under the Chrysler Financial Pension Plan (CFPP), and the contributory benefit above based on post age 35 contributions, the participant shall receive in total:

2¼% of Final Average Monthly Earnings for the first 20 years of service plus 2% of Final Average Monthly Earnings for each of the next 8½ years of service (maximum 62%). Service before age 35 is not covered.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

Normal Form of Benefit: Ten year certain and life unless married. If married, a ten year certain benefit reduced 5% plus (or minus) ½% for each year in excess of five years that the participant's spouse is younger (or older) than the participant with 65% of the annuity payable to the spouse for life after the later of the participant's death or the expiration of the certain period.

**Special Early Retirement Benefit**

Eligibility: Age 50 and 10 years of credited service plus qualifications as specified under the plan. The benefit is payable at age 55.

Contributory Benefit: The Normal Retirement Benefit.

Non-Contributory Benefit: The greater of:

- The Normal Retirement Benefit as defined above without the Social Security offset until age 62 and based on service after age 35, earnings at retirement, and Social Security determined as if the participant has no earnings after retirement.

- The Normal Retirement Benefit as defined above based on expected service at age 65 and actual Final Average Monthly Earnings at retirement, prorated by the ratio of actual service after age 21 to expected service after age 21 at age 65.

**Early Retirement Benefit**

Eligibility: Age 55 and 10 years of credited service.

Benefit: The benefit payable under Special Early Retirement reduced after any offsets and according to the following table:

| Age | Percent of Benefit Received |
|---|---|
| 55 | 57.9 |
| 56 | 63.5 |
| 57 | 69.4 |
| 58 | 75.2 |
| 59 | 80.8 |
| 60 | 86.7 |
| 61 | 93.3 |
| 62 and over | 100.0 |

# SCHEDULE SB ATTACHMENTS

**Disability Benefit**

Eligibility: Permanent and total disability with one of:

- Age 55 and 10 years of credited service
- Age 35 and 10 years of contributory participation
- Age 35 and between 5 and 10 years of contributory participation (benefits deferred to age 55)

Benefit: The benefit as defined under Special Early Retirement.

**Vested Benefits Upon Termination of Service**

Vesting: 5 years vesting service.

Contributory Benefit: The Normal Contributory Benefit payable at age 65, or earlier with a reduction.

Non-Contributory Benefit: The accrued benefit as defined below payable as age 65, or earlier with a reduction.

If the participant has attained ten years of service after age 35, the accrued benefit is based on the greater of 1 and 2. Otherwise, the accrued benefit is based on 2 only.

1) The Normal Retirement Benefit as defined above without the Social Security offset until age 62 and based on service after age 35, earnings at termination, and Social Security determined as if the participant has continued to earn service to age 65 and earnings at the same rate prior to termination. The Social Security benefit is prorated by actual service over projected service.

2) The Normal Retirement Benefit as defined above based on expected service at age 65 and actual earnings at retirement prorated by the ratio of actual service after age 21 to expected service after age 21 at the Normal Retirement Date.

A contributing participant not entitled to a vested termination benefit shall receive his accumulated contributions with interest.

# SCHEDULE SB ATTACHMENTS

**Death Benefits for Participants in Active Service**

Contributory Benefit: If the participant's death occurs before age 35 or the participant is not actively contributing, his/her spouse shall receive the participant's accumulated contributions. If the participant's death occurs after age 35 while contributing, the participant's spouse shall receive 100 times the participant's projected age 65 monthly benefit. The benefit earned on contributions made before age 35 is not counted.

Non-Contributory Benefit: If the participant's death occurs after age 60 and ten years of service, the participant's spouse shall receive the actuarially equivalent lump sum amount of the 120 certain payments he/she would have received if the participant had retired on the date of his/her death, reduced 5/8% per month the date of death precedes age 65.

If the married participant's death occurs while either eligible for Early Retirement or Vested Termination, his/her spouse shall receive the greater of 1 or 2:

1. The standard death benefit as defined above.
2. The benefit payable to the spouse under the 50% Joint and Survivor option assuming the participant had retired on the day of his death with this option in effect.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The following optional forms of payment are available:

- A single life annuity actuarially equivalent to the Normal Form.
- An actuarially reduced benefit payable for the participant's lifetime, with 65% of such reduced benefit payable to the participant's spouse upon the participant's death.
- An actuarially reduced benefit payable for the participant's lifetime, with 50%, 75%, or 100% of such benefit payable to the participant's designated beneficiary upon the participant's death.

**Plan Participants' Contributions**

2½% of Salary over 50% of the monthly equivalent of the Social Security contribution base rounded down to the nearest $25. A participant may contribute for up to 28½ years after age 35.

**Additional Benefits**

Participants listed on Appendix C of the plan shall be entitled to receive a corresponding Additional Retirement Benefit.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

**Special Provisions for former AMC/Jeep Salaried Plan Participants**

*Minimum Monthly Benefit*

$51.65 multiplied by AMC/Jeep service and reduced for retirement before age 62.

*Supplements*

AMC: The excess of:

- For employees with 30 years total service, $3,020 per month, prorated down for AMC service less than 30 years, or an amount from $21.90 to $47.30 based on retirement age times AMC service plus the Minimum Monthly Benefit.
- The greater AMC regular benefit or the Minimum Monthly Benefit.

Jeep: The excess of 1 plus 2 over 3:

1. For employees with 30 years total service, $49.80 times 30 years, prorated down for Jeep service less than 30 years, plus $17.15 times Jeep service in excess of 30 years.
2. The minimum benefit.
3. The greater of Jeep regular benefits or the Minimum Monthly Benefit.

**Special Provisions for MBCC Participants**

Participants with credited service under the MBCC plan receive a monthly benefit equal to:

- 1.2% of Final Average Monthly Earnings time MBCC credited service

  plus
- 0.4% of the excess of Final Average Monthly Earnings and Covered Compensation times MBCC credited service.

**Changes in Plan Provisions Since the Last Year's Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Summary of principal plan provisions – Legacy Pension Agreement between Chrysler Financial and the UAW (UAW)

**Plan Sponsor**

TD Auto Finance LLC

**Effective Date and Most Recent Amendment**

The plan was established March 1, 2008 as a result of a spin-off from Chrysler, LLC. This plan was amended on December 11, 2013 and frozen on December 31, 2013. The Former UAW Plan's last favorable determination letter is dated December 14, 2010. The plan was amended during 2015 to allow for one-time lump sum elections by terminated vested participants.

The CFPP and UAW plans merged into the SERP plan and was renamed Legacy Chrysler Financial Employee Pension Plan, effective on December 31, 2014.

**Plan Year**

The twelve-month period beginning January 1

**Normal Retirement Benefit**

Normal Retirement Date: Age 65

Benefit Formula: An employee retiring on or after age 65 with one or more years of credited service receives a monthly pension for life. The amount payable for each year of credited service is as follows, depending upon his job classification.

| Date of Retirement | Job Classification | Monthly Amount |
|---|---|---|
| October 1, 2010 and thereafter | A | $53.55 |
| | B | $53.80 |
| | C | $54.05 |
| | D | $54.30 |

# SCHEDULE SB ATTACHMENTS

**Early Retirement Benefit**

An employee retiring at his option either (1) at ages 60-64 with 10 or more years of credited service, or (2) with 30 or more years of credited service, receives a monthly pension for life. If his age is 62-64, the amount is his pension rate times his years of credited service. If he is younger than age 62, such amount is reduced by application of an early retirement factor (as shown below) based on his age at retirement; however, if he has 30 or more years of credited service or his age plus his years of credited service equals 85, such reduction is eliminated at age 62 and one month.

**Early Retirement Factors:**

| Age | Rate | Age | Rate | Age | Rate | Age | Rate |
|---|---|---|---|---|---|---|---|
| 42 | 21.0% | 48 | 32.8% | 54 | 53.2% | 60 | 86.7% |
| 43 | 22.6 | 49 | 35.4 | 55 | 57.9 | 61 | 93.3 |
| 44 | 24.3 | 50 | 38.3 | 56 | 63.5 | 62 & over | 100.0 |
| 45 | 26.1 | 51 | 41.5 | 57 | 69.4 | | |
| 46 | 28.2 | 52 | 45.0 | 58 | 75.2 | | |
| 47 | 30.4 | 53 | 48.9 | 59 | 80.8 | | |

**Special Early Retirement**

This benefit may be available at age 55 to an employee with 10 or more years of credited service who is laid off at age 50 or older as a result of a facility closing or discontinuance of operation, or whose layoff appears to be permanent, if he has not been offered suitable work by TD Auto Finance in the same labor market area.

This benefit may also be available at age 50 to an employee with 10 or more years of credited service who is laid off as a result of a facility closing where no other TD Auto Finance facility is in the same labor market area.

The benefit equal to the Normal Retirement Benefit plus the Temporary Pension paid until age 62 and one month.

**Disability Benefit**

An employee retiring by reason of permanent and total disability before age 65 with 10 or more years of credited service receives a monthly disability pension. The amount thereof, payable not beyond his attainment of age 65, is usually his pension rate times his years of credited service, but an additional temporary amount is paid until age 62 and one month if he does not qualify for a disability pension under

the Social Security Act. Upon his attainment of age 65, the disability pension ceases and the normal retirement pension commences.

**Vested Benefits Upon Termination of Service**

An employee with 5 or more years of credited service whose employment terminates before he is eligible for early retirement becomes entitled to a deferred monthly pension, to commence at age 65, in an amount equal to his pension rate in effect on the date he terminated employment times his years of credited service. At his election, the pension may commence at any time between ages 60 and 65, or at ages 55-59 after the time when his age plus his years of credited service equals 85, in which case the amount is reduced.

**Optional Forms of Retirement Income in Lieu of Normal Form**

The Plan provides that unless a retiring employee rejects the surviving spouse option, it automatically goes into effect. Under the option, the employee receives a reduced pension during his lifetime. Upon his death, 65% of his reduced post-age 65 benefit is paid to his surviving spouse for life. If the spouse dies first, or there is a divorce, the retired employee may request that the reduction in future payments be cancelled. A retired employee who was not married when he retired or whose reduction was thus cancelled may elect this option upon his subsequent marriage or remarriage.

**Death Benefits**

If a married employee dies in service after he has qualified for voluntary early retirement, his surviving spouse receives a benefit for life equal to the amount she would have received if he had retired voluntarily on the date of his death and had not rejected the spouse option.

If an employee dies in service with 5 or more years of credited service and is not eligible for voluntary retirement or a terminated vested employee dies before commencement of retirement benefits, and is survived by an eligible spouse, he shall automatically be deemed as of the day preceding his death to have been entitled to a reduced deferred pension, and the spouse shall be eligible to receive a 50% pre-retirement spouse benefit. The spouse benefit may commence, at the spouse's election, during such period the employee could have elected to commence his deferred pension. Such spouse benefit would be further reduced if it commences before the employee would have attained age 65.

**Supplemental Allowances**

*Early Retirement Supplement*

An employee who retires at any age with 30 or more years of credited service usually receives an early retirement supplement payable not beyond age 62 and one month. This increases his total monthly benefit at retirement (before any reduction for the surviving spouse option) to:

| Date of Retirement | Monthly Amount |
|---|---|
| October 1, 2010 and thereafter | $3,170 |

*Interim Supplement*

An employee who retires voluntarily between ages 55 and 62, with less than 30 years of credited service, usually receives an interim supplement payable to age 62 and one month. The monthly amount per year of credited service varies for retirements at ages 55 through 61, according to the following schedule:

| Date of Retirement | Monthly Amounts for Retirements at Ages 55 through 61 |
|---|---|
| October 1, 2010 and thereafter | $22.60, 26.70, 32.25, 37.80, 42.20, 48.85, 48.85 |

**Temporary Pension**

An employee who retirees under Special Early Retirement or certain disability retirees, receives a temporary pension to age 62 in lieu of any other supplement of $51.40 per month per year of credited service (maximum 30 years).

**Pension Increases**

None.

**Maximum Benefits and Pay**

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

# SCHEDULE SB ATTACHMENTS

**Future Plan Changes**

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

**Changes in Plan Provisions Since Last Actuarial Valuation**

None.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated from $1,048,000 for 2024 to $1,070,000 for 2025.

An assumption study was performed in 2024, and as a result the withdrawal and spouse age assumptions were changed to better reflect anticipated future experience.

| | |
|---|---|
| Plan Name: | Legacy Chrysler Financial Employee Pension Plan |
| EIN / PN: | 01-0437984 / 002 |
| Plan Sponsor: | TD Bank US Holding Company |
| Valuation Date: | January 1, 2025 |