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
SYNGENTA CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 11/13/2000

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)
SYNGENTA CORPORATION

3411 SILVERSIDE ROAD, SUITE 100
SHIPLEY BUILDING, CONCORD PLAZA
WILMINGTON, DE 19810

2b Employer Identification Number (EIN) 52-2274691

2c Plan Sponsor's telephone number 302-425-2000

2d Business code (see instructions) 325900

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.	10/14/2026	ANGELIA DARROUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2934
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)**	835
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	732
b	Retired or separated participants receiving benefits	**6b**	1130
c	Other retired or separated participants entitled to future benefits	**6c**	725
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2587
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	222
f	Total. Add lines **6d** and **6e**.	**6f**	2809
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 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 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
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

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**	386025974
b Actuarial value	**2b**	401006832

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	1347	183697489	183697489
b For terminated vested participants	760	75714878	75714878
c For active participants	835	124220517	124358490
d Total	2942	383632884	383770857

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**	1500000
c Target normal cost	**6c**	1500000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

ANDREW M. NYCE, ASA, EA
Type or print name of actuary

26-06981
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

704-620-6588
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19125689	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	19125689	0
10	Interest on line 9 using prior year's actual return of -1.24 %	-237159	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		26459137
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		1373229
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		27832366
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)	18888530	0

Part III Funding Percentages

14	Funding target attainment percentage	14	99.56 %
15	Adjusted funding target attainment percentage	15	104.49 %
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	108.98 %
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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

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**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1500000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1500000	0	1500000

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ANGELO GORDON & CO.

13-3701947

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

BLACKSTONE ALTERNATIVE ASSET MGMT

13-3702086

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

BRIDGEWATER

ONE GLENDINNING PLACE
WESTPORT, CT 06880

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

CARLYLE INVESTMENT MANAGEMENT LLC

52-1988385

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

DAVIDSON KEMPNER ADVISORS,INC.

13-3594751

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

DAVIDSON KEMPNER CAPITAL MGMT LLC

13-4021240

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

KING STREET CAPITAL MANAGEMENT LP

13-3978904

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

KING STREET MASTER ADVISORS, LLC

26-3871197

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

MELLON CAPITAL MANAGEMENT

25-1442864

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

RENAISSANCE TECHNOLOGIES L.L.C.

26-0385758

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

STATE STREET BANK & TRUST COMPANY

04-1867445

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

T ROWE PRICE INSTITUTIONAL GLOBAL

26-3250914

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

VANGUARD

23-1945930

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

VIKING GLOBAL INVESTORS LP

13-4055118

(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)

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	555043	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK & TRUST COMPANY

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?
25 28 50 51 62 99	NONE	308141	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS, LLC

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	260173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WINDMARK INVESTMENT PARTNERS

20-0929412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	173002	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CROWE LLP

30-1506626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	57225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	18641	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

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: LONG TERM CREDIT BD INX NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO NA

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)
26-3797251-001	C	52140896

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX NON-LENDABLE FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO NA

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)
80-0300291-001	C	12603091

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA COLLECTIVE INVT TR

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-6547562-003	C	88455311

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

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)	13000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	82130390	1481548
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	33950305	14504323
(2) U.S. Government securities	1c(2)	85195114	92797515
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	56232111	60708825
(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)	59163166	153199298
(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)	56545730	50762761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	386216816	373454270
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	820296	167639
1k Total liabilities (add all amounts in lines 1g through1j)	1k	820296	167639
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	385396520	373286631

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)	955153	
(B) U.S. Government securities	2b(1)(B)	2269267	
(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)		3224420
(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)	3075263	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3075263
(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)	9096243	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		9096243

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12063186
(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)		1728720
c Other income	2c		3329327
d Total income. Add all **income** amounts in column (b) and enter total	2d		32517159
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42944021	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		42944021
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57225	
(5) Investment advisory and investment management fees	2i(5)	451816	
(6) Bank or trust company trustee/custodial fees	2i(6)	308141	
(7) Actuarial fees	2i(7)	555043	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	310802	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1683027
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44627048
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-12109889
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 30-1506626

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588238.

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
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

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): 52-2274691

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** 85

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: 10.7 % Private Equity: 0.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 75.5 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.6 % Other: 9.8 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Syngenta Corporation Pension Plan

Plan Sponsor EIN 52-2274691

Plan Number 004

Financial Statements With Supplemental Schedules

Syngenta Corporation Pension Plan
Years Ended December 31, 2025 and 2024
With Independent Auditor's Report

Syngenta Corporation Pension Plan
Financial Statements

Years Ended December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Syngenta Corporation Employee Benefits Committee
Syngenta Corporation Pension Plan

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

We have performed audits of the financial statements of the Syngenta Corporation 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 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 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).

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
October 13, 2026

Syngenta Corporation Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	2024
Assets		
Investments:		
Interest-bearing cash	$ 14,504,323	$ 33,950,305
Collective trusts	153,199,298	59,163,166
Government securities (U.S. and non-U.S.)	92,797,515	85,195,114
Registered investment companies	50,762,761	56,545,730
Limited partnerships	60,708,825	56,232,111
Total investments, at fair value	371,972,722	291,086,426
Employer contributions receivable	-	13,000,000
Net pending security transactions receivable	1,481,548	82,130,390
Total Assets	373,454,270	386,216,816
Liabilities		
Derivative Liability	167,639	820,296
Net assets available for benefits	$ 373,286,631	$ 385,396,520

See accompanying notes.

Syngenta Corporation Pension Plan

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2025	**2024**
Additions		
Interest and Dividends	$ 6,299,733	$ 9,644,508
Net appreciation in fair value of investments	26,217,426	-
Employer Contributions	-	28,000,000
Total additions	32,517,159	37,644,508
Deductions		
Net depreciation in fair value of investments	-	18,471,309
Benefits paid to participants	42,944,021	24,665,417
Administrative expenses	1,683,027	2,589,860
Total deductions	44,627,048	45,726,586
Net increase/(decrease)	(12,109,889)	(8,082,078)
Net assets available for benefits:		
Beginning of year	385,396,520	393,478,598
End of the year	$ 373,286,631	$ 385,396,520

See accompanying notes.

Syngenta Corporation Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of Plan

The following description of the Syngenta Corporation Pension Plan (the Plan) provides only general information. The Plan Sponsor, Syngenta Corporation (Syngenta or the Company), is a wholly owned subsidiary of Syngenta AG which is a Swiss-based company. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Employees automatically become a participant in the Plan upon one year of employee service and completion of 975 hours of service during that period. Plan participants are entitled to annual pension benefits or a lump sum to consider all future payments beginning at normal retirement age (65) (or earlier based on the Plan's vesting formula) based, in general, on eligible compensation and years of service.

Effective December 31, 2008, the Plan froze eligibility to become a participant in the Plan. No individual who, on or after January 1, 2009, is hired by the Company, rehired by the Company, or transferred to the Company from an Affiliate whose employees are not covered by this Plan, shall become a participant.

Effective December 31, 2018, the Plan was amended to freeze participants' pension benefits. All elements related to determining a participant's pension benefit will be determined as of the earlier of his/her termination of employment or December 31, 2018.

Effective September 1, 2019 the Plan was amended to provide to any participant who had not been eligible for a Lump Sum Option with respect to their accrued benefit, may elect to take a lump sum at the participant's normal retirement date.

Funding Policy

The Company's funding policy is to contribute to the Plan amounts necessary on an actuarial basis to provide sufficient assets to meet the benefits to be paid to Plan members in accordance with at least the minimum funding requirements of ERISA. The earnings (losses) (i.e., dividends, interest, and realized and unrealized gains or losses) on investments of the Plan serve to decrease (increase) future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Company has complied with the minimum funding requirements of ERISA for 2025 and 2024.

Benefits and Administrative Expenses

Benefit payments to participants are recorded upon distribution. There are no special provisions for disability or death in the Plan document. Allowable custodial, trustee, audit, and actuarial fees are paid by the Plan.

Investment management fees are either charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan or are paid directly from Plan assets. To the extent plan expenses are not paid by the Plan, they are paid by the Plan Sponsor.

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, its related regulations and the Plan document.

Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition and Valuation of Derivative Instruments

The Plan's investments and derivative instruments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion on fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on a formula incorporating years of credited service and average compensation over a period of time, as defined by the Plan. The accumulated plan benefits for active employees are based upon years of credited service and compensation during the years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employer service rendered at the valuation date.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

3. Investments

Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank & Trust Company (the trustee of the Plan).

Interest-bearing Cash

Included in interest-bearing cash are short-term investment funds that are used to provide liquidity for the payment of benefits or other purposes. These funds consist of short-term fixed income assets that trade on a regular basis in active markets. However, because the commingled vehicles lack any formal listing or associated price quotes, they are classified as Level 2 (See Note 4).

Equity and Fixed Income

The Plan's equity investments include holdings in registered investment companies, consisting of underlying shares in an institutional mutual fund. The Plan holds fixed income investments in corporate bonds and U.S. and Non-U.S. government securities.

Stocks traded on U.S. security exchanges are valued at closing market prices on the valuation date. Stocks traded on a non-U.S. security exchange are valued at closing market prices on the applicable non-U.S. security exchange on the valuation date. The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges. If market quotations are not readily available for valuations, assets may be valued by a method the manager of the fund believes accurately reflects fair value.

Fixed income securities are valued on the basis of valuations provided by a pricing service engaged by the investment entity or its fund manager, which determines valuations using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders. If market quotations are not readily available for valuations, assets may be valued by a method the manager of the fund believes accurately reflects fair value.

The portfolio is managed to appropriate U.S. or global benchmarks as determined by Plan management.

Collective Trusts

The Plan invests in collective trusts that are both equity based and fixed income based.

While the trusts themselves do not trade, the underlying securities in the trust trade in an active market. The fair values of participation units held in collective trusts are based on the net asset values per unit as reported by the fund managers.

The trusts are managed to replicate an appropriate benchmark for passive index funds or to exceed an appropriate benchmark for actively managed funds as determined by Plan management. The collective trusts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

3. Investments (continued)

Alternative Investments

Alternative investments (alternatives) is a class of investments that differs from the traditional equity and fixed income portfolios and includes limited partnerships and hedge funds. All of these investments are valued at NAV. Their strategy is to invest in financial instruments as described further below that may include derivatives.

The inclusion of "alternatives" in the Plan increases diversification.

The Plan holds partnership interests and hedge funds, which employ the following strategies:

Fund of funds:	The fund of funds manager invests in a group of other hedge funds this includes: Long short equity, Global Macro, Multi strategy, and Managed futures. The aforementioned strategies are separately described below.
Long short equity:	The fund manager's trading strategy is to hold a long position in equities expected to outperform and a short position in other equities expected to underperform.
Global Macro:	The fund manager uses macro-economic analysis to invest in assets including equities, debt, currencies, commodities and interest rates that trade in the global financial markets.
Global Equities:	The fund manager invests in long equity securities that trade in the global developed and emerging markets.
Multi strategy:	The fund manager opportunistically employs various strategies at different times to take advantage of attractive investments. Examples of such strategies include, but are not limited to, investment instruments in distressed debt, convertible arbitrage, event driven and credit-based strategies.
Private Equity:	The fund manager employs strategies that are generally long-term commitments in private markets which require limited liquidity. Examples of such strategies include, but are not limited to, venture capital, leveraged buyouts, real estate, and distressed investing.

The valuation process for alternative investments is dependent on the investment as follows:

The underlying assets of the long short equity funds are valued as indicated above for equity investments. Fund management then calculates a net asset value per share.

For the remaining alternative investments, the fund manager has in place procedures for determining the fair value of the funds. These procedures include, as appropriate, prices of actual trades, the use of third-party pricing services and internal pricing techniques. Fund management calculates a net asset value per share.

The Plan uses the fund manager's computed net asset value per share to compute its interest in these investments without further adjustment.

The Plan's alternative investments, excluding private equity, are subject to redemption timelines that range between one to twelve months and a notice period that ranges between 30 to 95 days depending on the investment. In addition, during periods of economic stress, fund managers have the ability to impose "gates" on redemption, which may restrict the amount that can be redeemed.

3. Investments (continued)

Private equity is a long-term commitment that may have limited liquidity for redemption as investments mature over a time horizon of seven to ten years.

As of December 31, 2025 and 2024, none of the Plan's investments were subject to a "gate" and there was an unfunded commitment of $318,460 and $636,921, respectively, to private equity.

Derivative Instruments

The Plan may use derivative financial instruments to manage interest rate exposure and better match the maturities of investments with the investment policies of the Plan. The derivatives consist primarily of exchange traded US Treasury futures. The fair values of these derivatives are based upon quoted market prices (Level 1 inputs).

The realized and unrealized gain or loss on the derivatives was not material to the Plan. As of December 31, 2025 and 2024, the investments had a notional value of $57,600,000 and $77,800,000, respectively.

4. Fair Value Measurements

ASC 820 defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). ASC 820 includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Unobservable inputs for the asset or liability, which are valued based on estimates of assumptions that market participants would use in pricing the asset or liability.

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2025 and 2024.

	Investments at Fair Value at December 31, 2025				
	Level 1	Level 2	Level 3	Total	
Interest-bearing cash	$ -	$ 14,504,323	$ -	$ 14,504,323	
Equity					
Registered Investment Company	50,762,761	-	-	50,762,761	
Fixed Income					
U.S. government securities	-	92,797,515	-	92,797,515	
Collective trusts	-	-	-	153,199,298	*
Alternative investments	-	-	-	60,708,825	*
Total	50,762,761	107,301,838	-	371,972,722	
Liabilities					
Derivatives	167,639	-	-	167,639	
Total Investments at fair value	$ 50,595,122	$ 107,301,838	$ -	$ 371,805,083	

*these investments have not been classified in the fair value hierarchy because they are valued at NAV as a practical expedient but are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

4. Fair Value Measurements (continued)

	Investments at Fair Value at December 31, 2024				
	Level 1	Level 2	Level 3	Total	
Interest-bearing cash	$ -	$ 33,950,305	$ -	$ 33,950,305	
Equity					
Registered Investment Company	56,545,730	-	-	56,545,730	
Fixed Income					
U.S. government securities	-	85,195,114	-	85,195,114	
Collective trusts	-	-	-	59,163,166	*
Alternative investments	-	-	-	56,232,111	*
Total	56,545,730	119,145,419	-	291,086,426	
Liabilities					
Derivatives	820,296	-	-	820,296	
Total Investments at fair value	$ 55,725,434	$ 119,145,419	$ -	$ 290,266,130	

*these investments have not been classified in the fair value hierarchy because they are valued at NAV as a practical expedient but are intended to permit reconcillation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

5. Accumulated Plan Benefits

The Plan's actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the end of the Plan year is as follows in the table below.

	December 31, 2025	December 31, 2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active employees	$ 107,719,225	$ 134,206,915
Participants with deferred benefits	78,659,802	82,249,049
Participants receiving benefits	192,319,405	201,732,665
Total vested benefits	378,698,432	418,188,629
Nonvested benefits	72,376	136,496
Total actuarial present value of accumulated plan benefits	$ 378,770,808	$ 418,325,125

5. Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits is as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 418,325,125	$ 386,066,354
Increase (decrease) during year attributable to:		
Actuarial (gains) and losses	6,939,871	1,748,998
Increase for interest due to the decrease in the discount period	17,869,022	20,564,429
Benefits paid	(42,944,021)	(24,665,417)
Change in actuarial assumptions	(21,419,189)	34,610,761
Actuarial present value of accumulated plan benefits at end of year	$ 378,770,808	$ 418,325,125

Significant assumptions underlying the actuarial computations at December 31, 2025 and 2024, are:

	2025	2024
A. Life expectancy of participants	Pri-2012 Mortality Table with separate rates for employees, retirees, and contingent survivors, and with generational projection of mortality improvement beginning in base year 2012 using scale MP-2021	Pri-2012 Mortality Table with separate rates for employees, retirees, and contingent survivors, and with generational projection of mortality improvement beginning in base year 2012 using scale MP-2021
B. Average retirement age	60 (rates varying from age 50 to 70)	60 (rates varying from age 50 to 70)
C. Valuation interest rate	5.00%	4.50%
D. Form of payment	Actives: 90% lump sum, 10% annuities. Terminated: 75% lump sum, 25% annuities	Actives: 90% lump sum, 10% annuities. Terminated: 75% lump sum, 25% annuities

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

6. Risks and Uncertainties

The Plan holds various investments and derivative instruments which are exposed to various risks, such as interest rate, market volatility, credit and risks pertaining to global events. Due to the level of risk associated with certain investments and derivative instruments, the level of uncertainty related to changes in the value of investments and derivative instruments, it is at least reasonably possible that changes in risks in the near term would materially affect the value of investments and derivative instruments and the amounts reported in the statements of net assets available for benefits.

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

7. Tax Status

The Plan received a determination letter from the Internal Revenue Service dated March 23, 2018, stating that the Plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code ("IRC"). Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, management believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

8. Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Company.

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 13, 2026, the date the financial statements were available to be issued.

Supplemental Schedules

YO1K

SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH					
	JAPANESE YEN				
		0.97		0.01	0.01
YO1J	JPY	0.97		0.01	0.01
	*STIF 25 BPS	STIF 25 BPS	1.000	12/31/2050	
		14,504,322.59		14,504,322.59	14,504,322.59
YO1A	928HVNII0	12,269,316.25		12,269,316.25	12,269,316.25
YO1X	928HVNII0	470.84		470.84	470.84
YO52	928HVNII0	0.01		0.01	0.01
YO55	928HVNII0	3.36		3.36	3.36
YO61	928HVNII0	803.54		803.54	803.54
YO62	928HVNII0	2,233,728.59		2,233,728.59	2,233,728.59
		14,504,323.56		14,504,322.60	14,504,322.60

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
U.S. GOVERNMENT SECURITIES				
	US TREASURY N/B	05/43 2.875	2.875 05/15/2043	
		1,995,000.00	1,789,343.55	1,548,698.55
YO62	912810RB6	1,995,000.00	1,789,343.55	1,548,698.55
	US TREASURY N/B	11/44 3	3.000 11/15/2044	
		5,505,000.00	4,695,803.32	4,257,346.80
YO62	912810RJ9	5,505,000.00	4,695,803.32	4,257,346.80
	US TREASURY N/B	02/46 2.5	2.500 02/15/2046	
		6,760,000.00	5,232,294.53	4,707,461.20
YO62	912810RQ3	6,760,000.00	5,232,294.53	4,707,461.20
	US TREASURY N/B	05/46 2.5	2.500 05/15/2046	
		12,625,000.00	9,133,398.44	8,756,573.75
YO62	912810RS9	12,625,000.00	9,133,398.44	8,756,573.75
	US TREASURY N/B	05/47 3	3.000 05/15/2047	
		4,020,000.00	3,173,915.63	3,018,778.80
YO62	912810RX8	4,020,000.00	3,173,915.63	3,018,778.80
	US TREASURY N/B	11/40 1.375	1.375 11/15/2040	
		18,400,000.00	14,302,406.25	11,942,704.00
YO62	912810ST6	18,400,000.00	14,302,406.25	11,942,704.00
	US TREASURY N/B	08/41 1.75	1.750 08/15/2041	
		8,135,000.00	5,849,573.44	5,488,928.55
YO62	912810TA6	8,135,000.00	5,849,573.44	5,488,928.55
	US TREASURY N/B	02/42 2.375	2.375 02/15/2042	
		5,860,000.00	4,677,241.41	4,313,487.40
YO62	912810TF5	5,860,000.00	4,677,241.41	4,313,487.40
	US TREASURY N/B	05/52 2.875	2.875 05/15/2052	
		9,895,000.00	7,613,249.08	6,914,131.25
YO62	912810TG3	9,895,000.00	7,613,249.08	6,914,131.25
	US TREASURY N/B	02/53 3.625	3.625 02/15/2053	
		10,125,000.00	9,042,890.63	8,197,301.25
YO62	912810TN8	10,125,000.00	9,042,890.63	8,197,301.25
	US TREASURY N/B	08/30 0.625	0.625 08/15/2030	
		250,000.00	198,847.66	217,540.00
YO62	91282CAE1	250,000.00	198,847.66	217,540.00

SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	RATE MAT DATE	(D) COST	(E) CURRENT VALUE
	US TREASURY N/B	02/32 1.875	1.875 02/15/2032		
		3,140,000.00		2,687,088.45	2,800,377.60
YO62	91282CDY4	3,140,000.00		2,687,088.45	2,800,377.60
	US TREASURY N/B	02/33 3.5	3.500 02/15/2033		
		3,040,000.00		2,973,442.57	2,954,393.60
YO62	91282CGM7	3,040,000.00		2,973,442.57	2,954,393.60
	US TREASURY N/B	12/30 3.75	3.750 12/31/2030		
		4,025,000.00		3,861,327.15	4,027,052.75
YO62	91282CJQ5	4,025,000.00		3,861,327.15	4,027,052.75
	US TREASURY N/B	05/31 4.625	4.625 05/31/2031		
		1,110,000.00		1,153,142.58	1,155,354.60
YO62	91282CKU4	1,110,000.00		1,153,142.58	1,155,354.60
	STRIPS	08/31 0.00000	0.010 08/15/2031		
		785,000.00		632,396.00	629,797.65
YO62	9128334S6	785,000.00		632,396.00	629,797.65
	STRIPS	02/32 0.00000	0.010 02/15/2032		
		415,000.00		326,824.95	325,343.40
YO62	9128334T4	415,000.00		326,824.95	325,343.40
	STRIPS	11/33 0.00000	0.010 11/15/2033		
		14,440,000.00		9,643,503.20	10,408,785.20
YO62	9128337U8	14,440,000.00		9,643,503.20	10,408,785.20
	STRIPS	05/34 0.00000	0.010 05/15/2034		
		10,300,000.00		7,401,928.00	7,242,136.00
YO62	9128337V6	10,300,000.00		7,401,928.00	7,242,136.00
	STRIPS	11/41 0.00000	0.010 11/15/2041		
		1,750,000.00		752,990.00	804,020.00
YO62	912834KV9	1,750,000.00		752,990.00	804,020.00
	STRIPS	02/42 0.00000	0.010 02/15/2042		
		1,750,000.00		746,165.00	792,067.50
YO62	912834LB2	1,750,000.00		746,165.00	792,067.50
	STRIPS	05/42 0.00000	0.010 05/15/2042		
		1,745,000.00		733,563.10	777,641.80
YO62	912834LK2	1,745,000.00		733,563.10	777,641.80
	STRIPS	08/42 0.00000	0.010 08/15/2042		
		1,740,000.00		723,526.80	763,773.00
YO62	912834LR7	1,740,000.00		723,526.80	763,773.00

SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	STRIPS	11/42 0.00000	0.010	11/15/2042	
		1,740,000.00		716,723.40	753,820.20
YO62	912834LX4	1,740,000.00		716,723.40	753,820.20
		129,550,000.00		98,061,585.14	92,797,514.85

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
PARTN./JOINT VENTURE INTERESTS					
		KINGSTREET S SER 80 LIMITED PARTNERSHIP			
		1,467.474		146,747.38	1,667.01
YO45	ACI0BGGM2	1,467.474		146,747.38	1,667.01
		VIKING GB EQ III LTD CL H S IE MUTUAL FUND			
		3,285.331		5,266,307.43	21,784,019.55
YO42	ACI0078P6	3,285.331		5,266,307.43	21,784,019.55
		DAVIDSON KEMPNER INSTITUTIONAL LP			
		1,364,583.173		1,364,583.17	14,070,371.29
YO33	239991961	1,364,583.173		1,364,583.17	14,070,371.29
		CARLYLE PARTNERS VI, LP			
		391,964.370		391,964.37	1,556,399.19
YO52	927ZHW906	391,964.370		391,964.37	1,556,399.19
		KING STREET S SER125			
		166.761		16,676.09	189.44
YO45	932GZZ904	166.761		16,676.09	189.44
		KINGSTREET S SER 231			
		4.400		440.00	5.00
YO45	933IOB904	4.400		440.00	5.00
		KINGSTREETS SERIES 189			
		470.113		47,011.26	534.04
YO45	933UEH905	470.113		47,011.26	534.04
		KINGSTREET S SER 210			
		177.743		17,774.30	201.91
YO45	933USB903	177.743		17,774.30	201.91
		KINGSTREET S SER 455			
		346.123		34,612.27	393.19
YO45	955QHR001	346.123		34,612.27	393.19
		KINGSTREET CLASS S SER 224			
		532,403.465		53,240.37	604,795.43
YO45	963MMY900	532,403.465		53,240.37	604,795.43
		KINGSTREET S SER 238 L.P			
		125.735		11,460.11	142.83
YO45	964MHY905	125.735		11,460.11	142.83

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	KINGSTREET S SER 244 L.P.				
		617.066		60,646.64	700.97
YO45	964MHZ902	617.066		60,646.64	700.97
	KING STREET CAPITAL	CLASS S SER 263			
		67.957		6,795.71	77.20
YO45	965FJV903	67.957		6,795.71	77.20
	KINGSTREET S SER 281				
		1,361.214		136,121.40	1,546.30
YO45	965UYZII5	1,361.214		136,121.40	1,546.30
	KINGSTREET S SER 293				
		39.021		3,902.10	44.33
YO45	965UZA908	39.021		3,902.10	44.33
	KINGSTREET S SER 308				
		185.299		18,529.87	210.49
YO45	965YTMII2	185.299		18,529.87	210.49
	KINGSTREET S SER 314				
		11.550		1,154.99	13.12
YO45	965YTM901	11.550		1,154.99	13.12
	KINGSTREET S SER 323				
		223.802		22,380.20	254.23
YO45	965YTNII0	223.802		22,380.20	254.23
	KINGSTREET S SER 341				
		477.747		47,774.70	542.71
YO45	965YTPII5	477.747		47,774.70	542.71
	KINGSTREET S SER 350				
		1,110.046		111,004.63	1,260.98
YO45	965YTP904	1,110.046		111,004.63	1,260.98
	KINGSTREET S SER 359				
		515.140		51,514.00	585.18
YO45	965YTQII3	515.140		51,514.00	585.18
	KINGSTREET S SER 377				
		627.501		62,750.12	712.82
YO45	965YTRII1	627.501		62,750.12	712.82
	KINGSTREET S SER 409				
		132.646		13,264.55	150.68
YO45	966NMW909	132.646		13,264.55	150.68

YO1K

SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	KINGSTREET S SER 60	MUTUAL FUND		
		2.000	210.74	2.27
YO45	ACI07Y433	2.000	210.74	2.27
	ANGELO GORDON SUPER FUND			
		22,552.373	22,552.37	152,345.99
YO32	03499R920	22,552.373	22,552.37	152,345.99
	BLACKSTONE BPIF	BPIF NON TAXABLE L P FUND		
		10,977,856.209	10,977,856.21	22,530,458.08
YO31	071995922	10,977,856.209	10,977,856.21	22,530,458.08
	KINGSTREET S SER 161	KINGSTREET S SER 161		
		516.685	51,668.50	586.94
YO45	962UAT907	516.685	51,668.50	586.94
	KINGSTREET S SER 168			
		3.784	378.40	4.30
YO45	962UAU904	3.784	378.40	4.30
	KINGSTREET S SER 175			
		536.617	53,661.74	609.58
YO45	962UAV902	536.617	53,661.74	609.58
		13,301,831.345	18,992,983.62	60,708,825.05

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
OTHER					
	US 5YR NOTE (CBT) MAR26	XCBT 20260331	0.000	03/31/2026	
		321.00		0.00	0.00
YO62	ADI30KNN7	321.00		0.00	0.00
	US 2YR NOTE (CBT) MAR26	XCBT 20260331	0.000	03/31/2026	
		44.00		0.00	0.00
YO62	ADI30KNP2	44.00		0.00	0.00
	US 10YR ULTRA FUT MAR26	XCBT 20260320	0.000	03/20/2026	
		167.00		0.00	0.00
YO62	ADI30KQQ7	167.00		0.00	0.00
		532.00		0.00	0.00

YO1K

SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
COMMON/COLLECTIVE TRUSTS					
	BLACKROCK LT CREDIT BD INDX	MUTUAL FUND			
		522,042.534		16,992,413.67	52,140,896.23
YO51	ACI007NT1	522,042.534		16,992,413.67	52,140,896.23
	BLACKROCK EQTY IND NON LEND FD	EQUITY IND NON LENDABLE FUND			
		99,427.473		3,301,372.58	12,603,091.01
YO55	ACI018535	99,427.473		3,301,372.58	12,603,091.01
	NISA COLLECTIVE INVT TR	MUTUAL FUND			
		7,159,548.365		81,977,057.88	88,455,310.79
YO61	654658301	7,159,548.365		81,977,057.88	88,455,310.79
		7,781,018,372		102,270,844.13	153,199,298.03

YO1K

SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY				
	T ROWE PRICE GLOBAL GROWTH STO	T ROWE PR GL GRW STK I		
		113,800.985	2,413,998.30	5,041,383.64
YO43	77956H294	113,800.985	2,413,998.30	5,041,383.64
	VANGUARD LONG TERM INVESTMENT	VANGUARD L/T INV GR INV		
		5,953,304.359	61,124,155.04	45,721,377.48
YO63	922031109	5,953,304.359	61,124,155.04	45,721,377.48
		6,067,105.344	63,538,153.34	50,762,761.12
GRAND TOTALS		171,204,810.621	297,367,888.83	371,972,721.65

Syngenta Corporation Pension Plan
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Syngenta Corporation
Employer identification number: 52-2274691
Three-digit plan number: 004

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:								
NISA	Long Credit CIF – Class O	$ 80,803,201	$ -	$ -	$ -	$ 80,803,201	$ 80,803,201	$ -
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
State Street Bank & Trust Co.	Interest Bearing Cash	$ 48,484,243	$ -	$ -	$ -	$ 48,484,243	$ 48,484,243	$ -
State Street Bank & Trust Co.	Interest Bearing Cash	$ -	$ 67,930,225	$ -	$ -	$ 67,930,225	$ 67,930,225	$ -
NISA	Long Credit CIF – Class O	$ 82,069,830	$ -	$ -	$ -	$ 82,069,830	$ 82,069,830	$ -
NISA	Long Credit CIF – Class O	$ -	$ 96,884	$ -	$ -	$ 92,772	$ 96,884	$ 4,112

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	21	0	0	0	0	0	0	21
40-44	1	1	2	69	8	0	0	0	0	0	81
45-49	1	4	6	95	23	8	0	0	0	0	137
50-54	1	1	5	81	50	41	10	0	0	0	189
55-59	1	1	4	73	26	37	44	9	0	0	195
60-64	1	0	0	50	17	39	18	29	4	0	158
65-69	0	0	2	8	3	6	9	8	7	1	44
70 & over	0	0	0	3	0	0	1	2	3	1	10
Total	5	7	19	400	127	131	82	48	14	2	835

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

Plan Name: Syngenta Corporation Pension Plan
EIN / PN: 52-2274691/004
Plan Sponsor: Syngenta Corporation
Valuation Date: January 1, 2026

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Assumptions and methods for contribution purposes

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
Effective interest rate	5.33%	5.30%

Annual rates of increase:

• Compensation	N/A
• Future Social Security wage bases	3.50%
• Statutory limits on compensation	N/A
Plan-related expenses	$1,500,000

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees since the plan has been frozen to new entrants.

Mortality

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Lump sums were valued using the statutory Applicable Mortality Table for the current year.

Termination

Rates varying by age and service

Representative percentages leaving the year	
Attained Age	All Years
20	15.00
25	15.00
30	12.00
35	8.75
40	8.00
45	6.50
50	7.50
55	9.00

Disability

No separate assumption; included in termination rates

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age and group, average age 60.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and group are shown below

Percentage retiring during the year	
Age	All Years
50-55	5.0
56	6.0
57	7.0
58	8.0
59	9.0
60	10.0
61	12.5
62-63	15.0
64-66	20.0
67-69	30.0
70	100.0

Benefit commencement date

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — The rates at which terminated vested participants are assumed to retire by age are shown below.

Terminated Vested Commencement Age	
Age	Rate (%)
35-60	5.0
61-64	8.0
65	40.0
66-69	25.0
70+	100.0

- Retirement benefit — Upon termination of employment.

Form of payment

90% of active participants are assumed to elect a lump sum, and 10% of active participants are assumed to elect an annuity at the assumed commencement date (single life for single participants and 50% joint and survivor annuity for married participants).

75% of terminated vested participants are assumed to elect a lump sum, and 25% are assumed to elect an annuity at the assumed commencement date.

SCHEDULE SB ATTACHMENTS

	Calculation of Lump Sum: Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) without application of generational mortality.
Percent married	80% of male participants and 70% of female participants are assumed to be married; those not married are assumed to have a non-spouse beneficiary. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wives are assumed to be three years younger than husbands.
Covered pay	Not applicable because the plan was frozen on December 31, 2018.
Administrative expenses	$1,500,000 for 2025; based on prior year expenses paid, with adjustments for significant expected changes.
At-risk assumptions	At-risk liabilities not currently valued since plan has been determined to be not “at-risk” based on non-at-risk liabilities.
Cash flow	
• Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including contributions receivable (discounted using the effective interest rate for the prior plan year).

SCHEDULE SB ATTACHMENTS

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

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

Sources of Data and Other Information

Participant data was provided from the pension plan administrator (WTW) as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

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

Syngenta Corporation Pension Plan
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: Syngenta Corporation
Employer identification number: 52-2274691
Three-digit plan number: 004

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:								
NISA	Long Credit CIF – Class O	$ 80,803,201	$ -	$ -	$ -	$ 80,803,201	$ 80,803,201	$ -
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
State Street Bank & Trust Co.	Interest Bearing Cash	$ 48,484,243	$ -	$ -	$ -	$ 48,484,243	$ 48,484,243	$ -
State Street Bank & Trust Co.	Interest Bearing Cash	$ -	$ 67,930,225	$ -	$ -	$ 67,930,225	$ 67,930,225	$ -
NISA	Long Credit CIF – Class O	$ 82,069,830	$ -	$ -	$ -	$ 82,069,830	$ 82,069,830	$ -
NISA	Long Credit CIF – Class O	$ -	$ 96,884	$ -	$ -	$ 92,772	$ 96,884	$ 4,112

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
SYNGENTA CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
52-2274691

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**	386,025,974
b Actuarial value	**2b**	401,006,832

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	1,347	183,697,489	183,697,489
b For terminated vested participants	760	75,714,878	75,714,878
c For active participants	835	124,220,517	124,358,490
d Total	2,942	383,632,884	383,770,857

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**	1,500,000
c Target normal cost	**6c**	1,500,000

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

AMN

Signature of actuary

09/29/2026
Date

ANDREW M. NYCE, ASA, EA
Type or print name of actuary

2606981
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

704-620-6588
Telephone number (including area code)

PO BOX 674401
HOUSTON TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19,125,689	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	19,125,689	0
10	Interest on line 9 using prior year's actual return of -1.24 %	-237,159	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		26,459,137
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		1,373,229
	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		27,832,366
	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)	18,888,530	0

Part III Funding Percentages

14	Funding target attainment percentage	14	99.56 %
15	Adjusted funding target attainment percentage	15	104.49 %
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	108.98 %
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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,500,000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,500,000	0	1,500,000

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(1)	(2)	(3)	(4)	(e)
Retirement Age	Assumed Rate	Participants At Beginning	Participants Retiring: (2)x(3)	Weighted Age of Retirement (a) * (b) * (d)
50	0.0500	1,000.00	50.00	2500.00
51	0.0500	950.00	47.50	2422.50
52	0.0500	902.50	45.13	2346.50
53	0.0500	857.38	42.87	2272.04
54	0.0500	814.51	40.73	2199.17
55	0.0500	773.78	38.69	2127.90
56	0.0600	735.09	44.11	2469.91
57	0.0700	690.99	48.37	2757.04
58	0.0800	642.62	51.41	2981.74
59	0.0900	591.21	53.21	3139.31
60	0.1000	538.00	53.80	3228.00
61	0.1250	484.20	60.52	3692.02
62	0.1500	423.67	63.55	3940.17
63	0.1500	360.12	54.02	3403.16
64	0.2000	306.10	61.22	3918.14
65	0.2000	244.88	48.98	3183.49
66	0.2000	195.91	39.18	2585.97
67	0.3000	156.73	47.02	3150.19
68	0.3000	109.71	32.91	2238.04
69	0.3000	76.80	23.04	1589.67
70	1.0000	53.76	53.76	3762.98
			1,000.00	59,907.94
Average age at retirement		59,907.944/ 1,000	=	59.91
Rounded for Schedule SB Item 22				**60**

Plan Name: Syngenta Corporation Pension Plan
EIN / PN: 52-2274691/004
Plan Sponsor: Syngenta Corporation
Valuation Date: January 1, 2026

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	20,941,201	14,150,751	19,179,810	54,271,762
2026	15,644,613	8,303,236	18,657,740	42,605,589
2027	13,640,284	7,898,867	18,102,186	39,641,337
2028	12,610,229	7,227,826	17,510,053	37,348,108
2029	12,136,196	6,057,340	16,904,180	35,097,716
2030	10,894,504	6,168,547	16,265,191	33,328,242
2031	10,261,865	5,739,124	15,587,812	31,588,801
2032	9,530,701	4,958,666	14,875,997	29,365,364
2033	8,581,645	4,819,407	14,134,331	27,535,383
2034	7,664,232	4,066,480	13,365,858	25,096,570
2035	6,561,970	3,798,391	12,576,381	22,936,742
2036	5,890,052	3,644,885	11,770,231	21,305,168
2037	5,129,277	3,226,453	10,953,550	19,309,280
2038	4,668,815	3,142,597	10,132,972	17,944,384
2039	4,199,625	3,067,902	9,315,437	16,582,964
2040	3,472,901	2,764,925	8,508,015	14,745,841
2041	3,024,794	2,667,650	7,717,779	13,410,223
2042	2,653,521	2,398,209	6,951,586	12,003,316
2043	2,351,930	2,204,283	6,215,827	10,772,040
2044	2,168,288	2,122,172	5,516,243	9,806,703
2045	1,904,487	1,879,400	4,857,762	8,641,649
2046	1,721,827	1,677,603	4,240,866	7,640,296
2047	1,612,701	1,572,276	3,671,502	6,856,479
2048	1,431,986	1,471,545	3,155,135	6,058,666
2049	1,331,664	1,333,639	2,689,080	5,354,383
2050	1,225,931	1,215,260	2,272,932	4,714,123
2051	1,134,807	1,112,714	1,905,352	4,152,873
2052	1,059,665	1,027,260	1,584,211	3,671,136
2053	987,493	921,719	1,306,700	3,215,912
2054	905,864	841,938	1,069,516	2,817,318
2055	855,736	758,543	869,011	2,483,290
2056	782,029	677,397	701,347	2,160,773
2057	724,121	607,382	562,655	1,894,158
2058	672,634	539,559	449,142	1,661,335
2059	621,230	480,751	357,208	1,459,189
2060	570,367	425,880	283,505	1,279,752
2061	520,493	375,407	224,991	1,120,891
2062	472,033	329,153	178,960	980,146
2063	425,375	287,027	143,063	855,465
2064	380,859	248,881	115,285	745,025
2065	338,774	214,541	93,927	647,242

Plan Name: Syngenta Corporation Pension Plan
EIN / PN: 52-2274691/004
Plan Sponsor: Syngenta Corporation
Valuation Date: January 1, 2026

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	299,340	183,820	77,584	560,744
2067	262,718	156,508	65,104	484,330
2068	229,003	132,386	55,564	416,953
2069	198,232	111,231	48,231	357,694
2070	170,382	92,813	42,532	305,727
2071	145,384	76,901	38,019	260,304
2072	123,129	63,265	34,350	220,744
2073	103,474	51,675	31,268	186,417
2074	86,255	41,904	28,584	156,743

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Syngenta Corporation Pension plan was restated effective January 1, 2017. The most recent amendment reflected in the following plan provisions was adopted July 15, 2020.

Plan Provisions – Crop Protection (including Biotechnology)

Participation Date	Any employee who participated on the January 1, 2002 effective date continues to participate. All other employees become participants on the first day of the month coincident or immediately preceding completion of one year of eligibility service (975 hours), with the following exceptions: members of a collective bargaining unit unless this plan has been extended to that unit, active participants in another defined benefit plan, employees on temporary assignment from a foreign member of the Company and seasonal or other temporary employees. Employees hired after December 31, 2008 are not eligible to participate in the plan.
Pension Freeze effective December 31, 2018	All elements used for determining a Participant's Accrued Benefit, including, the Participant's Age, Years of Benefit Service and Final Average Compensation shall be determined as of the earlier of his/her termination of employment or December 31, 2018. Pension benefits will be frozen as of this date and an Active Participant on December 31, 2018 shall have his/her Pension Equity Benefit determined in the same manner as if such Active Participant had terminated employment on December 31, 2018.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

- Legacy Zeneca prior to 2002

  For years prior to January 1, 1976, continuous service from date of hire.

  For years after December 31, 1975:

  Section 1 - For regular employees: all periods of service.

  Section 2 - For part-time employees: all part-time employees employed on December 31, 1993 are fully vested. For service after January 1, 1994, one Year of Vesting for each Accrual Computation Period in which the participant is credited with 900 hours of service.

- Legacy Novartis prior to 2002

  The number of years of employment with the Company or any Affiliate in which the employee worked 975 hours. Service prior to January 1, 1998 shall be determined in accordance with the terms of the Ciba Salaried Pension Plan or any predecessor plan applicable to such Participant.

- PEP Plan

  Service before 2002 is counted according to the terms of the legacy plan above. Beginning in 2002, vesting service from the latter of January 1, 2002 and date of hire is counted for all employees.

  Certain prior service is excluded for employees in acquired groups as specified in the plan.

Credited Service

- Legacy Zeneca

  For periods of service prior to January 1, 1976, years and months of continuous service from date of hire.

  For periods of service on or after January 1, 1976 and prior to January 1, 2002:

  - For regular employees: All periods of service including full and partial years.
  - For part-time employees: One Year of Service for each Accrual Computation Period during which the participant is credited with 900 hours of service, except for years before January 1, 1994, 2,080 hours of service are required for one Year of Service and service is credited on a pro rata basis for hours less than 2,080.

SCHEDULE SB ATTACHMENTS

- Legacy Novartis

  For periods of service on or after January 1, 2002, the period elapsed from January 1, 2002 until severance from service.
  For periods of service before January 1, 2002, the period of benefit service as a plan participant excluding:
  - The first year.
  - Service prior to the 1998 Plan Year shall be credited with each full and partial year of service credited to a participant as of the last day of the 1997 Plan Year under the applicable predecessor plan.
  - Service after the 1997 Plan Year, one year of service will be credited to a participant who completes 975 or more hours of service in a Plan Year as a covered employee.

  For periods of service on or after January 1, 2002, the period elapsed from January 1, 2002 until severance from service.

- PEP Plan

  Service from date of hire is counted for all employees.

  Certain prior service is excluded for employees in acquired groups as specified in the plan.

Compensation

Compensation for plan purposes is defined as total compensation for income tax withholding purposes, prior to any pre-tax deferrals for Section 125 or 401(k) plans, but excluding deferred compensation, stock options, benefit credits under a cafeteria plan, imputed income, insurance benefits, severance payments, tuition refunds, relocation or other expense allowance payments, suggestion or recruitment awards, long-term incentive plan payments, and any other welfare or fringe benefits. Prior to January 1, 2003, Legacy Zeneca participants' management incentive compensation counts in the year earned instead of the year paid, if paid no later than March 15 of the next year. Compensation is subject to the legislated maximum.

Average Compensation

- Legacy Zeneca

  The average of the participant's total Compensation for the highest 36 consecutive months in the last 120 consecutive months before retirement or termination.

- Legacy Novartis

  The average of the participant's total Compensation for the highest 5 consecutive calendar years in the last 10 consecutive calendar years before retirement or termination.

SCHEDULE SB ATTACHMENTS

• PEP Plan	The average of the participant's total Compensation for the highest 5 consecutive calendar years in the last 10 consecutive calendar years before retirement or termination.
Primary Social Security benefit	
• Legacy Zeneca	Primary benefit based upon the Social Security Act in effect at time of termination of employment, payable at the later of age 62 or actual retirement age. For terminations before age 62, no earnings after employment are assumed.
• Legacy Novartis	Primary benefit based upon the Social Security Act in effect at time of termination of employment, payable at the later of age 65 or actual retirement age. For terminations before age 65, no earnings after employment are assumed.
Breakpoint	$76,000 for 2013 as adjusted for inflation in the same manner and time as the Social Security OASDI Wage Base, rounded to the nearest $100. The breakpoint was $73,600 for 2012 and $71,400 for 2009 through 2011.
Retirement Income	
Legacy Zeneca	
• Benefit Schedule A	For all eligible employees as of May 1, 1998 who elected this schedule, the benefit equals the greater of (i) or (ii): (i) 1.2% of Average Compensation times Years of Service. (ii) 1.6% times Years of Service, but not more than 50% times Average Compensation minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. This formula is not applicable to bargaining groups.

SCHEDULE SB ATTACHMENTS

- Benefit Schedule B

For all eligible employees as of May 1, 1998 who elected this schedule and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):

(i) the benefit determined under Benefit Schedule A based on Average Compensation and Years of Service as of April 30, 1998. The benefit for former ISK plan participants for service before April 30, 1998 is the accrued benefit under the ISK formula at that date.

(ii) the accumulation for each plan year of the sum of 1.2% of Compensation up to the Breakpoint plus 1.6% of Compensation in excess of the Breakpoint.

Legacy Novartis

- Benefit Schedule

As of any date equals the sum of (i), (ii), and (iii), minus (iv):

(i) 2% of Average Compensation times years of Credited Service (maximum 20 years)

(ii) 1% of Average Compensation times years of Credited Service in excess of 20 (maximum of 10 years)

(iii) 0.5% of Average Compensation times years of Credited Service in excess of 30 (maximum of 10 years)

(iv) 1.33% of Social Security Benefit times years of Credited Service (maximum of 25 years).

PEP Plan

- Benefit Schedule

For active participants after December 31, 2001, the PEP account balance equals the sum of annual PEP credits times Average Compensation. The PEP account balance is then converted to an annuity using the lump sum conversion factors.

Annual PEP credits are based on the sum of age and service as follows:

Age + Service	Credit
0-29	1%
30-34	2
35-39	3
40-44	4
45-49	5
50-54	7
55-59	9
60-69	11
70+	13

Active participants after December 31, 2001 who are at least age 45 with at least 5 years of service on December 31, 2001, will continue to accrue benefits under the Schedule they are covered under at that date until December 31, 2011. Their benefit at retirement will be the greater of the PEP formula benefit based on all service or the sum of the benefit accrued to the earlier of December 31, 2011 or their termination date under the appropriate Schedule plus a PEP formula accrual for years of service after December 31, 2011.

All other active participants after December 31, 2001 will receive a benefit that is the greater of the PEP formula benefit based on all service or the sum of the benefit accrued to December 31, 2001 under the appropriate Schedule plus a PEP formula accrual for years of service after December 31, 2001.

For Legacy Zeneca participants, benefits will not be less than what would have accrued under the Legacy formula until the earlier of July 3, 2002 or termination of employment.

- Prior Plan Benefits

All benefits are reduced by any benefit payable under another plan sponsored by Syngenta Corporation or a plan of a previous employer attributable to service credited under this plan including any purchased annuities unless the benefits were transferred to this plan.

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 50 and 5 years of Vesting Service and age plus years of Vesting Service equals 70 or more for former Zeneca participants or 65 or more for former Novartis participants. For active participants after December 31, 2001, benefits may be taken at any age after meeting the vesting requirements.
Delayed retirement	Retirement after Normal Retirement Date.
Deferred Vested	Three years of Vesting Service.

SCHEDULE SB ATTACHMENTS

Preretirement Survivor Income	Death after eligible for vesting or retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Retirement Income determined as of Normal Retirement Date.
Early retirement	For participants with benefits determined under the Legacy Zeneca Benefit Schedule A, the benefit that commences early will be reduced by a factor determined according to the participant's age as of the date payments are to commence. Each factor is approximately equal to a 4.2% reduction for each year before the date full benefits are available. Full benefits are available at age 62 with 10 years of vesting service, or as early as age 55 if age plus service total at least 80. For participants with benefits determined under the Legacy Zeneca Benefit Schedule B, the benefit that commences early will be reduced by 6% for each year before the date full benefits are available. Full benefits are available at age 62 with 10 years of vesting, or as early as age 58 if age plus service total at least 80. For active participants with benefits determined under the Legacy Novartis Benefit Schedule, the benefit that commences early will be reduced by 3% for each year before age 65. For active participants after December 31, 2001, benefits under the former Legacy Benefit Schedules will be reduced to earlier ages on an actuarial equivalent basis from the earliest age available under the former Legacy Benefit Schedules. PEP formula benefits at any age are determined on an actuarial equivalent basis.
Delayed retirement	Benefit as calculated for normal retirement based on service and earnings at the delayed retirement date.
Vested termination	Benefit determined as of termination date, commencing at Normal Retirement Date, or at the date they would meet the rules for early retirement based on their service at the date of termination. For active participants after December 31, 2001, benefits may commence at any time.

	The benefit payable prior to Normal Retirement Date for benefits determined under the Legacy Zeneca Benefit Schedule A and the Legacy Novartis Benefit Schedule are reduced on an actuarial equivalent basis. The benefit payable prior to Normal Retirement Date for benefits determined under the Legacy Zeneca Benefit Schedule B are reduced in the same manner as for early retirement. For active participants after December 31, 2001, benefits under the former Legacy Benefit Schedules will be reduced to earlier ages on an actuarial equivalent basis from the earliest age available under the former Legacy Benefit Schedules. PEP formula benefits at any age are determined on an actuarial equivalent basis.
Preretirement Death Benefit	50% of the accrued benefit determined as of the date of death, reduced as if the participant had retired and elected a joint and 50% survivor annuity with the spouse as the beneficiary at the date benefits are payable. Benefits may be paid at the earliest age the participant could have retired under the plan. The beneficiary may elect to receive a lump sum equal to the value of the participant's accrued benefit.

Other Plan Provisions

Form of Payment	Life annuity, 50% or 75% joint and survivor annuity or a lump sum. Other forms of payment may be available on benefits earned under legacy formulas.
Actuarial Equivalence	Actuarial equivalence for annuities is generally based on 1983 Group Annuity Mortality unisex table and an 8.50% interest rate. Actuarial equivalence for lump sums is based on the 417(e) Applicable Mortality Table and Applicable Interest Rate.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Seeds

Participation Date	Any employee who participated on the effective date continues to participate. All other employees become participants on the first day of the month coincident or immediately preceding completion of one year of eligibility service (975 hours), with the following exceptions: members of a collective bargaining unit unless this plan has been extended to that unit, active participants in another defined benefit plan, employees on temporary assignment from a foreign member of the Company and seasonal or other temporary employees. Employees hired after December 31, 2008 are not eligible to participate in the plan.
Pension Freeze effective December 31, 2018	All elements used for determining a Participant's Accrued Benefit, including, the Participant's Age, Years of Benefit Service and Final Average Compensation shall be determined as of the earlier of his/her termination of employment or December 31, 2018. Pension benefits will be frozen as of this date and an Active Participant on December 31, 2018 shall have his/her Pension Equity Benefit determined in the same manner as if such Active Participant had terminated employment on December 31, 2018.

Definitions

Vesting service	For service before December 31, 2008, one year of vesting service is granted for each plan year in which an employee completes 975 or more hours of service. Service after December 31, 2008 is based on elapsed time.
Credited Service	The period of vesting service from the beginning of the year in which participation commenced. For PEP formula, vesting service after January 1, 1998 and prior to participation counts as credited service. For acquired companies, service is given only for service after the acquisition except for former J.C. Robinson Seeds employees who are given credit for service earned under the J.C. Robinson Seeds plan.

SCHEDULE SB ATTACHMENTS

Compensation

Compensation for plan purposes is defined as total compensation for income tax withholding purposes, prior to any pre-tax deferrals for Section 125 or 401(k) plans, but excluding deferred compensation, stock options, benefit credits under a cafeteria plan, imputed income, insurance benefits, severance payments, tuition refunds, relocation or other expense allowance payments, suggestion or recruitment awards, long-term incentive plan payments, and any other welfare or fringe benefits.

Average Compensation

The average of the participant's total Compensation for the highest 5 consecutive calendar years in the last 10 consecutive calendar years before retirement or termination.

Covered Compensation

The average of the Social Security Taxable Wage Bases for the 35-year period up to and including each participant's normal Social Security retirement year rounded to the nearest $12.

Retirement Income

Legacy Seeds

The benefit equals the sum of (i), (ii), and (iii):

(i) 1.3% of Average Compensation up to Covered Compensation times Credited Service since January 1, 1998, up to a maximum of 35 years minus Credited Service at December 31, 1997.

(ii) 1.6% of the excess of Average Compensation over Covered Compensation times Credited Service since January 1, 1998 up to a maximum of 35 years minus Credited Service at December 31, 1997.

(iii) The accrued benefit at December 31, 1997 times the fraction (not less than one), of the Average Compensation at termination or retirement divided by the Average Compensation as of December 31, 1997.

SCHEDULE SB ATTACHMENTS

PEP Plan

- Benefit Schedule

For active participants after December 31, 2003 (December 31, 2004 for participants acquired with Advanta and Golden Harvest), the PEP account balance equals the sum of annual PEP credits times Average Compensation. The PEP account balance is then converted to an annuity using a deferred to age 65 lump sum conversion factor.

Annual PEP credits are based on the sum of age and service as follows:

Age + Service	Credit
0-29	1%
30-34	2
35-39	3
40-44	4
45-49	5
50-54	7
55-59	9
60-69	11
70+	13

Active participants after December 31, 2003 who are at least age 45 with at least 5 years of service on December 31, 2003, will continue to accrue benefits under the Legacy Seeds Benefit until December 31, 2013. Their benefit at retirement will be the greater of the PEP formula benefit based on all service or the sum of the benefit accrued to the earlier of December 31, 2013 or their termination date under the Legacy Seeds formula plus a PEP formula accrual for years of service after December 31, 2013.

All other active participants after December 31, 2003 (excluding participants acquired with Advanta and Golden Harvest) will receive a benefit that is the greater of the PEP formula benefit based on all service or the sum of the benefit accrued to December 31, 2003 under the Legacy Seeds formula plus a PEP formula accrual for years of service after December 31, 2003.

- Prior Plan Benefits

All benefits are reduced by any benefit payable under another plan sponsored by Syngenta Corporation or a plan of a previous employer attributable to service credited under this plan including any purchased annuities unless the benefits were transferred to this plan.

SCHEDULE SB ATTACHMENTS

Acquisition as of January 1, 2006

• J.C. Robinson Seeds	Prior plan formula frozen as of December 31, 2004 plus future accruals under the PEP plan formula as described above starting January 1, 2005. PEP credits are based on sum of age and service where service includes periods of employment prior to January 1, 2005.
• All Other	PEP plan formula as described above starting January 1, 2005. PEP credits are based on age and service where service credits begin on January 1, 2005.

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 and 15 years of Vesting Service
Delayed retirement	Retirement after Normal Retirement Date
Deferred Vested	Three years of Vesting Service
Preretirement Survivor Income	Death while eligible for deferred vested, early, normal, or postponed retirement benefits. For vested participants who terminate employment before August 23, 1984, but after 1975, the beneficiary must be the participant's spouse. The beneficiary may elect to receive a lump sum equal to the value of the participant's accrued benefit.

Benefits Paid Upon the Following Events

Normal retirement	Retirement Income determined as of Normal Retirement Date.

SCHEDULE SB ATTACHMENTS

Early retirement	For benefits accrued under the Legacy Seeds formula, the benefit that commences early will be reduced 5% for each year by which commencement precedes age 62. Full benefits are available at age 62. For active participants after December 31, 2008, benefits under the former Legacy Benefit Schedules will be reduced to earlier ages on an actuarial equivalent basis from the earliest age available under the former Legacy Benefit Schedules. PEP formula benefits at any age are determined on an actuarial equivalent basis.
Delayed Retirement	Benefit as calculated for normal retirement based on service and earnings at the delayed retirement date.
Vested termination	Benefit determined as of termination date, commencing at Normal Retirement Date. A participant can commence payment of the benefit on the first of the month following the attainment of age 55, but reduced to its actuarial equivalent for early commencement. Benefits accrued after December 31, 2003 benefits may commence at any time. The benefit payable prior to Normal Retirement Date for benefits determined under the Legacy Seeds formula are reduced on an actuarial equivalent basis. For active participants after December 31, 2003, benefits under the Legacy Seeds formula will be reduced to earlier ages on an actuarial equivalent basis. PEP formula benefits at any age are determined on an actuarial equivalent basis.
Preretirement Death Benefit	50% of the accrued benefit determined as of the date of death, reduced as if the participant had retired and elected a joint and 50% survivor annuity at the date benefits are payable. Benefits may be paid at the earliest age the participant could have retired under the plan. The beneficiary may elect to receive either a lump sum equal to the value of the participant's accrued benefit.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Life annuity; 50% or 75% joint and survivor annuity, or a lump sum. Other forms of payment may be available on benefits earned under legacy formulas.
Actuarial Equivalence	Actuarial equivalence for annuities is generally based on 1983 Group Annuity Mortality unisex table and an 8.50% interest rate. Actuarial equivalence for lump sums is based on the 417(e) Applicable Mortality Table and Applicable Interest Rate.

Plan Provisions – Torrey Mesa Research Institute (TMRI)

Participation Date	All employees become participants following the completion of one year of service. The TMRI facility was closed in 2003 and there are no further active participants at the TMRI location. Any employees currently at other locations that had service under TMRI will have that portion of their benefit computed under these provisions.
Pension Freeze effective December 31, 2018	All elements used for determining a Participant's Accrued Benefit, including, the Participant's Age, Years of Benefit Service and Final Average Compensation shall be determined as of the earlier of his/her termination of employment or December 31, 2018. Pension benefits will be frozen as of this date and an Active Participant on December 31, 2018 shall have his/her Pension Equity Benefit determined in the same manner as if such Active Participant had terminated employment on December 31, 2018.

Definitions

Vesting service	One year of vesting service is granted for each plan year in which an employee completes 975 or more hours of service.
Credited Service	The period of vesting service.
Compensation	Total earnings including overtime, bonuses paid during the period, and tax deferred contributions pursuant to a salary reduction election under the Investment Savings Plan but excluding awards, allowances, or other special payments.

SCHEDULE SB ATTACHMENTS

Average Compensation

The average of the participant's total Compensation for the highest 5 consecutive calendar years during the last 10 consecutive calendar years before retirement or termination.

Retirement Income

PEP Benefit

The PEP account balance equals the sum of annual PEP credits times Average Compensation. The PEP account balance is then converted to an annuity using the lump sum conversion factors.

Annual PEP credits are based on the sum of age and Credited Service as follows:

Age + Service	Credit
0-29	2%
30-34	3
35-39	4
40-44	5
45-49	7
50-54	9
55-59	11
60-69	13
70+	15

PEP Benefit

A participant's lump sum amount will be increased 5% per year from the date of the participant's termination of employment to the participant's annuity start date.

Eligibility for Benefits

Normal retirement

Age 65

Early retirement

Participant can take benefit once vested, upon termination.

Delayed retirement

Retirement after Normal Retirement Date.

Deferred Vested

Three years of Vesting Service.

Preretirement Survivor Income

Death while eligible for deferred vested, early, normal, or postponed retirement benefits.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Retirement Income determined as of Normal Retirement Date.
Early retirement	Lump sum amount can be taken on the first day of any month after their date of termination. Lump sum increases by 5% per year if deferred. The amount will be the actuarial equivalent of the PEP Benefit on that date.
Delayed Retirement	Benefit as calculated for normal retirement based on service and earnings at the delayed retirement date.
Vested termination	Lump sum amount can be taken on the first day of any month after their date of termination. Lump sum increases by 5% per year if deferred. The amount will be the actuarial equivalent of the PEP Benefit on that date.
Preretirement Death Benefit	The beneficiary may elect to receive a lump sum equal the value of the participant's accrued benefit.

Other Plan Provisions

Forms of payment	Life annuity, 50% and 75% joint and survivor annuity or a lump sum.
Actuarial Equivalence	Actuarial equivalence for annuities is generally based on 1983 Group Annuity Mortality unisex table and an 8.50% interest rate. Actuarial equivalence for lump sums is based on the 417(e) Applicable Mortality Table and Applicable Interest Rate.

Plan Provisions – Non-Salaried Seeds

Participation Date	Plan participation was frozen at December 31, 1997.

Eligibility for Benefits

Normal retirement	Later of age 65 and fifth anniversary of participation.
Early retirement	Age 55 and 10 years of Service.
Delayed retirement	Retirement after Normal Retirement Date.

SCHEDULE SB ATTACHMENTS

Deferred Vested	Five years of Service.
Preretirement Survivor Income	Death after eligible for vested or retirement benefits.

Benefits Paid Upon the Following Events

Accrued Benefit	Accrued benefits were frozen as of December 31, 1997 based on the plan provisions and employee data at that date.
Normal retirement	Accrued benefit payable at Normal Retirement Date.
Early retirement	Benefits will be reduced to the Early Retirement Date on an actuarial equivalent basis from age 65.
Delayed Retirement	Accrued benefit is actuarially increased after Normal Retirement Date.
Vested termination	Accrued benefit commencing at Normal Retirement Date, or reduced benefit payable at the date they would meet the rules for early retirement determined the same as for early retirement above.
Preretirement Death Benefit	50% of the accrued benefit determined as of the date of death, reduced as if the participant had retired and elected a joint and 50% survivor annuity with the spouse as the beneficiary at the date benefits are payable. Benefits may be paid at the later of the earliest age the participant could have retired under the plan or the date of death. The beneficiary may elect to receive a lump sum equal the value of the participant's accrued benefit.

Other Plan Provisions

Forms of payment	Life annuity with 0, 5, 10, or 15 years certain, joint and survivor annuity with payments continued to the surviving beneficiary in a full or reduced amount (at least 50%), a level income annuity or a lump sum. Normal form before conversion is life annuity with 10 years certain.
Actuarial Equivalence	Actuarial equivalence for single life annuity forms of payment are based on a 6.00% interest rate and 1951 Group Annuity Table for males with rates projected to 1970 by Scale C, using a one-year

setback. Actuarial equivalence for joint life annuity forms of payment are based on a 6.00% interest rate and the 1951 Group Annuity Table for males with rates projected to 1970 by Scale C, using a six-year setback for participants and a one-year setback for beneficiaries.

Actuarial equivalence for lump sums is based on the 417(e) Applicable Mortality Table and Applicable Interest Rate.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior valuation.

YO1K

SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH					
	JAPANESE YEN				
		0.97		0.01	0.01
YO1J	JPY	0.97		0.01	0.01
	*STIF 25 BPS	STIF 25 BPS	1.000	12/31/2050	
		14,504,322.59		14,504,322.59	14,504,322.59
YO1A	928HVNII0	12,269,316.25		12,269,316.25	12,269,316.25
YO1X	928HVNII0	470.84		470.84	470.84
YO52	928HVNII0	0.01		0.01	0.01
YO55	928HVNII0	3.36		3.36	3.36
YO61	928HVNII0	803.54		803.54	803.54
YO62	928HVNII0	2,233,728.59		2,233,728.59	2,233,728.59
		14,504,323.56		14,504,322.60	14,504,322.60

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
U.S. GOVERNMENT SECURITIES				
	US TREASURY N/B	05/43 2.875	2.875 05/15/2043	
		1,995,000.00	1,789,343.55	1,548,698.55
YO62	912810RB6	1,995,000.00	1,789,343.55	1,548,698.55
	US TREASURY N/B	11/44 3	3.000 11/15/2044	
		5,505,000.00	4,695,803.32	4,257,346.80
YO62	912810RJ9	5,505,000.00	4,695,803.32	4,257,346.80
	US TREASURY N/B	02/46 2.5	2.500 02/15/2046	
		6,760,000.00	5,232,294.53	4,707,461.20
YO62	912810RQ3	6,760,000.00	5,232,294.53	4,707,461.20
	US TREASURY N/B	05/46 2.5	2.500 05/15/2046	
		12,625,000.00	9,133,398.44	8,756,573.75
YO62	912810RS9	12,625,000.00	9,133,398.44	8,756,573.75
	US TREASURY N/B	05/47 3	3.000 05/15/2047	
		4,020,000.00	3,173,915.63	3,018,778.80
YO62	912810RX8	4,020,000.00	3,173,915.63	3,018,778.80
	US TREASURY N/B	11/40 1.375	1.375 11/15/2040	
		18,400,000.00	14,302,406.25	11,942,704.00
YO62	912810ST6	18,400,000.00	14,302,406.25	11,942,704.00
	US TREASURY N/B	08/41 1.75	1.750 08/15/2041	
		8,135,000.00	5,849,573.44	5,488,928.55
YO62	912810TA6	8,135,000.00	5,849,573.44	5,488,928.55
	US TREASURY N/B	02/42 2.375	2.375 02/15/2042	
		5,860,000.00	4,677,241.41	4,313,487.40
YO62	912810TF5	5,860,000.00	4,677,241.41	4,313,487.40
	US TREASURY N/B	05/52 2.875	2.875 05/15/2052	
		9,895,000.00	7,613,249.08	6,914,131.25
YO62	912810TG3	9,895,000.00	7,613,249.08	6,914,131.25
	US TREASURY N/B	02/53 3.625	3.625 02/15/2053	
		10,125,000.00	9,042,890.63	8,197,301.25
YO62	912810TN8	10,125,000.00	9,042,890.63	8,197,301.25
	US TREASURY N/B	08/30 0.625	0.625 08/15/2030	
		250,000.00	198,847.66	217,540.00
YO62	91282CAE1	250,000.00	198,847.66	217,540.00

SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT	RATE MAT DATE	(D) COST	(E) CURRENT VALUE
	US TREASURY N/B	02/32 1.875	1.875 02/15/2032		
		3,140,000.00		2,687,088.45	2,800,377.60
YO62	91282CDY4	3,140,000.00		2,687,088.45	2,800,377.60
	US TREASURY N/B	02/33 3.5	3.500 02/15/2033		
		3,040,000.00		2,973,442.57	2,954,393.60
YO62	91282CGM7	3,040,000.00		2,973,442.57	2,954,393.60
	US TREASURY N/B	12/30 3.75	3.750 12/31/2030		
		4,025,000.00		3,861,327.15	4,027,052.75
YO62	91282CJQ5	4,025,000.00		3,861,327.15	4,027,052.75
	US TREASURY N/B	05/31 4.625	4.625 05/31/2031		
		1,110,000.00		1,153,142.58	1,155,354.60
YO62	91282CKU4	1,110,000.00		1,153,142.58	1,155,354.60
	STRIPS	08/31 0.00000	0.010 08/15/2031		
		785,000.00		632,396.00	629,797.65
YO62	9128334S6	785,000.00		632,396.00	629,797.65
	STRIPS	02/32 0.00000	0.010 02/15/2032		
		415,000.00		326,824.95	325,343.40
YO62	9128334T4	415,000.00		326,824.95	325,343.40
	STRIPS	11/33 0.00000	0.010 11/15/2033		
		14,440,000.00		9,643,503.20	10,408,785.20
YO62	9128337U8	14,440,000.00		9,643,503.20	10,408,785.20
	STRIPS	05/34 0.00000	0.010 05/15/2034		
		10,300,000.00		7,401,928.00	7,242,136.00
YO62	9128337V6	10,300,000.00		7,401,928.00	7,242,136.00
	STRIPS	11/41 0.00000	0.010 11/15/2041		
		1,750,000.00		752,990.00	804,020.00
YO62	912834KV9	1,750,000.00		752,990.00	804,020.00
	STRIPS	02/42 0.00000	0.010 02/15/2042		
		1,750,000.00		746,165.00	792,067.50
YO62	912834LB2	1,750,000.00		746,165.00	792,067.50
	STRIPS	05/42 0.00000	0.010 05/15/2042		
		1,745,000.00		733,563.10	777,641.80
YO62	912834LK2	1,745,000.00		733,563.10	777,641.80
	STRIPS	08/42 0.00000	0.010 08/15/2042		
		1,740,000.00		723,526.80	763,773.00
YO62	912834LR7	1,740,000.00		723,526.80	763,773.00

SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	STRIPS	11/42 0.00000	0.010	11/15/2042	
		1,740,000.00		716,723.40	753,820.20
YO62	912834LX4	1,740,000.00		716,723.40	753,820.20
		129,550,000.00		98,061,585.14	92,797,514.85

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
PARTN./JOINT VENTURE INTERESTS					
		KINGSTREET S SER 80 LIMITED PARTNERSHIP			
		1,467.474		146,747.38	1,667.01
YO45	ACI0BGGM2	1,467.474		146,747.38	1,667.01
		VIKING GB EQ III LTD CL H S IE MUTUAL FUND			
		3,285.331		5,266,307.43	21,784,019.55
YO42	ACI0078P6	3,285.331		5,266,307.43	21,784,019.55
		DAVIDSON KEMPNER INSTITUTIONAL LP			
		1,364,583.173		1,364,583.17	14,070,371.29
YO33	239991961	1,364,583.173		1,364,583.17	14,070,371.29
		CARLYLE PARTNERS VI, LP			
		391,964.370		391,964.37	1,556,399.19
YO52	927ZHW906	391,964.370		391,964.37	1,556,399.19
		KING STREET S SER125			
		166.761		16,676.09	189.44
YO45	932GZZ904	166.761		16,676.09	189.44
		KINGSTREET S SER 231			
		4.400		440.00	5.00
YO45	933IOB904	4.400		440.00	5.00
		KINGSTREETS SERIES 189			
		470.113		47,011.26	534.04
YO45	933UEH905	470.113		47,011.26	534.04
		KINGSTREET S SER 210			
		177.743		17,774.30	201.91
YO45	933USB903	177.743		17,774.30	201.91
		KINGSTREET S SER 455			
		346.123		34,612.27	393.19
YO45	955QHR001	346.123		34,612.27	393.19
		KINGSTREET CLASS S SER 224			
		532,403.465		53,240.37	604,795.43
YO45	963MMY900	532,403.465		53,240.37	604,795.43
		KINGSTREET S SER 238 L.P			
		125.735		11,460.11	142.83
YO45	964MHY905	125.735		11,460.11	142.83

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	KINGSTREET S SER 244 L.P.				
		617.066		60,646.64	700.97
YO45	964MHZ902	617.066		60,646.64	700.97
	KING STREET CAPITAL	CLASS S SER 263			
		67.957		6,795.71	77.20
YO45	965FJV903	67.957		6,795.71	77.20
	KINGSTREET S SER 281				
		1,361.214		136,121.40	1,546.30
YO45	965UYZII5	1,361.214		136,121.40	1,546.30
	KINGSTREET S SER 293				
		39.021		3,902.10	44.33
YO45	965UZA908	39.021		3,902.10	44.33
	KINGSTREET S SER 308				
		185.299		18,529.87	210.49
YO45	965YTMII2	185.299		18,529.87	210.49
	KINGSTREET S SER 314				
		11.550		1,154.99	13.12
YO45	965YTM901	11.550		1,154.99	13.12
	KINGSTREET S SER 323				
		223.802		22,380.20	254.23
YO45	965YTNII0	223.802		22,380.20	254.23
	KINGSTREET S SER 341				
		477.747		47,774.70	542.71
YO45	965YTPII5	477.747		47,774.70	542.71
	KINGSTREET S SER 350				
		1,110.046		111,004.63	1,260.98
YO45	965YTP904	1,110.046		111,004.63	1,260.98
	KINGSTREET S SER 359				
		515.140		51,514.00	585.18
YO45	965YTQII3	515.140		51,514.00	585.18
	KINGSTREET S SER 377				
		627.501		62,750.12	712.82
YO45	965YTRII1	627.501		62,750.12	712.82
	KINGSTREET S SER 409				
		132.646		13,264.55	150.68
YO45	966NMW909	132.646		13,264.55	150.68

YO1K

SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	KINGSTREET S SER 60	MUTUAL FUND		
		2.000	210.74	2.27
YO45	ACI07Y433	2.000	210.74	2.27
	ANGELO GORDON SUPER FUND			
		22,552.373	22,552.37	152,345.99
YO32	03499R920	22,552.373	22,552.37	152,345.99
	BLACKSTONE BPIF	BPIF NON TAXABLE L P FUND		
		10,977,856.209	10,977,856.21	22,530,458.08
YO31	071995922	10,977,856.209	10,977,856.21	22,530,458.08
	KINGSTREET S SER 161	KINGSTREET S SER 161		
		516.685	51,668.50	586.94
YO45	962UAT907	516.685	51,668.50	586.94
	KINGSTREET S SER 168			
		3.784	378.40	4.30
YO45	962UAU904	3.784	378.40	4.30
	KINGSTREET S SER 175			
		536.617	53,661.74	609.58
YO45	962UAV902	536.617	53,661.74	609.58
		13,301,831.345	18,992,983.62	60,708,825.05

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
OTHER					
	US 5YR NOTE (CBT) MAR26	XCBT 20260331	0.000	03/31/2026	
		321.00		0.00	0.00
YO62	ADI30KNN7	321.00		0.00	0.00
	US 2YR NOTE (CBT) MAR26	XCBT 20260331	0.000	03/31/2026	
		44.00		0.00	0.00
YO62	ADI30KNP2	44.00		0.00	0.00
	US 10YR ULTRA FUT MAR26	XCBT 20260320	0.000	03/20/2026	
		167.00		0.00	0.00
YO62	ADI30KQQ7	167.00		0.00	0.00
		532.00		0.00	0.00

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SYNGENTA CORPORATION
PENSION PLAN
AS-OF DATE: 12/31/25
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
COMMON/COLLECTIVE TRUSTS					
	BLACKROCK LT CREDIT BD INDX	MUTUAL FUND			
		522,042.534		16,992,413.67	52,140,896.23
YO51	ACI007NT1	522,042.534		16,992,413.67	52,140,896.23
	BLACKROCK EQTY IND NON LEND FD	EQUITY IND NON LENDABLE FUND			
		99,427.473		3,301,372.58	12,603,091.01
YO55	ACI018535	99,427.473		3,301,372.58	12,603,091.01
	NISA COLLECTIVE INVT TR	MUTUAL FUND			
		7,159,548.365		81,977,057.88	88,455,310.79
YO61	654658301	7,159,548.365		81,977,057.88	88,455,310.79
		7,781,018,372		102,270,844.13	153,199,298.03

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SYNGENTA CORPORATION
PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS-OF DATE: 12/31/25

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY				
	T ROWE PRICE GLOBAL GROWTH STO	T ROWE PR GL GRW STK I		
		113,800.985	2,413,998.30	5,041,383.64
YO43	77956H294	113,800.985	2,413,998.30	5,041,383.64
	VANGUARD LONG TERM INVESTMENT	VANGUARD L/T INV GR INV		
		5,953,304.359	61,124,155.04	45,721,377.48
YO63	922031109	5,953,304.359	61,124,155.04	45,721,377.48
		6,067,105.344	63,538,153.34	50,762,761.12
GRAND TOTALS		171,204,810.621	297,367,888.83	371,972,721.65

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The assumed administrative expenses added to the target normal cost were changed from $2,300,000 for the prior valuation to $1,500,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The updated IRC §417(e) mortality tables provided by the IRS for 2025 plan years were included.

A new experience study was performed in December 2024 and as a result the following demographic assumptions were revised:

- Retirement rates: ages 60-70 were updated.
- Terminated Vested Commencement Age: assumption was updated from age 65 commencement to use an age-graded table of rates for assumed commencement by age that vary from ages 35 to 70.
- Form of Payment: assumption for active participants electing a lump sum and annuity was updated from 80% to 90% and from 20% to 10% respectively. For terminated vested participants, the assumption was updated from 50% to 75% electing a lump sum and from 50% to 25% electing an annuity at the assumed commencement age.