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
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CAPITAL ONE FINANCIAL CORPORATION

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102-3491

2b Employer Identification Number (EIN)
54-1719854

2c Plan Sponsor's telephone number
804-284-6600

2d Business code (see instructions)
551112

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.	10/13/2026	ALEXIS GAYLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	3135
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)**	498
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3
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 1C 1E 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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**	240770790
b Actuarial value	**2b**	234945493

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	1076	52983887	52983887
b For terminated vested participants	1564	45726851	45726851
c For active participants	498	7505459	7505459
d Total	3138	106216197	106216197

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2680000
c Target normal cost	**6c**	2680000

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

10/06/2026
Date

SELINA SCOTT
Type or print name of actuary

26-08302
Most recent enrollment number

MERCER
Firm name

206-214-3543
Telephone number (including area code)

30 SOUTH 17TH STREET, 19TH FLOOR
PHILADELPHIA, PA 19103

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)	73795366	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9	Amount remaining (line 7 minus line 8)	73795366	0
10	Interest on line 9 using prior year's actual return of 7.06 %	5209953	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	79005319	0

Part III Funding Percentages

14	Funding target attainment percentage	14	146.81 %
15	Adjusted funding target attainment percentage	15	221.19 %
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	217.24 %
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? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	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**	59

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**	2680000
b Excess assets, if applicable, but not greater than line 31a	**31b**	2680000

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

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

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

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	2538295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	FIDUCIARY	387689	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
19 28 62 63 99	TRUSTEE	82546	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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: INTERMEDIATE US GOVT BOND INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
90-0337987-209	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6219484-017	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SMALL/MID CAP EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566611-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LARGE CAP CORE PASSIVE EQ

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566613-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566617-009	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7004395-018	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORPORATE FIXED

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTERMED CREDIT FIXED

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

c EIN-PN 85-2621954-048	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORTUNISTIC FIXED INCOME

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

c EIN-PN 36-7630030-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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)	2769	425626
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1503921	146968211
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(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)	245177579	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	246684269	147393837
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	246684269	147393837

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)	1767057	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1767057
(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)		18835254
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		9755
d Total income. Add all **income** amounts in column (b) and enter total	2d		20612066
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35810598	
(2) To insurance carriers for the provision of benefits	2e(2)	81278156	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		117088754
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)	82546	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	391861	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2538295	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	332310	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3345012
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		120433766
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-99821700
l Transfers of assets:			
(1) To this plan	2l(1)		531268
(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 **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 593085.

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
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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): 41-1346942

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** 1043

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % 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_____.

Capital One Financial Corporation Cash Balance Pension Plan

Financial Statements and Supplemental Schedules

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

Capital One Financial Corporation Cash Balance Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

To the Plan Participants and the Plan Administrator of the Capital One Financial Corporation Cash Balance Pension Plan

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

We have performed an audit of the financial statements of Capital One Financial Corporation Cash Balance 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 as of December 31, 2025 (in liquidation) and 2024 (going concern), and the related statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation) and 2024 (going concern), 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 (in liquidation) and 2024(going concern), and for the years ended December 31, 2025 (in liquidation) and 2024 (going concern), stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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Basis for Opinion

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

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation on July 30, 2024, and management determined liquidation is imminent on March 31, 2025. As a result, the Plan changed its basis of accounting for the year ended 2025 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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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.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

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

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

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

In our opinion

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

Ernst & Young LLP

October 1, 2026

Capital One Financial Corporation Cash Balance Pension Plan

Statements of Net Assets Available for Benefits

as of December 31, 2025 (in liquidation) and 2024 (going concern)

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Assets:		
Investments, at fair value	**$ 140,790,440**	$ 240,768,194
Net assets held in 401(h) account (Notes 1 and 4)	**6,177,771**	5,913,306
Interest and dividend receivable	**425,626**	2,769
Total assets	**147,393,837**	246,684,269
Liabilities:		
Amounts related to obligation of 401(h) account (Note 1)	**6,177,771**	5,913,306
Total liabilities	**6,177,771**	5,913,306
Net assets available for benefits	**$ 141,216,066**	$ 240,770,963

See Notes to Financial Statements

Capital One Financial Corporation Cash Balance Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025 (in liquidation) and 2024 (going concern)

	Year Ended December 31,	
	2025 (in liquidation)	**2024 (going concern)**
Income on investments:		
Investment income:		
Net appreciation of investments	**$ 19,066,222**	$ 16,190,988
Interest and other income	**1,722,260**	41,078
Total investment income	**20,788,482**	16,232,066
Deductions:		
Benefits paid to participants	**35,810,598**	9,432,520
Administrative expenses	**3,254,625**	1,223,280
Insurance premium for purchased annuities	**81,278,156**	—
Total deductions	**120,343,379**	10,655,800
Net (decrease) / increase in net assets available for benefits:	**(99,554,897)**	5,576,266
Net assets available for benefits:		
Beginning of year	**240,770,963**	235,194,697
End of year	**141,216,066**	$ 240,770,963

See Notes to Financial Statements

Note 1—Description of Plan

Capital One Financial Corporation (the "Company") sponsors a defined benefit pension plan, the Capital One Financial Corporation Cash Balance Pension Plan (the "Plan"), for the benefit of its eligible associates. The Benefits Committee of the Company is the Plan administrator. A cash balance defined benefit pension plan maintains and reports accrued benefits based on individual hypothetical participant accounts.

The Plan includes a legacy frozen cash balance plan and two frozen qualified plans assumed through acquisitions, all of which were merged into a single plan effective December 31, 2007. The legacy cash balance plan was frozen effective December 31, 1995 and the two acquired qualified plans were frozen effective December 31, 2007. While participants as of the freeze dates continue to earn credited service for vesting purposes, only the years of service and compensation earned through the respective freeze dates are considered in calculating the retirement benefit. Since the freeze dates, participant account balances are increased only by interest credited ratably each quarter. Employees who commenced service subsequent to the freeze dates are not able to participate in the Plan.

The Company monitors the funded status of the Plan and makes contributions, as necessary. The Plan has met the minimum funding requirements under the Employee Retirement Income Security Act of 1974 ("ERISA") since inception, including for the years ended December 31, 2025 and 2024.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit retirement plan that provides for pension and death benefits for eligible participants. The Plan is subject to the provisions of the ERISA, as amended.

Pension Benefits

Eligible participants under the Plan vested according to the following schedule:

Years of Service	Vested Percentage
Less than 3 years	0%
3 years or more	100%

A participant is eligible to receive retirement benefits commencing on the normal retirement date, which is deemed to be age 65 for purposes of the Plan. An actively employed participant who has both attained the age of 55 and who has ten or more years of full-time service may elect to retire prior to the normal retirement date. If the benefit commencement date is after the termination of employment and prior to the normal retirement date, the participant shall receive a retirement benefit which is the actuarial equivalent of his or her vested account as of such benefit commencement date. A terminated vested participant may receive retirement benefits commencing on his or her normal retirement date or may elect the receipt of a lump-sum payout, a single-life annuity or a qualified joint and survivor annuity beginning at an earlier date, on or after the termination date.

The payment of a survivor benefit, as a joint and 50% surviving spouse level annuity, is automatic unless waived by both the participant and the spouse. If the participant is not married at the time benefits commence, the standard form of benefit is a single-life annuity. Other optional forms of benefits that a participant may elect include: lump-

sum payment option, single-life annuity option, joint and 50% survivor annuity option, joint and 100% survivor annuity option, joint and 50% survivor/10-year certain annuity, 10-year certain annuity option and level income option.

Death and Disability Benefits

If a participant dies before the commencement of any retirement benefits, the surviving spouse or beneficiary has the option of receiving a single-life annuity or lump-sum payout.

If a participant receives long-term disability benefits before retirement, disability benefits are paid by the Company until normal retirement age, at which time disabled participants begin receiving normal retirement benefits under the Plan. These benefits are computed as though the participant had been employed to normal retirement age and their annual compensation was unchanged from the time they became disabled.

Plan Termination

The Plan began the process of termination following the adoption of a formal resolution by the Company on July 30, 2024. A Notice of Intent to Terminate ("NOIT") the plan was distributed to plan participants on January 21, 2025, and a request for qualified status determination was filed with the IRS on February 13, 2025. The Plan Amendment to Terminate became effective on March 31, 2025. As a result, the liquidation basis of accounting was adopted for the full year ended December 31, 2025, in accordance with Accounting Standards Codification ("ASC") No. 205-30, *Liquidation Basis of Accounting*. Participants were offered the choice to receive benefits as either a lump-sum payment or as an annuity. The payment of a participant's accumulated benefit obligation was dependent on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC") on March 31, 2025, the effective date of the Plan Amendment to Terminate. Participants that chose a lump-sum payment primarily received their benefit in September 2025. The annuity contract was purchased in December 2025 from a qualified insurer for the remaining known participants, and the insurer became financially responsible for benefit payments on January 1, 2026. Termination activities are expected to be completed in 2026.

Upon full satisfaction of benefit liabilities and completion of all distributions, the Plan will be formally terminated and closed. A final Form 5500 will be filed for the plan year in which all obligations are settled. The Company will ensure all fiduciary responsibilities are met during the termination process including compliance with all applicable regulatory requirements.

401(h) Account

The Plan has a healthcare benefit component, in addition to the normal retirement benefits, which is used to fund a portion of the postretirement benefit obligation for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code ("IRC"). A separate account was established and maintained for the net assets related to the healthcare benefit component (the "401(h) account"). In accordance with IRC Section 401(h), the investments in the 401(h) account may not be used for or diverted to any purpose other than providing healthcare benefits for eligible retirees and their beneficiaries. The 401(h) account will no longer be maintained following the Plan termination.

The 401(h) asset balance is reflected on the statements of net assets in liquidation and the statements of net assets available for benefits as "Net assets held in 401(h) account" and the corresponding obligations are reflected as "Amounts related to obligation of 401(h) account." The asset balance and the corresponding obligation of the 401(h) account totaled $6,177,771 as of December 31, 2025 and $5,913,306 as of December 31, 2024.

Note 2—Summary of Significant Accounting Policies

Basis of Presentation and Use of Estimates

As a result of the Plan termination, the financial statements as of and for the year ended December 31, 2025 have been prepared using the liquidation basis of accounting in accordance with generally accepted accounting principles in the U.S. ("U.S. GAAP"). The financial statements as of and for the year ended December 31, 2024 have been prepared using the going concern basis of accounting in accordance with U.S. GAAP. The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and related disclosures. These estimates are based on information available as of the date of the financial statements. While management makes its best judgment, actual amounts or results could differ from these estimates.

Valuation and Income Recognition

The Plan and 401(h) account investments are carried at fair value. Fair value is based on market values reported as of the end of each period by State Street Bank & Trust Company (the "Trustee"). Purchases and sales of securities are recorded on a trade-date basis. The Plan recognizes dividend income on the ex-dividend date and interest income as earned.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses consist primarily of record keeping, actuarial, advisory and PBGC fees.

Note 3—Accumulated Plan Benefits

The accumulated plan benefits represent future expected benefit payments that are attributable under the provisions of the Plan for past participant service rendered before the measurement date based on participant service and applicable compensation prior to that date. As of December 31, 2025, due to the Plan termination, the accumulated plan benefits consist of amounts to be transferred to the PBGC for missing participants and lump sum distributions scheduled to be paid from the Plan trust, both of which were completed in January 2026. As of December 31, 2024, accumulated plan benefits consist of benefits expected to be paid to (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of deceased participants; and (c) present participants or their beneficiaries after retirement from service with the Company based on the years of credited service as of the freeze dates.

Actuarial Present Value of Accumulated Plan Benefits

As of December 31, 2025, substantially all participant benefit obligations had been settled through lump sum distributions or the purchase of the annuity contract. The remaining accumulated benefit obligation represents amounts associated with missing participants and was measured based on a PBGC determination date, and lump sum distributions scheduled to be paid from the Plan trust. Accordingly, the traditional ongoing-plan actuarial assumptions used at December 31, 2024 were no longer applicable to the remaining obligation as of December 31, 2025. As of December 31, 2024, the actuarial present value of accumulated plan benefits, referred to as the accumulated benefit obligation, was calculated based on actuarial assumptions that adjust the accumulated plan benefit amount to its discounted present value. The assumptions used in determining the present value take into account 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 measurement date and the expected date of payment.

The following table presents the accumulated benefit obligation of the Plan as of December 31, 2025 and 2024.

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Accumulated benefit obligation:		
Vested benefits:		
Participants currently receiving payments	**$ —**	$ 8,330,309
Other participants	**3,032,191**	101,750,780
Total vested benefits	**3,032,191**	110,081,089
Non-vested accrued benefits	**—**	32,803
Accumulated benefit obligation	**$ 3,032,191**	$ 110,113,892

Changes in Accumulated Benefit Obligation

The components of the changes in the accumulated benefit obligation for the years ended December 31, 2025 and 2024 are presented below. As a result of freezing the Plan, the changes in the accumulated benefit obligations do not include a service cost component. The change in accumulated benefit obligation was primarily due to the insurer premium paid for purchased annuities and benefit payments as a result of the Plan termination. As of December 31, 2025, the accumulated benefit obligation is attributed to missing participants, whose liability was transferred to the PBGC in January 2026.

	2025	2024
Accumulated benefit obligation, beginning of year	**$ 110,113,892**	$ 118,534,429
Decrease attributable to:		
Benefits accumulated, including liability (gain) or loss	**409,032**	177,528
Increase for interest due to the decrease in discount period	**4,824,115**	5,614,545
Insurer premium paid for purchased annuities	**(81,278,156)**	—
Change due to liquidation basis for plan investment	**4,773,906**	—
Benefits paid	**(35,810,598)**	(9,432,520)
Change in actuarial assumptions	**—**	(4,780,090)
Net decrease	**(107,081,701)**	(8,420,537)
Accumulated benefit obligation, end of year	**$ 3,032,191**	$ 110,113,892

Plan Assumptions

As mentioned above, the traditional ongoing-plan actuarial assumptions used as of December 31, 2024 were no longer applicable to the remaining obligation as of December 31, 2025.

The key actuarial assumptions used to measure the accumulated benefit obligation as of December 31, 2024 are presented below.

	December 31, 2024
Actuarial cost method	Projected unit credit
Discount rate	5.50% per annum, compounded annually
Weighted-average interest crediting rate	4.26% per annum
Mortality rates	Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors applied, projected generationally with MMP-2021[1] improvement scale, adjusted for white-collar.
Retirement age	Graded rates of retirement based on age

[1] MMP: Mercer-derived versions of MP series mortality improvement scales developed by The Retirement Plans Experience Committee of the Actuaries, which are used by plan sponsors to measure benefit costs and obligations of plans that provide benefits based on the life expectancy of participants. No updates to the mortality improvement scales were released in 2024. The 2021 scale is the most current version.

Note 4—Investments

As of December 31, 2025, all Plan investment assets had been liquidated and the funds were held in a money market fund administered by the Trustee. As of December 31, 2024, the Plan's investment assets were held in a trust administered by the Trustee. Financial information relating to these investments and related income included in the financial statements and supplemental schedules were obtained or derived from the information provided to the Plan administrator, which was certified as complete and accurate by the Trustee. As of December 31, 2024, the strategies for investments are summarized below:

Common collective trusts

- ***Mercer Active Intermediate Credit Fixed Income***—Monies are primarily invested in debt securities included in the Bloomberg Barclays U.S. Intermediate Credit Bond Index, which broadly represents the intermediate duration corporate bond market.
- ***Mercer Active Long Corporate***—Monies are primarily invested in debt securities included in the Bloomberg Barclays Capital Long Corporate Index, which broadly represents the long-duration corporate bond market.
- ***Mercer Emerging Markets Equity***—Monies are primarily invested in emerging markets equity with varying risk characteristics, benchmarked to the MSCI Emerging Markets Index.
- ***Mercer Global Low Volatility Index***—Monies are primarily invested in equities, which broadly represent the performance of the MSCI World Index, but with less volatility.

- ***Mercer Non U.S. Core Equity***—Monies are primarily invested in companies with varying risk characteristics in developed and emerging markets outside of the U.S., benchmarked to the MSCI EAFE (Europe, Australasia, and the Far East) Index.

- ***Mercer Opportunistic Fixed Income***—Monies are primarily invested globally in higher yield fixed income asset classes including global high yield bonds and emerging markets local currency debt, benchmarked to a blended index representing 70% Multi-Asset Credit and 30% Emerging Markets Debt.

- ***Mercer U.S. Large Cap Passive Equity***—Monies are primarily invested in common stock of large-capitalization U.S companies, which broadly represents the S&P 500 Index.

- ***Mercer U.S. Small/Mid Cap Core Equity***—Monies are primarily invested in small to mid-sized U.S. companies. with varying risk characteristics, benchmarked to the Russell 2500 Index.

- ***State Street Global Advisors Intermediate U.S Government Bond Index***—Monies are primarily invested in U.S. Government bonds included in the Bloomberg Barclays U.S. Intermediate Government Bond Index.

Money market fund—Monies are invested in a short-term investment fund.

The total amount of each investment held by the Plan is presented in Note 5—Fair Value Measurement. The following table presents the Plan's assets held in 401(h) account on the Statements of Net Assets Available for Benefits as of December 31, 2025 (in liquidation) and 2024 (going concern) measured at fair value:

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Common collective trusts	**$ —**	$ 5,877,255
Money market fund	**6,177,771**	36,051
Total plan assets held in 401(h) account	**$ 6,177,771**	$ 5,913,306

Note 5—Fair Value Measurement

Fair value, also referred to as an exit price, is defined as the price that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. The fair value accounting guidance provides a three-level fair value hierarchy for classifying financial instruments. This hierarchy is based on the markets in which the assets or liabilities trade and whether the inputs to the valuation techniques used to measure fair value are observable or unobservable. The fair value measurement of a financial asset or liability is assigned a level based on the lowest level of any input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are described below:

Level 1: Valuation is based on quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2: Valuation is based on observable market-based inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Valuation is generated from techniques that use significant assumptions not observable in the market. Valuation techniques include pricing models, discounted cash flow methodologies or similar techniques.

The accounting guidance for fair value measurements requires that we maximize the use of observable inputs and minimize the use of unobservable inputs in determining the fair value. We consider all available information, including observable market data, indications of market liquidity and orderliness, and our understanding of the valuation techniques and significant inputs. The calculation of fair value is based on market conditions as of each statement of net assets available for benefits (in liquidation) and statement of net assets available for benefits (going concern) date and may not be reflective of ultimate realizable value.

Financial Assets Measured at Fair Value on a Recurring Basis

All investments are Level 2 assets based on the hierarchy described above. The following tables display the Plan's assets, which include investments held in the 401(h) account, on the Statements of Net Assets Available for Benefits as of December 31, 2025 (in liquidation) and 2024 (going concern). The Plan's assets are measured at fair value on a recurring basis:

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Common collective trusts	**$ —**	$ 245,177,579
Money market fund	**146,968,211**	1,503,921
Total Plan assets, at fair value	**$ 146,968,211**	$ 246,681,500

Note 6—Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated May 4, 2026, stating that the termination of the Plan does not affect its qualification for federal tax purposes. The Plan remains qualified under Section 401(a) of the Internal Revenue Code ("IRC"); therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC 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 assessed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7—Transactions with Parties-in-Interest

The following table summarizes the fair value of certain Plan investment options, including investments held in the 401(h) account, that are managed by parties in interest as of December 31, 2025 and 2024:

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Mercer Emerging Markets Equity	—	7,661,263
Mercer Opportunistic Fixed Income	—	8,101,922
Mercer Global Low Volatility Index	—	2,975,679
Mercer US Small/MID Cap Core Equity	—	6,018,898
Mercer Non US Core Equity	—	17,435,632
Mercer US Large CAP Passive Equity	—	38,058,566
SSgA Intermediate US Govt Bond Index	—	41,322,290
Mercer Active Long Corporate	—	5,191,698
Mercer Active Intermed Credit Fixed Income	—	118,411,631
Money market fund:	**146,968,211**	1,503,921

The Plan recognized administrative expenses paid to certain parties-in-interest of $2,940,139 and $891,293 in 2025 and 2024, respectively.

Note 8—Reconciliation of Financial Statements to Form 5500

The following table presents a reconciliation of net assets available for benefits on the Statements of Net Assets Available for Benefits as of December 31, 2025 (in liquidation) and 2024 (going concern) to the net assets per Form 5500:

	December 31, 2025 (in liquidation)	December 31, 2024 (going concern)
Net assets available for benefits:		
Net assets available for benefits, per the financial statements	**$ 141,216,066**	$ 240,770,963
Net assets held in 401(h) account included as assets in Form 5500	**6,177,771**	5,913,306
Net assets, per Form 5500	**$ 147,393,837**	$ 246,684,269

The following table presents a reconciliation of changes in net assets available for benefits as of December 31, 2025 per the financial statements to the net income per Form 5500:

	Financial Statements	401 (h) Account	Form 5500
Changes in net assets available for benefits:			
Net appreciation of investments	**$ 19,066,222**	**$ 310,055**	**$ 19,376,277**
Interest and other income	**1,722,260**	**44,797**	**1,767,057**
Benefits paid to participants	**35,810,598**	**—**	**35,810,598**
Administrative expenses	**3,254,625**	**90,387**	**$ 3,345,012**
Insurance premium for purchased annuities	**81,278,156**	**—**	**$ 81,278,156**
Net (decrease) increase in net assets available for benefits	**(99,554,897)**	**264,465**	**$ (99,290,432)**

Note 9—Subsequent Events

In accordance with U.S. GAAP, the Plan evaluates subsequent events that have occurred after the Statement of Net Assets Available for Benefits (in liquidation) date but before the financial statements are issued. There are two types of subsequent events: (1) recognized, or those that provide additional evidence about conditions that existed at the date of the Statements of Net Assets Available for Benefits (in liquidation), including the estimates inherent in the process of preparing financial statements, and (2) non-recognized, or those that provide evidence about conditions that did not exist at the date of the Statements of Net Assets Available for Benefits (in liquidation) but arose after that date. The Plan evaluated subsequent events through October 1, 2026, the financial statement issuance date.

In January 2026, the remaining accumulated benefit obligation of $3,032,191 was settled. On January 27, 2026, the Plan transferred $2,996,425 to the PBGC to cover benefits for missing participants. Additionally, lump sum distributions of $35,766 were paid to participants.

Remaining assets in the Plan trust are expected to be transferred to a qualified replacement plan by the end of 2026.

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of active participants as of January 1, 2025

Cash Balance Retirement Plan Component

Attained age	Years of credited service									
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up
Under 25										
25–29										
30–34										
35–39	6									
40–44	6	30	8							
		6,714								
45–49	7	20	14	1						
		8,951								
50–54	36	69	19	6	2					
	1,541	7,550								
55–59	18	59	34	12	4	4				
		7,961	22,776							
60–64	12	35	24	16	4	3				
		9,493	23,795							
65–69	11	7	6	7	5		1			
70 & up	2	7	1	1		1				

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance at the end of 2024. The average cash balance account has not been included for cells with fewer than 20 participants.

Please note that the account balance displayed represents the account balances for participants of the NFB and COF components only, as there are no account balances for the TCNJ component.

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of active participants as of January 1, 2025

TCNJ Retirement Plan Component

Attained age	Years of credited service									
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up
Under 25										
25–29										
30–34										
35–39										
40–44		2	1							
45–49			3							
50–54			1		1					
55–59			1			2				
60–64			1							
65–69							1			
70 & up										

In each cell, the number shown is the count of active participants for each age/service combination.

Includes 13 participants who also have a benefit in the NFB component.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC Premium**
• First 5 years	5.07%	5.07%	5.07%
• Next 15 years	5.31%	5.33%	5.33%
• Over 20 years	5.50%	5.36%	5.36%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables, in accordance with IRS regulation 1.430(h)(3)-1. These tables are based on the Society of Actuaries Pri-2012 mortality tables projected with mortality improvement using adjusted scale MP-2021 which limits annual improvement to 0% for 2020-2023 and 0.78% thereafter.		
• Pre-1995 disabilities	Same as healthy participants		
• Post-1994 disabilities	Same as healthy participants		
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.		
Non-417(e) lump sums			
• Mortality table	N/A		
• Interest rate	N/A		
Cash balance plans			
• Interest accumulation rate			
– North Fork	3.79%		
– GreenPoint	4.00%		
– Capital One	2.46%		
• Whipsaw calculations	No		
• Annuity conversion			
- 417(e) basis			
- Mortality table	2025 IRC Section 417(e) unisex mortality		
- Interest rate basis	Funding segment rates		
- North Fork/GreenPoint (prior bases)			
– Mortality table	2003 GATT Mortality		
– Interest rate basis	3.00%		
– Capital One (prior bases)			
– Mortality table	UP84 Mortality		
– Interest rate basis	1.90%		
Other economic assumptions			
• Salary increases	N/A		

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

• Flat-dollar benefit increases	N/A
• Social Security taxable wage base increases	N/A
• Inflation	2.20% per year – GreenPoint COLA only
• Expected investment return	5.95% per year for 2023 5.76% per year for 2024 6.25% per year for 2025
• Expenses	$2,680,000 added to current year normal cost

Demographic assumptions

• Withdrawal

Age	Rates of withdrawal
25	26.50%
30	23.66%
35	17.85%
40	13.89%
45	11.78%
50	11.52%
55	13.11%

• Disability incidence: Disability incidence is implicitly valued in the withdrawal assumption

• Retirement age

Attained age	Rates of retirement
Under 55	0%
55	15%
56	15%
57	15%
58	20%
59	20%
60	20%
61	25%
62	25%
63	25%
64	25%
65 and above	100%

	Male participants	Female participants
• Spouse assumptions		
– Percentage married	80%	80%
– Spouse age difference	4 years younger	4 years older

Form of payment	Lump sum	Single life
• Active retirements	95%	5%
• Future vested deferred[1]	65%	35%
• Current vested deferred	65%	35%

[1] Half of active participants that terminate are assumed to commence their benefit immediately in the form of a lump sum. The rates shown apply to the remaining participants, resulting in an effective 82%/18% for all active terminations.

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

Benefit commencement age	Earliest unreduced retirement age, except those with cash balance benefits. Half of the cash balance participants are assumed to commence immediately upon termination with the remaining assumed to commence benefits at age 62.
At-risk assumptions	
• Special retirement rates	N/A
• Most valuable form of payment	N/A

Rationale for economic assumptions

- **Interest rates for funding:** Prescribed by regulation.
- **Cash balance interest accumulation rate:** Interest crediting rates were derived based on the plan termination assumptions which reflect the average of the prior 5 year quarterly interest crediting rates.
- **Annuity conversion interest rate basis (prior bases):** Based on the plan termination assumptions which reflect the average of the prior 5 year interest rates according to plan provisions.
- **Inflation:** Based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.
- **Expected investment return:** To develop the expected rate of return on plan assets, Capital One considers the current level of expected returns on risk free investments (primarily government bonds), the historical level of the risk premium associated with the other asset classes in which the portfolio is invested and the expectations for future returns of each asset class. The expected return for each asset class is then weighted based on the target asset allocation to develop the expected long-term rate of return on assets assumption for the portfolio. Expected alpha of 38 basis points (net of investment fees) developed by consultants of Mercer Investments is reflected effective January 1, 2025.
- **Expenses:** Based on prior year experience, adjusted (if material for the purpose) for expected changes in the upcoming year, which include fees paid for the plan termination services during 2025.

Rationale for demographic assumptions

- **Mortality for funding:** Prescribed by regulation.
- **Termination Rates, Retirement Rates and Forms of Payment:** Termination rates, retirement rates, benefit commencement age for terminated vested participants and forms of payment assumptions were developed based on an experience study undertaken in 2020 covering the five-year period ending December 31, 2019. The plan sponsor believes these assumptions are representative of anticipated future experience.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date as well as the market value as of the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the

third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Supplemental Schedule
Capital One Financial Corporation Cash Balance Pension Plan
Employer Identification Number 54-1719854; Plan Number 001

Schedule H—Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2025

(b) Description of Assets	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transaction in excess of 5 percent of plan assets:						
* Money market fund	$ —	$249,967,351	$102,606,801	$102,606,801	$352,574,152	$ —
* Mercer Non U.S. Core Equity	—	—	20,412,457	12,657,155	20,412,457	7,755,302
* Mercer U.S. Large Cap Passive Equity	—	—	46,708,707	31,313,440	46,708,707	15,395,268
* Mercer Active Long Corporate	—	14,867,839	—	—	14,867,839	—
* Mercer Active Long Corporate	—	—	22,841,561	21,973,903	22,841,561	867,658
* Mercer Active Intermediate Credit	—	—	48,927,242	46,539,058	48,927,242	2,388,184
* Mercer Active Intermediate Credit	—	98,777,950	—	—	98,777,950	—
* Mercer Active Intermediate Credit	—	—	14,894,878	13,892,485	14,894,878	1,002,392
* Mercer Active Intermediate Credit	—	—	160,225,447	149,577,262	160,225,447	10,648,185
* SSgA Intermediate US Govt Bond Index	—	—	$34,033,796	$32,253,763	$34,033,796	$1,780,033
Category (iii) - series of transactions in excess of 5 percent of plan assets:						
* Money market fund	91	$264,671,264	$119,206,975	$119,206,975	$383,878,239	$ —
* Mercer Non U.S. Core Equity	7	3,935,232	25,261,981	15,947,773	29,197,213	9,314,208
* Mercer U.S. Large Cap Passive Equity	9	14,365,366	54,139,854	36,818,973	68,505,220	17,320,881
* SSgA Intermediate US Govt Bond Index	13	3,538,420	46,107,956	43,618,935	49,646,377	2,489,021
* Mercer Active Long Corporate	4	17,346,357	22,919,083	22,050,249	40,265,440	868,835
* Mercer Active Intermed Credit Fixed Income	12	$105,811,707	$234,670,551	$219,971,508	$340,482,258	$14,699,043

* Investments with parties-in-interest as defined under ERISA.

Columns (a), (e) and (f) are not applicable.
There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.

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
CAPITAL ONE FINANCIAL CORPORATION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1719854

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**	240,770,790
b Actuarial value	**2b**	234,945,493

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	1,076	52,983,887	52,983,887
b For terminated vested participants	1,564	45,726,851	45,726,851
c For active participants	498	7,505,459	7,505,459
d Total	3,138	106,216,197	106,216,197

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**	5.33%

6 Target normal cost

a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,680,000
c Target normal cost	**6c**	2,680,000

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

Selina Scott FSA — Signature of actuary

10/6/2026 — Date

SELINA SCOTT — Type or print name of actuary

2608302 — Most recent enrollment number

MERCER — Firm name

206-214-3543 — Telephone number (including area code)

30 SOUTH 17TH STREET, 19TH FLOOR
PHILADELPHIA PA 19103 — 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)	73,795,366	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9	Amount remaining (line 7 minus line 8)	73,795,366	0
10	Interest on line 9 using prior year's actual return of 7.06%	5,209,953	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	79,005,319	0

Part III Funding Percentages

14	Funding target attainment percentage	14	146.81%
15	Adjusted funding target attainment percentage	15	221.19%
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	217.24%
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? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 59

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** 2,680,000

b Excess assets, if applicable, but not greater than line 31a **31b** 2,680,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

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

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**

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, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below, based on 10,000 employees actively employed at age 55. The average retirement age is 59.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	15.0%	10,000	1,500	82,500
56	15.0%	8,500	1,275	71,400
57	15.0%	7,225	1,084	61,788
58	20.0%	6,141	1,228	71,224
59	20.0%	4,913	983	57,997
60	20.0%	3,930	786	47,160
61	25.0%	3,144	786	47,946
62	25.0%	2,358	590	36,580
63	25.0%	1,768	442	27,846
64	25.0%	1,326	332	21,248
65	100.0%	994	995	64,610
Total			10,000.00	590,299
Average				59.03

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	2,117,635	7,348,413	6,519,631	15,985,679
2026	980,528	2,125,498	6,152,547	9,258,573
2027	858,080	2,563,541	5,793,593	9,215,214
2028	717,319	2,381,457	5,434,485	8,533,261
2029	569,844	3,184,336	5,093,736	8,847,916
2030	522,338	2,899,831	4,756,134	8,178,303
2031	415,949	2,925,909	4,436,485	7,778,343
2032	337,375	3,152,470	4,129,496	7,619,341
2033	331,012	3,049,085	3,834,592	7,214,689
2034	311,921	3,186,196	3,551,209	7,049,326
2035	304,959	2,832,758	3,278,355	6,416,072
2036	234,499	3,218,541	3,017,747	6,470,787
2037	203,190	3,151,914	2,768,210	6,123,314
2038	203,846	2,999,569	2,529,683	5,733,098
2039	165,334	2,816,646	2,302,161	5,284,141
2040	171,650	2,947,790	2,085,406	5,204,846
2041	166,237	2,696,165	1,880,053	4,742,455
2042	125,383	2,728,799	1,685,939	4,540,121
2043	170,089	2,701,824	1,503,178	4,375,091
2044	160,038	2,333,544	1,331,885	3,825,467
2045	129,154	2,118,887	1,171,358	3,419,399
2046	106,002	2,082,926	1,023,314	3,212,242
2047	98,401	1,885,908	887,108	2,871,417
2048	85,898	1,774,021	762,780	2,622,699
2049	80,690	1,671,177	650,285	2,402,152
2050	75,698	1,566,779	549,460	2,191,937
2051	71,918	1,460,963	460,018	1,992,899
2052	68,369	1,354,744	381,537	1,804,650
2053	64,709	1,248,818	313,450	1,626,977
2054	61,035	1,143,941	255,066	1,460,042
2055	57,323	1,040,931	205,601	1,303,855
2056	53,600	940,631	164,201	1,158,432
2057	49,891	843,909	129,977	1,023,777
2058	46,225	751,590	102,030	899,845
2059	42,628	664,410	79,481	786,519
2060	39,124	582,982	61,502	683,608
2061	35,736	507,778	47,329	590,843
2062	32,483	439,094	36,282	507,859
2063	29,381	377,047	27,757	434,185
2064	26,442	321,584	21,238	369,264
2065	23,674	272,500	16,293	312,467
2066	21,082	229,471	12,563	263,116
2067	18,668	192,076	9,760	220,504
2068	16,431	159,831	7,658	183,920
2069	14,366	132,217	6,078	152,661
2070	12,470	108,716	4,886	126,072
2071	10,736	88,830	3,980	103,546
2072	9,161	72,098	3,285	84,544
2073	7,741	58,094	2,747	68,582
2074	6,472	46,439	2,323	55,234

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date	January 1, 1964
Most recent amendment	Plan restatement effective as of January 1, 2015. The plan was amended effective February 10, 2025 to terminate the plan effective March 31, 2025.
Covered employees	An employee employed by Capital One Financial Corporation as a full-time salaried employee. Employees covered by collective bargaining agreements, leased employees, and terminated employees receiving severance payments are not covered employees.
Participation	Immediate, assuming hire prior to December 31, 1995. No person shall become a participant in the plan on or after January 1, 1996.
Service	All service with any participating company.
Accounts and credits	For all participants who were eligible employees of the Signet Banking Corporation as of January 1, 1993, an opening account balance was determined as the present value of the benefit accrued to December 31, 1992. For all other employees with accrued benefits as of December 31, 1992, an opening account balance is established as of the first of the month following the date at which the participant becomes an eligible employee. For plan years prior to January 1, 2017, each calendar quarter, each participant's account is increased by crediting the balance as of the last day of the preceding calendar quarter with interest at a rate equal to one quarter of the annual rate in effect for the calendar year. The rate is based on the average yields on 5-year Treasury Securities for the twelve month period ending in October of the preceding year. For the plan year beginning January 1, 2017 only, the rate was 1.32%. For plan years beginning on or after January 1, 2018, the rate is the average annual yield on 5-Year US Treasury securities for the month of October of the prior year. No pay or transition-based credits are added to the participant's account after January 1, 1996.
Compensation	Total earnings including base, bonus, overtime, commission, and profit sharing.
Accrued benefit	Single life annuity commencing at normal retirement date that is the actuarial equivalent of the participant's account.
Normal retirement eligibility	Age 65.
Normal retirement benefit	Accrued benefit as of normal retirement date commencing immediately.
Early retirement eligibility	Age 55 with 10 years of service.
Early retirement benefit	Accrued benefit as of normal retirement date commencing at normal retirement date. If participant elects to commence payment prior to normal retirement date, benefit amount is actuarial equivalent of account as of benefit commencement date.
Late retirement eligibility	Employment beyond normal retirement date.
Late retirement benefit	Accrued benefit as of late retirement date commencing immediately.
Deferred vested eligibility	Five years of service.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested benefit	Accrued benefit as of normal retirement date commencing at normal retirement date. If participant elects to commence payment prior to normal retirement date, benefit amount is actuarial equivalent of account as of benefit commencement date.
Disability eligibility	An employee who becomes totally and permanently disabled and who is receiving benefits under his employer's long-term disability program.
Disability benefit	Accrued benefit commencing at normal retirement date. The participants' account receives interest to normal retirement date.
Pre-retirement death benefits	The accrued benefit as of normal retirement date commencing at normal retirement date shall be paid to the spouse. If the spouse elects to commence payment prior to normal retirement date, benefit amount is actuarial equivalent of account as of benefit commencement date.
Actuarial Equivalence	For annuity conversion purposes, the actuarial equivalence basis is UP84 mortality and the December PBGC Plan Termination rates. For early retirement reductions, the actuarial equivalence basis is 2003 GATT mortality and August 30 year treasury rates. For optional form conversions, the plan has a set of tabular factors. Actuarial Equivalence for all purposes was updated to reflect mortality under IRS section 417(e) and the valuation interest rates with 4 month lookback, but limited to be no less than the prior actuarial equivalence bases.
Form of Benefits	Lump sum, life annuity, 50% joint and survivor annuity, 100% joint and survivor annuity, 50% joint and survivor with ten years certain, life annuity with ten years certain, and level income options are available on an actuarially equivalent basis.
Automatic form for unmarried participants	Life annuity.
Automatic form for married participants	50% joint and survivor annuity.
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. The limit is indexed annually.
Maximum benefits	Benefits shall not exceed the limits imposed by Section 415 of the Internal Revenue Code.

Summary of major plan provisions

North Fork Bancorporation Cash Balance Retirement Plan Component

Effective January 1, 2006, these provisions also apply to all active former GreenPoint employees. Effective December 31, 2007 assets and liabilities of the North Fork Bancorporation Cash Balance Retirement Plan were merged into the Capital One Cash Balance Pension Plan. Benefit accruals were also frozen as of December 31, 2007.

Effective date	May 16, 1949

Schedule SB, Part V — Summary of Plan Provisions

Eligibility	Participants in the Retirement Plan on September 30, 1992 join this plan on October 1, 1992. Employees enter the plan on the first day of the month coincident with or next following the attainment of age 21 and completion of one Year of Service. Effective December 1, 1994, employees who joined North Fork Bank as a result of the acquisition of Bayside Bank entered the plan upon attainment of age 21 and completion of one Year of Service. Service under Bayside Bank is included for Eligibility and Vesting Service but not Credited Service. Employees who joined North Fork Bank as a result of the acquisition of Extebank and First Nationwide were eligible to participate in the North Fork Plan effective April 1, 1996. The Extebank Plan was merged with the North Fork Plan effective September 30, 1996. Employees who joined North Fork Bank as a result of the acquisition of the North Side Savings Bank were eligible to participate and accrue benefits in the North Fork Plan effective January 1, 1997. The North Side Plan was merged with the North Fork Plan effective September 30, 1997. Employees who joined North Fork Bank as a result of the acquisition of Branford Savings Bank were eligible to participate in the North Fork Plan effective January 1, 1998. The Branford Savings Bank Plan was merged with the North Fork Plan effective May 31, 1998. Employees who joined North Fork Bank as a result of the acquisition of the Home Federal Savings Bank were eligible to participate in the North Fork Plan effective May 1, 1998. The Home Federal Plan was merged with the North Fork Plan effective May 31, 1998.
	Effective January 1, 2000, employees of Amivest Corporation became participants in the North Fork Cash Balance Retirement Plan. Service from date of employment with Amivest Corporation is credited to employees for purposes of satisfying eligibility and vesting requirements under the North Fork Plan. Employees who joined North Fork Bank as a result of the acquisition of the Reliance Savings Bank were eligible to participate in the North Fork Plan effective February 18, 2000. The Reliance Plan was merged with the North Fork Plan effective May 31, 2000. Employees who joined North Fork Bank as a result of the acquisition of the Jamaica Savings Bank were eligible to participate in the North Fork Plan effective February 29, 2000. The Jamaica Plan was merged with the North Fork Plan effective April 30, 2000. Effective December 1, 2001, employees of Commercial Bank of New York became participants in the North Fork Cash Balance Retirement Plan. Service from date of employment with Commercial Bank of New York is credited to employees for purposes of satisfying eligibility and vesting requirements under the North Fork Plan.

Schedule SB, Part V — Summary of Plan Provisions

	Effective July 1, 2004 employees of the Trust Company of New Jersey became participants in the North Fork Cash Balance Retirement Plan. Service from date of employment with the Trust Company of New Jersey is credited to employees for purposes of satisfying eligibility and vesting requirements under the North Fork Plan. Effective October 1, 2004, the GreenPoint Bank Cash Balance Pension Plan was merged into the North Fork Cash Balance Retirement Plan. Former GreenPoint plan participants continued to accrue benefits under the prior GreenPoint plan benefit formula. Effective January 1, 2006, the plan was amended so that former GreenPoint employees accrue benefits based on the North Fork Cash Balance formula. Effective December 31, 2007, assets and liabilities of the plan were merged into the Capital One Financial Corporation Cash Balance Pension Plan. Effective December 31, 2007, the plan was frozen.
Vesting service	An employee shall accrue one year of Vesting Service for each Plan year and completed month during which the employee was employed. Previously, an employee accrued one year of Vesting Service for each Plan year in which at least 1,000 hours of service are completed.
Credited Service	Elapsed time from date of participation
Compensation	Employees' annual calendar year compensation inclusive of bonus, overtime and any other taxable compensation. Compensation is determined prior to any reduction due to 401(k) or Flexible Spending Account salary reductions and is limited to $220,000 for 2006 and $225,000 for 2007. Effective in December, 2002, the plan was amended to retroactively apply the $200,000 compensation limit under EGTRRA to years prior to January 1, 2002.
Benefit Escalator	For plan years prior to January 1, 2017, One year Treasury Bill of constant maturity rate in effect on December 1 prior to each Plan year for all Plan years on or after January 1, 1993. In no event will the Benefit Escalator be less than 3%. For plan years beginning January 1, 2017 and later, based on average annual yield on the 1-Year US Treasury note for the October preceding the plan year, with a 3% minimum.
Initial Account Balance	In the case of an employee who participated in the North Fork Retirement Plan on September 30, 1992, the participant's accrued benefit as of September 30, 1992 is converted to its equivalent lump sum value based on 6.5% PBGC immediate and deferred rates and UP84 mortality.
Pay-Based Credits	5% of annual Compensation, allocated on a quarterly basis.
Interest Credits	For each quarter after October 1, 1992 and before benefit payment begins, the beginning account balance as of each quarter is increased with interest (based on the Benefit Escalator).

Schedule SB, Part V — Summary of Plan Provisions

Accrued Benefit	(1) A lump sum, the greater of (a), (b), or (c): (a) the Account Balance (b) the September 30, 1992 accrued benefit converted to a lump sum using the current applicable PPA rates (c) The Account Balance projected to normal retirement date using the Benefit Escalator, and then discounted back to current age using the current PPA rates and PPA mortality. (2) As a life annuity deferred to age 65, the greater of (a) or (b): a) the Account Balance projected to normal retirement date using the Benefit Escalator, converted to an age 65 annuity using the current PPA rates b) The September 30, 1992 accrued benefit in life annuity form.
Normal Retirement Date	First day of the month coincident with or next following attainment of age 65. For the Home Federal Bank Plan, prior to merger into this plan, the Normal Retirement Date is the day on which the participant attains age 62, however, for participants whose employment date commences on or after December 19, 1991, the Normal Retirement Date is the later of the day on which the participant attains age 62 and the fifth anniversary of his participation in the plan. For the Extebank Plan, prior to merger into this plan, the Normal Retirement Date is the later of the date the participant attains age 55 (not to exceed 65) or the 20th anniversary of the first day of the Plan Year in which participation in the Plan commenced, but in no event later than age 65.
Early Retirement Date	First day of any month after attainment of age 55.
Early Retirement Benefit	The Account Balance at Early Retirement Date. If the participant elects to receive an annuity, the benefit will be reduced based on the Plan definition of actuarial equivalence. Prior to January 1, 2006, the benefit was reduced by 2% for each year that the commencement date preceded the later of age 62 and 10 years of Vesting Service. These early retirement factors are protected with respect to benefits earned as of December 31, 2005. The annuity at early retirement will be the greater of 1) the annuity reflecting all benefit accruals both before and after December 31, 2005 and based on the factor effective January 1, 2006 and 2) the annuity reflecting accrued benefit as of December 31, 2005 and based on the reduction factor effective prior to January 1, 2006.
Deferred Retirement Date	The first day of any month after Normal Retirement Date.
Deferred Retirement Benefit	The Account Balance at Deferred Retirement Date converted to an annuity.
Disability Retirement Date	Date of total and permanent incapacity that qualifies the participant to receive disability benefits under the Federal Social Security Act.
Disability Retirement Benefit	The Account Balance converted to an annuity at Normal Retirement Date is determined as if the participant continued in active service. Accruals are determined assuming that compensation for the calendar year prior to date of disability will continue to retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Death Benefits	Effective July 1, 2002, the plan permits participants (whether or not married) who have an Account Balance to designate a beneficiary (or beneficiaries) other than the participant's spouse with spousal consent. For all active vested participants who have an Account Balance and die before retirement, a beneficiary receives an annuity based on the value of 100% of the participant's Account Balance. Alternatively, the surviving beneficiary can elect to receive the Account Balance as a lump sum. For participants who do not have an Account Balance, a surviving spouse receives the REA Qualified 50% Joint and Survivor Annuity.
Vesting	Prior to January 1, 2006, a participant became 100% vested following 5 years of Vesting Service, the attainment of age 55, or in the event of total and permanent disablement or death. Beginning January 1, 2006, the same rules apply except participants will not become 100% vested at age 55 if they have less than five years of service, unless they were hired before January 1, 2006. Effective January 1, 2008, participants will need 3 years of vesting service to become 100% vested under the provisions of the Pension Protection Act of 2006. Effective during 2007, the plan was amended to provide for full vesting for certain nonvested employees affected by the shutdown of GreenPoint mortgage.
Vested Termination Benefit	The Accrued Benefit payable as an immediate lump sum or as an annuity deferred to normal retirement date, or as a reduced annuity commencing on an early retirement date or as a reduced annuity commencing immediately.
Standard Form of Payment	Married participants: Qualified Joint and Survivor Annuity Non-married participants: Life Annuity
Actuarial Equivalence	For annuity conversions, early retirement factors, and optional form conversions, the actuarial equivalence is based on 2003 GATT mortality and November 30 year treasury rates. Actuarial Equivalence for all purposes was updated to reflect mortality under IRS section 417(e) and the valuation interest rates with 4 month lookback, but limited to be no less than the prior actuarial equivalence bases.
Optional Form of Payment	Option A: Lump Sum equal to Account Balance Option B: Life Annuity Option C: 100% Joint and Survivor Option D: 50% Joint and Survivor Option E: Certain and Life

Summary of major plan provisions

Former GreenPoint Bank Employees

These provisions apply to all inactive GreenPoint employees as of January 1, 2006. Effective January 1, 2006, benefits for active GreenPoint participants are determined under the North Fork plan provisions. However, an active GreenPoint participant's benefit can never be less than his or her December 31, 2005 benefit calculated under these plan provisions. All benefit accruals were frozen as of December 31, 2007.

Schedule SB, Part V — Summary of Plan Provisions

Effective date	May 16, 1949
Eligibility (applicable to employees who were employed before October 1, 2004)	All employees who were participants under the prior Plan on May 5, 1996 shall become participants in the Plan on May 6, 1996. Any employee who was not enrolled as a Participant under the provisions of the prior Plan as in effect May 5, 1996 and who is not excluded from participation in the Plan shall become eligible to participate in the Plan on the later of (i) the Restatement Date or (ii) the first day of the calendar month coincident with or next following the date as of which he has completed at least one year of Eligibility Service.
Eligibility Service	A year of Eligibility service is granted for each year, beginning on the original date of hire and each anniversary thereafter, in which 1,000 or more hours of service are rendered.
Excluded Employee	A contract or leased employee is not eligible to be a Participant in the Plan. Any employee who is covered by a collective bargaining agreement that does not specifically provide coverage under the Plan shall be excluded from the Plan. Any employee that is neither a resident nor a citizen of the United States, and receives no earned income from the employer shall be excluded from the Plan.
Vested Service	The sum of the following: 1. Prior to May 6, 1996, vested service is equal to the total number of years and months of service credited from the first day of the month that employment begins through the last day of May 1996. 2. After May 6, 1996: (a) if employed before May 6, 1996: vested service commences June 1, 1996 and ends the first day of the month coincident with or next following termination of service. (b) if hired after May 6, 1996: vested service commences on the first day of the month in which the employee performs an Hour of Service and ends the first day of the month coincident with or next following termination of service.
Credited Service	The sum of the following: 1. Prior to May 6, 1996, the total number of years and any fraction thereof credited to the Participant under the provision of the prior Plan through the last day of May 1996. 2. After May 6, 1996, the period commencing with the later of the first day of the month immediately following May 6, 1996 or the date the employee is eligible to participate in the Plan, and ending on the first day of the month coincident with or next following the employee's termination of service.
Compensation	Remuneration received by Participant, including any contribution through a salary reduction arrangement to a 401(k) plan or flex plan, but excluding overtime, bonuses, other deferred compensation or special payments, not exceeding the limits under IRC 401(a)(17).
Initial Account Balance	In the case of an employee who participated in the GreenPoint Bank Pension Plan on May 5, 1996, the Participant's prior plan accrued benefit as of May 5, 1996 is converted to its equivalent lump sum value based on 7.07% interest and GA83 (Unisex).
Prior Plan Accrued Benefit	Accrued Benefit under the prior Plan equal to 2% of Final Average Compensation (over five years) times Credited Service, but no more than 2% of Final Average Compensation (over three years) times Credited Service (limited to 30 years). Prior Plan benefit accruals ceased on May 5, 1996.

Schedule SB, Part V — Summary of Plan Provisions

Grandfather Formula Benefit	Accrued Benefit equal to 2% Final Average Compensation (over five years) times Credited Service, but no more than 2% of Final Average Compensation (over three years) times Credited Service (limited to 30 years).
Cost of Living Adjustments	Until December 31, 1987, the prior Plan provided Cost of Living Adjustments. Participants with Accrued Benefits as of that date are entitled to the greater of their December 31, 1987 Accrued Benefit, adjusted for commencement date and form elected and adjusted for inflation, and their benefit otherwise payable. The initial adjustment begins the July after the calendar year of the later of actual and Normal Retirement, and is applied to the December 31, 1987 Accrued Benefit and is based on the CPI for Urban Workers (limited to 5% on the first $10,000 of December 31, 1987 Accrued Benefit, to 3% on the next $10,000, and not applying at all to amounts over $20,000). Subsequent adjustments are applied to the December 31, 1987 Accrued Benefit and are based on the CPI for Urban Workers (limited to 5% of the first $40,000 of the December 31, 1987 Accrued Benefit and not applying at all to amounts over $40,000). Effective July 1, 2005, the restriction to benefits accrued as of December 31, 1987 is lifted for applicable participants listed in Appendix A-8.1 schedules 1 and 1a of the Plan Document.
Compensation Credits	Based on Credited Service: less than 5 — Compensation Credit 3% 5, but less than 10 — 4% 10, but less than 15 — 5% 15 or more — 6%
Interest Credits	For plan years beginning on or before January 1, 2017, for each quarter after May 5, 1996 and before payment begins, the beginning account balance as of each quarter is increased with interest (based on the average annual rate on one-year Treasury securities plus 100 basis points, determined every February, May, August from the current calendar year and November from the previous calendar year, and used the following calendar year. Beginning in 1999, this rate was used for the following Plan year. For 1996, the rate is based upon May 1995, August 1995, November 1995, and February 1996). For the January 1, 2018 plan year and later, single rate based on average annual yield on 1-Year Treasury Bills for the month of October preceding the plan year.
Grandfather Eligibility	Participants with 10 years of vested service and who are age 50 or over or satisfy the “Rule of 75” at May 5, 1996, are entitled to continued accruals under the prior Plan formula. Grandfathered participants receive the greater of their cash balance formula benefits and their grandfather formula benefits.
Normal Retirement Date	First day of the month coincident with or next following attainment of age 65 and five years of vested service.
Normal Retirement Benefit (Cash Balance Formula)	Account Balance at Normal Retirement Date converted to an actuarially equivalent annuity, but not less than benefit under prior Plan.
Normal Retirement Benefit (Grandfathered Formula)	Grandfather Formula Benefit, payable at Normal Retirement Date.
Vested Termination Date	First day of any month after becoming vested.
Vested Termination Benefit (Cash Balance Formula)	Account Balance as a single lump sum or projected to Normal Retirement and converted to an actuarially equivalent annuity, not less than accrued benefit under the prior Plan.

Schedule SB, Part V — Summary of Plan Provisions

Vested Termination Benefit (Grandfathered Formula)	Grandfather Formula Benefit, deferred to Normal Retirement Date.
Early Retirement Date (Cash Balance Formula)	Same as Vested Termination Date.
Early Retirement Date (Grandfathered Formula)	First day of any month after attainment of 10 years of Vested Service and satisfaction of the "Rule of 75."
Early Retirement Benefit (Cash Balance Formula)	Same as Vested Termination Benefit.
Early Retirement Benefit (Grandfathered Formula)	Grandfathered Formula Normal Retirement Benefit, reduced for early commencement on the basis of the most favorable of: 2) 5% for each year the retiree is under 62, or 3) Based on the actuarial factors found in Appendix A of the Cash Balance Pension Plan.
Deferred Retirement Date	The first day of any month after Normal Retirement Date.
Deferred Retirement Benefit	Same as for Normal Retirement.
Disability Retirement Eligibility	Total and permanent disability that qualifies the participant to receive disability benefits under the GreenPoint Bank's Long Term Disability Plan.
Disability Retirement Benefit (Cash Balance Formula)	Compensation credits are granted assuming level earnings from disability to the earliest of Normal Retirement, death, and cessation of disability.
Disability Retirement Benefit (Grandfathered Formula)	Credited service is granted assuming level earnings from disability to the earliest of Normal Retirement, death, and cessation of disability.
Death Benefit (Cash Balance Formula)	Same as for Vested Termination Benefits, with the first of the month following death treated as the Retirement Date.
Death Benefit (Grandfathered Formula)	A surviving spouse receives a Survivor Annuity, calculated as if the participant terminated and elected a 100% Qualified Joint and Survivor Annuity on the date of death, with appropriate reductions for form and commencement date. The spouse may elect to receive the lump sum equivalent value to the Joint and Survivor Annuity Benefit.
Vesting	100% after 3 years of vested service.
Standard Form of Payment	Married Participants: Qualified Joint and Survivor Annuity Non-married Participants: Life Annuity
Actuarial Equivalence	For annuity conversions, early retirement factors, and optional form conversions, the actuarial equivalence is based on 2003 GATT mortality and August 30 year treasury rates. Actuarial Equivalence for all purposes was updated to reflect mortality under IRS section 417(e) and the valuation interest rates with 4 month lookback, but limited to be no less than the prior actuarial equivalence bases.
Optional Form of Payment	Lump Sum (Cash Balance Formula): Account Balance Lump Sum (Grandfathered Formula): Actuarial Equivalent of Life Annuity Life Annuity Life Annuity With 5 Years Certain Life Annuity With 10 Years Certain Life Annuity With 15 Years Certain 100% Joint and Survivor 50% Joint and Survivor

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Pension Plan for the Former Employees of the Trust Company of New Jersey

Effective December 31, 2007 assets and liabilities of the Pension Plan for the Former Employees of the Trust Company of New Jersey were merged into the Capital One Cash Balance Pension Plan. Benefit accruals were also frozen as of December 31, 2007.

Normal Retirement Benefit	
• Normal Retirement Age	65
• Service requirements	Five years
• Amount	For former Administrative employees: 1-2/3% of final average salary less 1% of the primary social security benefit per year of service to a maximum of 40. Final average salary is defined as the average of basic salary earned during the highest five years out of the last ten years of employment prior to termination. Minimum benefit is $150 per year of service. For former Collective Bargaining employees: 1% of final average salary up to $4,800 plus 1-1/2% of excess, multiplied by years of service to a maximum of 40. Final average salary is average in highest consecutive five years in last ten. Minimum benefit is $150 per year of service. Effective June 30, 2004, benefit accruals were frozen for all employees.
Early Retirement	
• Age requirement	55
• Service requirements	10 years
• Amount	Normal retirement benefit reduced by 1/15 for each of first five years below age 65 at retirement and by 1/30 for each of next five years.
Disability	
• Age requirement	None
• Service requirements	None
• Amount	Payable at age 65 as normal retirement benefit on basis of service and compensation to date of disability. If Social Security disability benefit becomes payable within two years of termination, service credit is given for period from disability to age 65. Effective June 30, 2004, benefit accruals were frozen under this Plan.
Vesting	
• Age requirement	None
• Service requirements	None (All participants became 100% vested in their accrued benefits as of May 14, 2004)
• Amount	Normal retirement benefit accrued.
Pre-retirement death benefits	
• Age requirement	None
• Service requirements	None (All participants became 100% vested in their accrued benefits as of May 14, 2004)

Schedule SB, Part V — Summary of Plan Provisions

• Amount	100% of benefit employee would have received had he retired the day before he died and elected the 100% joint and survivor option is payable to the surviving spouse. Effective January 1, 2006, for participants who die in active service at any age, benefits in the form of a lump sum payment are payable if the participant is unmarried.
Actuarial Equivalence	For early retirement factors, there is a 6.67% per year reduction from 65 to 60 and 3.33% reduction per year from 55 to 60. For optional form conversions, the actuarial equivalence is based on tabular factors. Actuarial Equivalence for all purposes was updated to reflect mortality under IRS section 417(e) and the valuation interest rates with 4 month lookback, but limited to be no less than the prior actuarial equivalence bases.
Forms of payment	
• Normal Form	Straight life annuity (50% joint and survivor annuity, if married)
• Optional Forms	Joint and survivor annuity (1 – 100% continuation percentage) 5 year certain and life Social security leveled Lump sum (if employee was active as of January 1, 2006)
Participation	
• Age requirement	None
• Service requirements	First day of the month following completion of 1,000 hours during a 12 consecutive month period.
Annuity Purchase	A portion of benefits for certain participants is payable by Allstate.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as amended through January 1, 2024, are included in this valuation:

- **Late retirement increases:**
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are

expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Supplemental Schedule
Capital One Financial Corporation Cash Balance Pension Plan
Employer Identification Number 54-1719854; Plan Number 001

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Money market fund	140,790,440 units	$ 140,790,440	$ 140,790,440
	Total investments		$ 140,790,440	$ 140,790,440
	Net assets held in 401(h) account:			
*	Money market fund	6,177,771 units	$ 6,177,771	$ 6,177,771
	Total investments held in 401(h) account		$ 6,177,771	$ 6,177,771

* Investments with parties-in-interest as defined under ERISA.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA.
- The future interest crediting rates for NorthFork/GreenPoint/Capital One account balances were changed as of December 31, 2024 from 3.85%, 4.85% and 3.90% to 3.79%, 4.00% and 2.46%, respectively.
- The expected investment return assumption increased from 5.76% to 6.25%.
- The mortality table mandated by Internal Revenue Code Section 417(e) reflects the tables for 2025 and 2026 commencements, projected with generational improvement based on the 2025 Adjusted Scale MP-2021 rates.
- The annuity conversion interest rate basis for Capital One and North Fork/GreenPoint (prior bases) was updated from 0.25% and 3.30% to 1.90% and 3.00% respectively.
- The expense component of normal cost increased from $900,000 to $2,680,000