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
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1979

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)
SUMITOMO MITSUI BANKING CORPORATION

277 PARK AVENUE
NEW YORK, NY 10172

2b Employer Identification Number (EIN)
13-5611820

2c Plan Sponsor's telephone number
212-224-4000

2d Business code (see instructions)
522120

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	MARIA ROMEOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MARIA ROMEOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	5580
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)**	4170
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4651
b	Retired or separated participants receiving benefits	**6b**	423
c	Other retired or separated participants entitled to future benefits	**6c**	1134
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	6238
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 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5611820

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**	341205386
b Actuarial value	**2b**	330092122

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	407	58503216	58503216
b For terminated vested participants	1003	62644834	62644834
c For active participants	4170	164575455	186806006
d Total	5580	285723505	307954056

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	38647120
b Expected plan-related expenses	**6b**	1180000
c Target normal cost	**6c**	39827120

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/01/2026
Date

STEVEN R. MARCUS, E.A, A.S.A, MAAA
Type or print name of actuary

26-06245
Most recent enrollment number

USI CONSULTING GROUP
Firm name

516-683-6100
Telephone number (including area code)

725 RXR PLAZA - EAST TOWER
UNIONDALE, NY 11556
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		33741604
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 5.14 %		1734318
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		35475922
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	107.18 %
15	Adjusted funding target attainment percentage	15	107.18 %
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	104.40 %
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
03/24/2026	68000000	0			
			Totals ► 18(b)	68000000	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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	63780569

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	39827120
b Excess assets, if applicable, but not greater than line 31a	**31b**	22138066

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

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**	17689054

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

36 Additional cash requirement (line 34 minus line 35)	**36**	17689054
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	63780569
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	46091515
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SUMITOMO MITSUI BANKING CORPORATION	13-5611820	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

84-0467907

(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?
14 19 21	NONE	445798	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NIXON PEABODY LLP

16-0764720

(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?
29	NONE	312085	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI CONSULTING GROUP

13-3771734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	213547	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)

COHNREZNICK LLP

33-4144829

(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	NONE	45255	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GASTHALTER & CO. LP

81-2431352

(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?
38 99	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5611820

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)	60000000	68000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	281885368	342558328
(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	341885368	410558328
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	341885368	410558328

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)	68000000	
(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)		68000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12656786	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12656786
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		10991610
d Total income. Add all **income** amounts in column (b) and enter total	2d		91648396
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21365093	
(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)		21365093
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1610343	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1610343
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22975436
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68672960
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: COHNREZNICK LLP **(2)** EIN: 33-4144829

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		36000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577513.

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
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5611820

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** |

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): 22-1211670 84-1455663

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** | 153

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 37.00 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 63.00 % Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Sumitomo Mitsui Banking Corporation Retirement Plan

Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2025 and 2024

CohnReznick

Sumitomo Mitsui Banking Corporation Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
Sumitomo Mitsui Banking Corporation Retirement Plan

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

We have performed audits of the financial statements of Sumitomo Mitsui Banking Corporation Retirement 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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (In Liquidation) and 2024 (Ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (In Liquidation) and 2024 (Ongoing), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Sumitomo Mitsui Banking Corporation Retirement 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 ("DOL") 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 DOL'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 ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Sumitomo Mitsui Banking Corporation Retirement 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.

Emphasis of Matter - Terminating Plan and Liquidation Basis of Accounting

As further discussed in Notes 1 and 7 to the financial statements, the SMBC Retirement Plan Committee and the Plan's sponsor, determined on July 8, 2025 to terminate the Plan. The Plan Sponsor terminated the Plan effective December 31, 2025. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments and the accumulated benefit information are stated, from the going-concern basis of accounting in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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 Sumitomo Mitsui Banking Corporation Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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 Sumitomo Mitsui Banking Corporation Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sumitomo Mitsui Banking Corporation Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or 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 DOL'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 DOL'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 DOL'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).

CohnReznick LLP

Hartford, Connecticut
October 13, 2026

Sumitomo Mitsui Banking Corporation Retirement Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	(In Liquidation) 2025	(Ongoing) 2024
Assets		
Investments, fair value	$ 342,558,328	$ 281,885,368
Receivables		
Employer contributions	68,000,000	60,000,000
Dividend income	7,319,534	-
Total receivables	75,319,534	60,000,000
Total assets	417,877,862	341,885,368
Liabilities		
Estimated payments to participants in liquidation	277,110,896	-
Accrued annuity purchase	109,500,000	-
Accrued net depreciation in fair value of investments expected to be earned in liquidation	985,785	-
Other payable in liquidation	30,281,181	-
Total liabilities	417,877,862	-
Net assets available for benefits	$ -	$ 341,885,368

See Notes to Financial Statements.

Sumitomo Mitsui Banking Corporation Retirement Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	(In Liquidation) 2025	(Ongoing) 2024
Additions		
Investment income		
Interest and dividends	$ 12,656,786	$ 8,171,977
Net appreciation in fair value of investments	10,991,610	13,464,063
Total investment income	23,648,396	21,636,040
Contributions		
Employer contributions	68,000,000	60,000,000
Total additions	91,648,396	81,636,040
Deductions		
Benefits paid to participants	21,365,093	17,975,211
Administrative expenses	1,610,343	1,179,903
Total deductions	22,975,436	19,155,114
Adjustments to liquidation basis		
Estimated payments to participants	277,110,896	-
Accrued annuity purchase	109,500,000	-
Other payable in liquidation	30,281,181	-
Accrued net depreciation in fair value of investments expected to be earned in liquidation	985,785	-
Accrued dividend income	(7,319,534)	-
Total adjustments to liquidation basis	410,558,328	-
Net (decrease) increase	(341,885,368)	62,480,926
Net assets available for benefits		
Beginning of year	341,885,368	279,404,442
End of year	$ -	$ 341,885,368

See Notes to Financial Statements.

1. Description of Plan

The following description of the Sumitomo Mitsui Banking Corporation Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance defined benefit plan established effective April 1, 1979, as restated January 1, 2021, and most recently amended December 31, 2025. The Plan covers all employees, excluding union employees, hourly employees, consultants, foreign nationals, non-U.S. payroll employees, of Sumitomo Mitsui Banking Corporation and affiliates (the "Bank") who have completed six months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The SMBC Retirement Committee is responsible for oversight of the Plan. The SMBC Retirement Plan Committee (the "Committee") determines the appropriateness of the Plan's investment offerings, monitors investment performance.

Plan termination

During 2025, the SMBC Retirement Plan Committee agreed to amend and terminate the Plan. Management has determined that liquidation is imminent. The Plan was amended on December 31, 2025 to terminate the Plan and offer an immediate retirement benefit program to all participants prior to directing the Trustee to use remaining Plan assets to purchase annuity contracts in connection with the Plan's termination. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements. Final distributions will be made as soon as possible after the termination date. The Plan termination process is regulated by the IRS and the Pension Benefit Guaranty Corporation ("PBGC") and expected to take 12-18 months to complete.

Participant accounts

Under the Plan provisions, amounts are credited by the Bank to the participants' hypothetical accounts. The accounts are allocated, as required by the Plan document, compensation credits. The compensation credits are allocated based on a percentage of the participants' certified compensation for a specified period, as defined in the Plan document. The applicable percentage ranges from 5.5% - 8.5% and is based on years of service as follows.

Input	Contribution credit percentage
Less than 5 years	5.50%
Greater than 5, less than 10	6.00%
Greater than 10, less than 15	6.50%
Greater than 15, less than 20	7.00%
Greater than 20, less than 25	7.50%
Greater than 25, less than 30	8.00%
Greater than 30	8.50%

Interest is also credited to the account each quarter based on the 30-year U.S. Treasury rate for November of the prior year, up to 8%.

Funding policy
The Plan's funding policy is for the Bank to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Bank made contributions of $68,000,000 and $60,000,000, respectively. The minimum funding requirements of ERISA were exceeded in 2025 and 2024.

Pension benefits
Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least three years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Bank's contributions. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Prior to April 1, 2001, eligible employees who had attained age 21 and 1 year of service were entitled to annual pension benefits. Participants who were active participants on March 31, 2001, and had completed at least 5 years of service or attained age 55 ("Grandfathered Participants") are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.20% of their highest average annual Plan earnings, as defined in the Plan agreement, received during any 5 consecutive years during the last 10 years before retirement date ("Average Annual Earnings") up to the average Social Security wage base ("Covered Compensation"), plus 1.75% of Average Annual Earnings in excess of Covered Compensation, multiplied by the number of years of credited service not to exceed 40 years.

Early retirement is allowed if an employee has reached age 55 and has completed 5 years of service. Employees forfeit the right to receive their accumulated plan benefits if they terminate before rendering 3 years of service. Active employees who reach their normal retirement date are 100% vested regardless of the number of years of credited service rendered. Employees may elect to receive their pension benefits in the form of a life annuity or a joint and survivor annuity payable monthly from retirement or death. If the Grandfathered Participant’s benefit is less than $10,000, they may elect a lump-sum distribution upon retirement or termination. All other participants may elect a lump-sum distribution from their cash balance account upon retirement or termination.

A participant who has a termination of employment due to the participant’s death shall be deemed to be fully vested in the participants accrued benefit under the Plan.

Death and disability benefits
If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the participant's spouse in the form of a joint and survivor annuity or to the beneficiary in a lump-sum payment. The Plan does not provide for disability benefits.

2. Summary of accounting policies

Basis of accounting
In accordance with accounting principles generally accepted in the United States of America ("GAAP"), due to the termination of the Plan on December 31, 2025 (see Notes 1 and 7), the financial statements as of and for the year ended December 31, 2025, were prepared using the liquidation basis of accounting to determine the amounts at which Plan assets are stated. The financial statements as of and for the year ended December 31, 2024, were prepared using the ongoing basis of accounting.

Use of estimates
The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the valuation of investments and the actuarial present value of accumulated plan benefits.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of benefits
Benefits payments to participants are recorded upon distribution.

Administrative expenses
The Plan's expenses are paid either by the Plan or the Bank, as provided by the Plan document. Expenses that are paid directly by the Bank are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Reclassifications
Certain items from the 2024 financial statements have been reclassified to conform to the 2025 presentation.

Subsequent events
Subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued.

3. Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	**2025**	**2024**
Discount rate	6%	6%
Mortality	PRI-2012 White Collar Set Private Mortality Table with MP-2021 Improvement Scale	PRI-2012 White Collar Set Private Mortality Table with MP-2021 Improvement Scale
Cash balance interest crediting rate	4.54%	4.66%

4. Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, 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 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	$342,558,328	$ -	$ -	$342,558,328
Total assets in the fair value hierarchy	342,558,328	-	-	342,558,328
Total investments, at fair value	$342,558,328	$ -	$ -	$342,558,328

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$281,885,368	$ -	$ -	$281,885,368
Total assets in the fair value hierarchy	281,885,368	-	-	281,885,368
Total investments, at fair value	$281,885,368	$ -	$ -	$281,885,368

Unrealized gains and losses included in changes in net assets for the periods above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

5. Information certified by Trustee

The Plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying statements of changes in net assets available for benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the years ended December 31, 2025 and 2024.

6. Related-party and party-in-interest transactions

The Plan's investments are administered under a contract with Empower Trust Company, LLC, the Trustee of the Plan. Contributions are held and managed by Empower Trust Company, LLC, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party-in-interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Bank. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

7. Plan termination

As discussed in Note 1, the Bank's Retirement Plan Committee agreed upon a Plan termination effective December 31, 2025. The Plan adopted the Fifth Amendment to the Plan and terminated the Plan. In connection with the termination, no additional service, credited service, benefit service, participant eligibility, or benefit accruals will occur after December 31, 2025.

Eligible participants, alternate payees, and certain surviving spouses will have an opportunity to elect either a lump-sum distribution or certain annuity payment options. Participants who elect an annuity form of payment, or who fail to make an election, will have their benefits satisfied through the purchase of annuity contracts funded by Plan assets.

The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.

c. All other vested benefits not insured by the PBGC.

d. All nonvested benefits.

The Plan will continue to hold and administer assets pending completion of the termination process. Plan assets will be distributed through participant elections or applied to the purchase of annuity contracts to satisfy benefit obligations. The Plan will remain in existence solely for the purpose of liquidating trust assets and satisfying all Plan liabilities in connection with the Plan's termination.

Certain benefits under the Plan are insured by the PBGC during Plan termination. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date that the Plan terminated, December 31, 2025.

Whether all participants receive their benefits depend on the sufficiency, at that time, of the Plan's net assets in liquidation to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

8. Accumulated plan benefits

Statement of Accumulated Plan Benefits	December 31, 2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	$154,779,363
Terminated participants	58,974,382
Retired participants and beneficiaries	57,483,843
Total vested benefits	271,237,588
Nonvested benefits	20,581,647
Total actuarial present value of accumulated plan benefits	$291,819,235

Statement of Changes in Accumulated Plan Benefits	Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$252,847,046
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	192,188
Benefits accumulated	42,123,645
Increase for interest	14,631,566
Benefits paid	(17,975,210)
Net increase	38,972,189
Actuarial present value of accumulated plan benefits at end of year	$291,819,235

9. Tax status

The Internal Revenue Services ("IRS") has determined and informed the Bank by a letter dated August 3, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. Subsequent to December 31, 2025, the Plan received a determination letter in connection to the termination. See Note 12 Subsequent event for additional information.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; the audit for tax periods 2019 to present concluded with no changes as of September 24, 2026.

10. Risks and uncertainties

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

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

11. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

	(In Liquidation) 2025	(Ongoing) 2024
Net assets available for benefits per the financial statements	$ -	$ 341,885,368
Accrued dividend income in liquidation	(7,319,534)	-
Accrued net depreciation in fair value of investments in liquidation	985,785	-
Estimated payments to participants in liquidation	277,110,896	-
Accrued annuity purchase	109,500,000	-
Other payable in liquidation	30,281,181	-
Total	$ 410,558,328	$ 341,885,368

The following reconciles the increase/(decrease) in net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024, to Form 5500:

	(In Liquidation) 2025
Decrease in net assets available for benefits in liquidation per the financial statements	$ 68,672,960
Add: estimated payments to participants in liquidation	277,110,896
Add: purchase of annuity	109,500,000
Add: other payables in liquidation	30,281,181
Less: accrued dividend income in liquidation	(7,319,534)
Add: accrued net depreciation in fair value of investments in liquidation	985,785
Increase in net assets available for benefits per Form 5500	$ 479,231,288

		(Ongoing) 2024
Increase in net assets available for benefits per the financial statements	$	62,480,926
Less: fair value adjustment for prior year end		(1,593,010)
Increase in net assets available for benefits per Form 5500	$	60,887,916

12. Subsequent event

Effective July 7, 2026, the Plan entered into an annuity purchase agreement contract with Banner Life William Penn in the amount of $109,500,000.

The Bank received a letter from the IRS on September 9, 2026, stating that the termination did not adversely affect the Plan's qualification for tax purposes.

Supplementary Information

Sumitomo Mitsui Banking Corporation Retirement Plan
EIN # 13-5611820
Plan # 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Vanguard Federal Money Market INV	Mutual fund	$ 215,632,375	$ 216,237,999
	PIMCO LT Credit Inst Fund	Mutual fund	21,552,811	17,860,354
	Prudential Total Return Bond Z	Mutual fund	37,157	37,035
	Vanguard Long Term Bond Index	Mutual fund	11,253	11,044
	Fidelity Advisor Corporate Bond I	Mutual fund	75,362,866	73,577,999
	Vanguard Long-term investment grade adm	Mutual fund	40,713,393	34,833,897
Total			$ 353,309,855	$ 342,558,328

See Independent Auditor's Report.

Sumitomo Mitsui Banking Corporation Retirement Plan
EIN # 13-5611820
Plan #001

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

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease price	(f) Expenses incurred with transaction	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions									
	American Funds	American Funds Eupac R6	$ -	$ 19,112,032	N/A	N/A	$ 16,909,073	$ 19,112,032	$ 2,202,959
	Vanguard	Vanguard Institutional Index Fund	-	87,263,009	N/A	N/A	48,132,360	87,263,009	39,130,649
	Vanguard	Vanguard Federal Money Market Investment	-	47,200	N/A	N/A	47,040	47,200	160
	PIMCO	PIMCO Long-Term Credit Bond Inst	-	30,500,000	N/A	N/A	36,453,372	30,500,000	(5,953,372)
	PGIM	PGIM Total Return Bond Z	-	33,636,520	N/A	N/A	36,261,351	33,636,520	(2,624,831)
Total Single Transactions			$ -	$170,558,761			$137,803,196	$170,558,761	$ 32,755,565
Series Transactions									
	Vanguard	Vanguard Federal Money Market Investment	$ 229,147,531	$ -	N/A	N/A	$229,147,531	$229,147,531	$ -
	Fidelity	Fidelity Advisor Corporate Bond I	39,441,383	-	N/A	N/A	39,441,383	39,441,383	-
Total Series Transactions			$ 268,588,914	$ -			$268,588,914	$268,588,914	$ -

See Independent Auditor's Report.

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SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

EIN: 13-5611820
PN: 001

2025 Form 5500 Schedule SB - Line 19 - Discounted Employer Contributions

Contribution Date	Contribution Amount ($)	# Days Discounting to BOY	Discounted Contribution
3/24/2026	$68,000,000.00	447	$63,780,569.38
TOTALS	$68,000,000.00		$63,780,569.38

Valuation Date	1/1/2025
Required Contribution	$0.00
2025 Effective Interest Rates (HATFA Rates)	5.37%

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

EIN: 13-5611820 PN: 001

2025 FORM 5500 -SCHEDULE SB, LINE 26 -SCHEDULE OF ACTIVE PARTICIPANT DATA

	Years of Credited Service									
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	Total
Under age 25	42 $1,210 $91,648	288 $9,557 $132,516	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	330 $8,495 $127,315
Age 25 to 29	66 $1,524 $106,904	381 $16,002 $175,522	78 $41,899 $202,896	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	525 $18,030 $170,963
Age 30 to 34	59 $2,024 $147,684	351 $19,358 $202,496	126 $56,037 $223,968	17 $106,047 $315,244	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	553 $28,531 $205,006
Age 35 to 39	51 $1,909 $143,943	386 $22,416 $225,622	128 $64,666 $224,187	36 $106,019 $267,907	6 $149,095 $298,489	0 $0 $0	0 $0 $0	0 $0 $0	0 $0 $0	607 $35,813 $221,685
Age 40 to 44	45 $1,831 $159,144	320 $23,133 $231,388	113 $65,460 $221,952	46 $116,128 $242,907	25 $172,783 $260,377	1 $341,770 $350,000	0 $0 $0	0 $0 $0	0 $0 $0	550 $45,246 $226,035
Age 45 to 49	40 $2,217 $177,308	264 $24,933 $245,222	94 $75,656 $237,633	45 $134,617 $245,353	24 $191,656 $262,521	11 $276,584 $273,863	7 $287,796 $255,368	0 $0 $0	0 $0 $0	485 $60,819 $239,814
Age 50 to 54	36 $2,117 $166,750	227 $27,593 $266,216	91 $75,600 $235,236	53 $133,982 $240,051	32 $198,718 $242,747	11 $296,029 $301,815	12 $295,153 $229,447	5 $253,426 $244,887	0 $0 $0	467 $74,400 $247,599
Age 55 to 59	23 $2,301 $177,691	194 $25,947 $232,690	76 $69,570 $212,628	29 $137,217 $246,405	10 $239,137 $303,845	8 $267,061 $239,343	19 $316,293 $231,862	6 $257,869 $208,656	10 $265,663 $178,417	375 $77,586 $226,477
Age 60 to 64	8 $1,888 $120,003	97 $28,153 $224,953	52 $67,926 $202,002	24 $119,629 $205,737	12 $198,192 $236,849	6 $231,321 $210,829	5 $389,981 $294,883	8 $383,694 $291,554	5 $310,793 $220,673	217 $89,811 $217,694
Age 65 to 69	3 $3,790 $225,993	18 $24,794 $210,647	12 $79,887 $219,597	9 $138,506 $230,429	1 $236,252 $205,920	2 $220,561 $243,822	3 $299,965 $187,733	0 $0 $0	3 $286,526 $181,784	51 $99,994 $215,309
Age 70 & up	0 $0 $0	5 $20,647 $139,190	0 $0 $0	2 $81,116 $135,564	0 $0 $0	1 $124,966 $81,640	0 $0 $0	1 $185,198 $109,772	1 $301,184 $254,488	10 $87,682 $141,298
Total	373 $1,863 $141,933	2,531 $20,885 $210,932	770 $64,639 $221,903	261 $124,059 $246,627	110 $192,535 $258,685	40 $268,275 $260,786	46 $313,387 $238,781	20 $303,454 $245,929	19 $282,703 $194,072	4,170 $46,396 $211,156

In each cell, the top number is the count of active participants for each age/service combination. The middle number is the average cash balance account value as of January 1, 2025 of the active participants in that group. The bottom number is the average 2024 compensation of the active participants in that group.

SUMITOMO MITSUI BANKING CORPORATION
RETIREMENT PLAN

EIN: 13-5611820
PN:001

2025 FORM 5500 – SCHEDULE SB, LINE 24 - CHANGE IN ASSUMPTIONS

To better reflect expected plan experience:

1) The Cash Balance Interest Crediting Rate was assumed to be 4.54%. (Last year it was assumed to be 4.66%)

SUMITOMO MITSUI BANKING CORPORATION
RETIREMENT PLAN

EIN: 13-5611820
PN:001

2025 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

I. Valuation Methods

The unit credit cost method was used for funding.

II. Actuarial Value of Assets

The actuarial valuation of assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return which, as required by PPA, must be based on the lesser of an expected rate of return selected by the actuary, or the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of the market value. The discounted value of the accrued contributions, if any, is included in the actuarial value of assets.

The expected return on plan assets as selected by the actuary is 6.00%. The third segment rate for the 2025 and 2024 measurement periods was 5.50% and 5.59% respectively.

III. Actuarial Assumption

a. Mortality – IRS 2025 Generational Mortality Table Annuitant and Non-Annuitant
Last year IRS 2024 Static Mortality Annuitant and Non-Annuitant was used

b. Mortality for Lump Sum – IRC 417(e)

c. Economic Assumptions

Discount Rate for Funding	Current Year		Last Year	
	HATFA	Non HATFA	HATFA	Non HATFA
Segment 1 (0 – 5 years):	5.07%	5.07%	4.75%	3.62%
Segment 2 (5 – 20 years):	5.31%	5.33%	4.87%	4.46%
Segment 3 (20 + years):	5.50%	5.36%	5.59%	4.52%
Effective Interest Rate:	5.37%	5.33%	5.14%	3.54%
Look Back Month	September			

SUMITOMO MITSUI BANKING CORPORATION
RETIREMENT PLAN

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2025 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONT'D)

III. Actuarial Assumption (Cont'd)

d. Economic Assumptions (Cont'd)

Cash Balance Interest Crediting Rate – Assumed to be 4.54% (4.66% was used last year)

e. Rates of Turnover – Sample rates showing the percentage of participants assumed to terminate in the next year is as follows.

Age/Svc	Less Than 3	3 and Up
Under 25	15.0%	
25 - 29	15.0%	12.5%
30 - 34	15.0%	10.5%
35 - 39	15.0%	6.5%
40 - 44	7.0%	5.0%
45 - 49	7.0%	4.0%
50 - 55	7.0%	2.5%
55 and Up	7.0%	2.0%

f. Expense Load in Funding Target Normal Cost – estimated to be $1,180,000.

g. Social Security Wage Base Increase – assumed to be 2.50% (2.50% was used last year)

h. Percent Married –90% of male participants and 60% of female participants are assumed to be married at death.

i. Age of Spouse – Husbands are assumed to be 3 years older than their wives.

j. Form of Annuity

For retirement – 100% of non-grandfathered retirees are assumed to elect their cash balance as a lump sum and 100% of grandfathered participants will elect an annuity
For termination – 100% will receive their cash balance as a lump sum at termination with the traditional benefit paid at age 65.

SUMITOMO MITSUI BANKING CORPORATION
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2025 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONT'D)

III. Actuarial Assumption (Cont'd)

k. Salary Increases – CB salary scale from a flat 6.5% rate to an age-based scale grading down from 18.0% at younger ages to 4.0% at older ages, GF salary scale at a flat 4.0% rate

Salary Scale		
Age	**CB Pay**	**GF Pay**
Under 25	18.0%	A flat 4.0% for all Ages
25-29	12.0%	
30-34	9.0%	
35-39	6.0%	
40-44	5.0%	
45-49	5.0%	
50-55	4.0%	
>55	4.0%	

l. Retirement rates for active participants – Assumptions based on the following table:

Retirement Rates					
Age	**Actives**	**TV's**	**Age**	**Actives**	**TV's**
55	5.0%	0.0%	63	10.0%	5.0%
56	2.0%	2.0%	64	10.0%	50.0%
57	2.0%	2.0%	65	25.0%	50.0%
58	2.0%	2.0%	66	25.0%	50.0%
59	2.0%	2.0%	67	25.0%	50.0%
60	5.0%	5.0%	68	25.0%	50.0%
61	5.0%	5.0%	69	25.0%	50.0%
62	10.0%	5.0%	>=70	100.0%	100.0%

m. Disability Rates – Not assumed

SUMITOMO MITSUI BANKING CORPORATION
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2025 FORM 5500 - SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONT'D)

IV. Employee Data used in Valuation

The valuation is based on information provided by the Employer for all persons who were eligible to participate in the Plan on the valuation date, whether in an active, terminated vested or retired status.

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

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2025 FORM 5500 - 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	$10,187,628.18	$3,525,862.52	$5,216,107.08	$18,929,597.78
2026	$12,924,553.92	$3,443,580.64	$5,131,974.57	$21,500,109.13
2027	$16,761,087.29	$4,061,687.61	$5,042,189.96	$25,864,964.86
2028	$20,960,212.35	$3,863,339.88	$4,946,792.39	$29,770,344.62
2029	$23,032,504.07	$4,409,369.93	$4,845,622.34	$32,287,496.34
2030	$26,337,064.49	$3,872,076.55	$4,738,389.82	$34,947,530.86
2031	$28,280,324.58	$3,969,522.14	$4,624,721.07	$36,874,567.79
2032	$31,482,387.68	$3,541,497.57	$4,504,225.11	$39,528,110.36
2033	$34,645,588.08	$3,578,290.24	$4,376,549.36	$42,600,427.68
2034	$36,084,925.19	$4,253,201.51	$4,241,434.17	$44,579,560.87
2035	$39,657,544.82	$4,307,018.55	$4,098,742.42	$48,063,305.79
2036	$41,776,485.56	$4,247,846.28	$3,948,470.18	$49,972,802.02
2037	$44,374,784.74	$4,161,262.50	$3,790,782.79	$52,326,830.03
2038	$47,406,054.56	$4,174,099.10	$3,626,023.14	$55,206,176.80
2039	$49,172,321.04	$4,008,338.45	$3,454,682.53	$56,635,342.02
2040	$51,512,872.62	$3,766,629.06	$3,277,374.59	$58,556,876.27
2041	$52,859,152.93	$3,898,704.27	$3,094,811.57	$59,852,668.77
2042	$53,678,785.09	$3,472,791.21	$2,907,781.24	$60,059,357.54
2043	$55,852,250.77	$3,451,326.54	$2,717,168.58	$62,020,745.89
2044	$57,472,047.90	$3,271,585.39	$2,523,963.69	$63,267,596.98
2045	$58,551,941.41	$3,370,563.60	$2,329,301.21	$64,251,806.22
2046	$58,421,710.72	$2,995,352.05	$2,134,515.08	$63,551,577.85
2047	$59,936,984.00	$4,181,514.67	$1,941,142.52	$66,059,641.19
2048	$61,969,898.95	$4,455,735.38	$1,750,885.69	$68,176,520.02
2049	$62,360,374.76	$4,077,194.24	$1,565,565.31	$68,003,134.31
2050	$62,683,952.92	$3,767,972.50	$1,387,050.98	$67,838,976.40
2051	$60,464,917.92	$3,461,782.35	$1,217,096.51	$65,143,796.78
2052	$61,287,572.59	$3,413,604.57	$1,057,249.57	$65,758,426.73
2053	$61,747,231.59	$3,126,896.06	$908,808.27	$65,782,935.92
2054	$59,180,763.29	$3,201,534.50	$772,760.77	$63,155,058.56
2055	$57,288,461.52	$3,085,668.88	$649,765.44	$61,023,895.84
2056	$52,104,138.87	$3,239,150.13	$540,119.68	$55,883,408.68
2057	$51,587,200.85	$3,239,262.69	$443,773.83	$55,270,237.37
2058	$49,079,636.38	$2,730,920.47	$360,356.83	$52,170,913.68

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

EIN: 13-5611820

PN: 001

2025 FORM 5500 - 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
2059	$43,958,394.99	$2,340,772.27	$289,215.00	$46,588,382.26
2060	$40,971,316.46	$1,774,431.12	$229,456.59	$42,975,204.17
2061	$39,378,445.71	$1,443,247.26	$180,015.02	$41,001,707.99
2062	$35,067,334.47	$1,089,906.03	$139,722.00	$36,296,962.50
2063	$31,946,013.86	$742,919.63	$107,366.03	$32,796,299.52
2064	$26,520,028.00	$422,515.65	$81,760.04	$27,024,303.69
2065	$23,574,991.04	$239,565.90	$61,780.83	$23,876,337.77
2066	$20,409,649.62	$132,928.21	$46,399.88	$20,588,977.71
2067	$16,895,450.57	$80,364.21	$34,705.22	$17,010,520.00
2068	$13,414,532.62	$46,084.00	$25,914.35	$13,486,530.97
2069	$8,942,169.70	$26,350.35	$19,365.75	$8,987,885.80
2070	$6,624,437.10	$14,815.84	$14,520.36	$6,653,773.30
2071	$5,282,986.89	$9,797.98	$10,950.06	$5,303,734.93
2072	$2,711,208.71	$6,687.52	$8,321.28	$2,726,217.51
2073	$456,978.73	$4,478.58	$6,381.06	$467,838.37
2074	$20,141.54	$2,941.77	$4,939.83	$28,023.14

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2025

Section XVII - Summary of Plan Provisions

1. Plan Name

Sumitomo Mitsui Banking Corporation Retirement Plan

2. Effective Date

April 1, 1979. Plan amendment adopted September 2025 to freeze benefits and terminate plan as of December 31, 2025.

3. Plan Year

January 1 – December 31

4. Eligibility/Participation

All employees except those classified as "Foreign Nationals" by the Employer shall become a Participant as of the 1st day of each calendar month coinciding with or next following the attainment of age 21 and 6 calendar months of service.

5. Earnings

Compensation For Cash Balance Benefit: W-2 pay limited to $82,500 per quarter, as indexed.

Average Annual Earnings For Grandfathered Benefit: the average of the monthly base pay (1/12th of the participant's rate of annual base pay in effect for the month) received for any 60 consecutive months during the 120 months immediately preceding the date the Participant terminates.

6. Normal Retirement Date

The first day of the month following the date in which the Participant attains age 65.

7. Credited Service

The number of completed years and months of service excluding service before age 25 prior to April 1, 1985 and service before age 21 from April 1, 1985. Credited Service frozen as of December 31, 2025.

Section XVII - Summary of Plan Provisions (Cont'd)

8. Normal Retirement Benefit

Cash Balance Formula:

Effective April 1, 2001, a participant shall be credited as of the last day of the calendar quarter an amount equal to the applicable percentage listed below multiplied by the Participant's compensation for that quarter:

Years of Service	Applicable %
0 - 5	5.50%
5 - 10	6.00%
10 - 15	6.50%
15 - 20	7.00%
20 - 25	7.50%
25 - 30	8.00%
30 & Over	8.50%

As of March 31, 2001, all actively employed Participants under age 55 with less than 5 years of service shall have an amount equal to the Actuarial Equivalent single sum value of their accrued benefit, calculated using the formula below, credited to their cash balance account as of April 1, 2001. Benefits frozen as of December 31, 2025.

Grandfathered Benefit:

Effective April 1, 1989, the retirement payable at normal retirement date is equal to the sum of (i) and (ii) below:

(i) 1.2% of Final Average Earnings up to Covered Compensation multiplied by the number of years of credited service not in excess of 40 years.

(ii) 1.75% of Final Average Earnings in excess of Covered Compensation multiplied by the number of years of credited service not in excess of 40 years.

Effective April, 2001, participants who were over age 55 and had over 5 years of service did not have their traditional benefit converted to a cash balance benefit. These grandfathered participants receive a traditional benefit based on final earnings at termination and Credited Service through March 31, 2001 plus the excess of the formula above for any credited service earned after April 1, 2001 compared to the benefit accrued under the Cash Balance component. Benefits frozen as of December 31, 2025.

9. Interest Crediting Rate

Interest will be credited to the cash balance account at a rate based on the 30 year Treasury Rate as of the November immediately preceding the Plan Year, capped at 8.00% (not less than 0.6% for periods after January 1, 2007)

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

VALUATION AS OF JANUARY 1, 2025

Section XVII - Summary of Plan Provisions (Cont'd)

10. Early Retirement Date

The date the participant is at least age 55 with 5 years of service.

11. Early Retirement Benefit

Cash Balance Benefit: The participant is entitled to his vested cash balance benefit upon termination

Grandfathered Benefit: The pension benefit provided for grandfathered participants is unreduced to age 60 and reduced by factors set forth in Addendum A of the plan to age 55. (Effective January 1, 2016, early retirement adjustment factor will be based on plan's actuarial equivalence for post 2015 benefit accruals)

12. Death Benefit

Cash Balance Benefit: The participant's beneficiary will receive the actuarial equivalent of the participants vested accrued benefit

Grandfathered Benefit: The participant's spouse shall receive an amount equal to 50% of the Qualified Joint and Survivor Annuity had the participant elected to receive the 50% Qualified Joint and Survivor Annuity and immediately deceased if eligible for early retirement or on the date the participant would have met the conditions for early retirement.

13. Vesting Percentage

3-year cliff

14. Normal Form of Payment

For unmarried participants: Single Life Annuity
For married participants: 50% Qualified Joint and Survivor Annuity

15. Optional Form of Payment

Single Life Annuity
50% Joint and Survivor Annuity
75% Qualified Joint and Survivor Annuity
Lump Sum (only available on the grandfathered benefit if the lump sum value does not exceed $10,000)

Section XVII - Summary of Plan Provisions (Cont'd)

16. Pension Equivalent

To convert the cash balance account to an annuity, the applicable mortality table and the applicable interest rates for the November prior to the beginning of the plan year is used. To convert between optional annuity forms the UP-1984 mortality table and an interest rate of 6.00% is used.

SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

EIN: 13-5611820

PN: 001

2025 FORM 5500 - SCHEDULE SB, LINE 22 - WEIGHTED AVERAGE RETIREMENT AGE

Retirement for Actives

Age	Rate	Probability
55	5%	5.00%
56	2%	1.90%
57	2%	1.86%
58	2%	1.82%
59	2%	1.79%
60	5%	4.38%
61	5%	4.16%
62	10%	7.91%
63	10%	7.12%
64	10%	6.41%
65	25%	14.41%
66	25%	10.81%
67	25%	8.11%
68	25%	6.08%
69	25%	4.56%
70	100%	13.68%

Weighted Average: 64.4349

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
SUMITOMO MITSUI BANKING CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5611820

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 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	341,205,386
b Actuarial value	**2b**	330,092,122

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	407	58,503,216	58,503,216
b For terminated vested participants	1,003	62,644,834	62,644,834
c For active participants	4,170	164,575,455	186,806,006
d Total	5,580	285,723,505	307,954,056

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

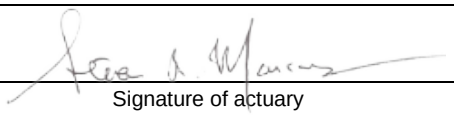
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	38,647,120
b Expected plan-related expenses	**6b**	1,180,000
c Target normal cost	**6c**	39,827,120

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

10/01/2026
Date

STEVEN R. MARCUS, E.A, A.S.A, MAAA
Type or print name of actuary

26-06245
Most recent enrollment number

USI Consulting Group
Firm name

(516)683-6100
Telephone number (including area code)

725 RXR PLAZA - EAST TOWER
UNIONDALE NY 11556
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		33,741,604
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 5.14%		1,734,318
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		35,475,922
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	107.18%
15	Adjusted funding target attainment percentage	15	107.18%
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	104.40%
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
03/24/2026	68,000,000	0			
			Totals ► 18(b)	68,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	63,780,569

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	39,827,120
b Excess assets, if applicable, but not greater than line 31a	**31b**	22,138,066

32 Amortization installments:

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

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**	17,689,054

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

36 Additional cash requirement (line 34 minus line 35)	**36**	17,689,054
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	63,780,569

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

a Total (excess, if any, of line 37 over line 36)	**38a**	46,091,515
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

Sumitomo Mitsui Banking Corporation Retirement Plan
EIN # 13-5611820
Plan # 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Vanguard Federal Money Market INV	Mutual fund	$ 215,632,375	$ 216,237,999
	PIMCO LT Credit Inst Fund	Mutual fund	21,552,811	17,860,354
	Prudential Total Return Bond Z	Mutual fund	37,157	37,035
	Vanguard Long Term Bond Index	Mutual fund	11,253	11,044
	Fidelity Advisor Corporate Bond I	Mutual fund	75,362,866	73,577,999
	Vanguard Long-term investment grade adm	Mutual fund	40,713,393	34,833,897
Total			$ 353,309,855	$ 342,558,328

See Independent Auditor's Report.

Sumitomo Mitsui Banking Corporation Retirement Plan
EIN # 13-5611820
Plan #001

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

	(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease price	(f) Expenses incurred with transaction	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions									
	American Funds	American Funds Eupac R6	$ -	$ 19,112,032	N/A	N/A	$ 16,909,073	$ 19,112,032	$ 2,202,959
	Vanguard	Vanguard Institutional Index Fund	-	87,263,009	N/A	N/A	48,132,360	87,263,009	39,130,649
	Vanguard	Vanguard Federal Money Market Investment	-	47,200	N/A	N/A	47,040	47,200	160
	PIMCO	PIMCO Long-Term Credit Bond Inst	-	30,500,000	N/A	N/A	36,453,372	30,500,000	(5,953,372)
	PGIM	PGIM Total Return Bond Z	-	33,636,520	N/A	N/A	36,261,351	33,636,520	(2,624,831)
Total Single Transactions			$ -	$170,558,761			$137,803,196	$170,558,761	$ 32,755,565
Series Transactions									
	Vanguard	Vanguard Federal Money Market Investment	$ 229,147,531	$ -	N/A	N/A	$229,147,531	$229,147,531	$ -
	Fidelity	Fidelity Advisor Corporate Bond I	39,441,383	-	N/A	N/A	39,441,383	39,441,383	-
Total Series Transactions			$ 268,588,914	$ -			$268,588,914	$268,588,914	$ -

See Independent Auditor's Report.