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
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1977

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)
COMMERZBANK AKTIENGESELLSCHAFT

225 LIBERTY STREET
NEW YORK, NY 10281

2b Employer Identification Number (EIN)
13-2682661

2c Plan Sponsor's telephone number
212-266-7318

2d Business code (see instructions)
522110

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	THERESA SACCA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	651
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)**	78
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66
b	Retired or separated participants receiving benefits	**6b**	234
c	Other retired or separated participants entitled to future benefits	**6c**	305
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	605
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	631
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**	
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

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 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-2682661

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**	67318416
b Actuarial value	**2b**	67748430

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	252	37735234	37735234
b For terminated vested participants	321	18111920	18125006
c For active participants	78	9418337	9480249
d Total	651	65265491	65340489

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**	5.26 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	479006
c Target normal cost	**6c**	479006

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/05/2026
Date

SONJA C. BORSARI
Type or print name of actuary

26-05568
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

203-886-6756
Telephone number (including area code)

200 JEFFERSON PARK
WHIPPANY, NJ 07981
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.90 %	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)		554977
	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 5.01 %		27804
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		582781
	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	103.68 %
15	Adjusted funding target attainment percentage	15	103.68 %
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	111.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	479006
b Excess assets, if applicable, but not greater than line 31a	**31b**	479006

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

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

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

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

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

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

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

A Name of plan
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMERZBANK AKTIENGESELLSCHAFT

D Employer Identification Number (EIN)
13-2682661

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FIAM TRUST COMPANY

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	177408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-3954297

(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 70 17 50	NONE	155138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 21 31 25 50	NONE	53629	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)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37730	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 50	NONE	7484	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-2682661

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENT ADVISORY MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3532603-014	C	12424118

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LNG CORP A POOL

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENT ADVISORY MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3532603-103	C	4958731

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENT ADVISORY MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3532603-155	C	12185060

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN GLOBAL EX US INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-1309416-005	C	1128046

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN TOTAL MARKET INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-1309416-002	C	2072668

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

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENT ADVISORY MANAGE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3532603-223	C	18808428

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMERZBANK AKTIENGESELLSCHAFT

D Employer Identification Number (EIN)
13-2682661

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	1043	2094
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	66437075	64507745
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	298558	238271
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	67336676	64748110
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	2094
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	63877	59952
1k Total liabilities (add all amounts in lines 1g through1j)	1k	63877	62046
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	67272799	64686064

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	1433	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	16179	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17612
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)**		5275964
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		0
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		5293576
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	7379915	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		7379915
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	0	
(3) Recordkeeping fees	**2i(3)**	0	
(4) IQPA audit fees	**2i(4)**	37730	
(5) Investment advisory and investment management fees	**2i(5)**	177408	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	53629	
(7) Actuarial fees	**2i(7)**	155138	
(8) Legal fees	**2i(8)**	7484	
(9) Valuation/appraisal fees	**2i(9)**	0	
(10) Other trustee fees and expenses	**2i(10)**	0	
(11) Other expenses	**2i(11)**	69007	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		500396
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		7880311
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		-2586735
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588853.

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
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMERZBANK AKTIENGESELLSCHAFT

D Employer Identification Number (EIN)
13-2682661

Part I Distributions

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

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

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

EIN(s): 04-2723880

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 | 17

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Commerzbank Aktiengesellschaft Pension Plan for United States Branches

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of
BDO International Limited, a UK company limited by guarantee.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Contents

Independent Auditor's Report 3-6

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 7

Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2025 and 2024 8

Statement of Accumulated Plan Benefits as of December 31, 2024 9

Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2024 10

Notes to Financial Statements 11-19

ERISA-Required Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 21

Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2025 22

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue
38th Floor
New York, NY 10166

Independent Auditor's Report

The Plan Administrator
Commerzbank Aktiengesellschaft
Pension Plan for United States Branches
New York, New York

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

We have performed audits of the financial statements of the Commerzbank Aktiengesellschaft Pension Plan for United States Branches (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), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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 GAAP.

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 ERISA-required supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions 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 certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2026

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value	**$ 64,746,016**	$ 66,735,633
Receivables:		
Employer contribution	**-**	600,000
Dividend receivable	**2,094**	1,043
Total Receivables	**2,094**	601,043
Total Assets	**64,748,110**	67,336,676
Liabilities		
Accrued administrative expenses	**59,952**	62,834
Due to broker for securities purchased	**2,094**	1,043
Total Liabilities	**62,046**	63,877
Net Assets Available for Benefits	**$ 64,686,064**	$ 67,272,799

See accompanying notes to financial statements.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 5,275,964**	$ 1,929,341
Interest and dividends	**17,612**	16,965
Total Investment Income	**5,293,576**	1,946,306
Contributions:		
Employer	**-**	600,000
Total Additions	**5,293,576**	2,546,306
Deductions		
Benefits paid to participants and beneficiaries	**7,379,915**	5,521,446
Administrative expenses	**500,396**	456,514
Total Deductions	**7,880,311**	5,977,960
Net Decrease	**(2,586,735)**	(3,431,654)
Net Assets Available for Benefits, beginning of year	**67,272,799**	70,704,453
Net Assets Available for Benefits, end of year	**$ 64,686,064**	$ 67,272,799

See accompanying notes to financial statements.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$	38,740,587
Terminated vested		17,986,443
Participants		9,340,140
Total Vested Benefits		66,067,170
Non-vested benefits		58,660
Total Actuarial Present Value of Accumulated Plan Benefits	$	66,125,830

See accompanying notes to financial statements.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	70,040,200
Increase (decrease) during the year attributable to:		
Benefits paid		(5,521,446)
Interest due to the increase in the discount period		3,365,657
Changes in actuarial assumptions		(1,804,999)
Benefits accumulated and actuarial experience		46,418
Net Decrease		(3,914,370)
Total Actuarial Present Value of Accumulated Plan Benefits, end of year	$	66,125,830

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Commerzbank Aktiengesellschaft Pension Plan for United States Branches (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a qualified defined benefit pension plan covering all employees of any United States branch or office of Commerzbank Aktiengesellschaft (Company) who are at least 21 years old, hired before January 1, 2007, and have completed a year of service of at least 1,000 hours, except delegated personnel, leased employees, and independent contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Company's Employee Benefits Committee (the Committee). The Committee has general oversight of the administration of the Plan. The Committee, in consultation with professional advisors, determines the investment of the Plan's assets, oversees the Plan's vendors, and reviews claims for benefits.

The Plan has two benefits structures.

Pension Benefits Structure One

Effective January 1, 2003, the Plan was amended and restated into a Pension Equity Plan (PEP) defining a participant's normal retirement benefit as a lump sum amount payable at normal retirement age. Participants who attained age 50 and completed five years of employment as of December 31, 2002, are considered "Grandfathered Participants" and will continue to have their benefits accrue under the benefit formula in effect prior to January 1, 2003 and will receive the greater of the pre-2003 benefit formula or the post-2002 benefits. The Plan prior to January 1, 2003 provides for a normal retirement pension to participants that reach age 65. The normal retirement pension benefit is equal to the 1.25% of Average Earnings not in excess of a participant's Average Social Security Wage Base (ASSWB) multiplied by his/her Credited Years of Service up to a maximum of 35; plus 1.85% of Average Earnings in excess of his/her ASSWB multiplied by his/her Credited Years of Service up to a maximum 35. ASSWB means the average of the social security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) his/her social security normal retirement age. In determining a participant's ASSWB for a Plan year, the social security taxable wage base for the Plan year for which the determination is made and any subsequent Plan years shall be assumed to be the same as the social security taxable wage base in effect for the beginning of the Plan year for which the determination is made. A participant's ASSWB for the Plan year after the aforesaid 35-year period shall be his/her ASSWB for the Plan year during which he/she attained his/her social security normal retirement age. A participant's ASSWB for a Plan year before the aforesaid 35-year period is the social security taxable wage base in effect as of the beginning of the Plan year.

The benefit computed cannot be less than the sum of 1.25% of average earnings not in excess of the applicable average social security taxable wage base multiplied by credited years of service up to a maximum of 35; plus 1.85% of average earnings in excess of the applicable average social security taxable wage base multiplied by credited years of service up to a maximum of 35. The Plan, beginning January 1, 2003, provides participants who do not qualify as Grandfathered Participants,

with benefits calculated as lump sum amounts payable at their normal retirement ages. The lump sum amounts are generally determined based on "base" credits earned for years of service up to a maximum of 35 multiplied by average earnings plus "excess" credits multiplied by average earnings in excess of a participant's ASSWB described above. Factors affecting PEP benefits are participants' earnings, years of service and ages. Participants who are single or married less than one year will have their retirement benefits paid in the form of life annuities. Participants who are married for more than one year will have their benefits paid in the form of 50% Joint and Survivor Annuities. Participants can elect lump-sum payments in lieu of receiving annuities.

Married participants, required to receive Joint and Survivor Annuities, need spousal consent in order to receive lump-sum payments. Participants' benefits under the Plan are payable to participants, their beneficiaries or their estates upon the termination of employment, normal, early or late retirement, disability, or death. Effective May 1, 2025, participants who have attained age 59.5 may elect to commence receiving benefits prior to termination. The structure one benefit plan has been amended to provide employees hired on or after January 1, 2007 will not be eligible to become participants in the Plan. Effective December 31, 2016, benefit accruals under structure one of the Plan have been frozen. No benefits will accrue with respect to credit years of service or average earnings earned after December 31, 2016.

Pension Benefits Structure Two

Under the terms of the Plan, a participant will be classified as either a "cash balance" participant or a "grandfathered" participant. The Company's grandfathered participants are entitled to annual pension benefits based on a formula set forth in the Plan document. Benefits paid to grandfathered participants are generally not payable until the participant has reached normal retirement age, or early retirement age, if applicable. Effective May 1, 2025, participants who have attained age 59.5 may elect to commence receiving benefits prior to termination. The Plan provides for full vesting of the accrued benefits after five years of credited service, three years after January 1, 2008. Cash balance participants accrue account credits at 4% of eligible monthly earnings subject to the Internal Revenue Service (IRS) annual contribution limit. Interest is credited to each account at the end of the calendar month and is calculated using the participant's balance at the beginning of the month and an interest rate equal to the discount rate on one-year U.S. Treasury Constant Maturity Securities for the prior December plus 1%. Benefits are payable to the vested employee, or his/her beneficiary, upon retirement, death, or termination of his/her employment. Generally, distributions are paid in monthly installments or in the form of a single lump-sum benefit. Grandfathered employees are not eligible for the lump-sum payment option.

Structure two benefit plan was amended to cease all benefit accruals besides interest on cash balance accounts and to provide that no new participants shall enter the Plan after December 31, 2009.

Vesting

Participants transferred to an affiliate of the Company will continue to earn years of service or vesting credits until December 31, 2016 for structure one benefits and December 31, 2009 for structure two benefits. December 31, 2016 and December 31, 2009, for structure one and structure two benefits, respectively, are the dates all benefit accruals ceased, including crediting years of service.

Death and Disability Benefits

If an active participant dies with a vested benefit, their beneficiary will be eligible to receive 100% of their PEP benefit or the actuarial equivalent life annuity, but not less than their grandfathered benefit if they are eligible, or their predecessor benefit. Active employees who become totally disabled will be eligible to receive a pension on their normal retirement date based not only on their earnings and years of service to the date of the disability, but also on their years of credited service during their disability until their normal retirement date and assuming they were earning the same salary they were earning when they became disabled.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, 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 may differ from those estimates.

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. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company 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 accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

3. Funding Policy

Each year, the Company will be required to contribute to the Plan an amount which is actuarially determined by an enrolled actuary in order to satisfy minimum funding standards under ERISA. Contributions are paid directly into a trust fund maintained by the trustee.

The trust is a separate legal entity from the Company, and the assets held by the trustee are used only to pay benefits and expenses. The Company's contributions to the Plan were $0 and $600,000 for the years ended December 31, 2025 and 2024, respectively. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Plan Termination

In the event the Plan terminates, 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:

1. 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 benefits that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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 of the Plan's termination.

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

5. Investment Trust Agreement

The Plan entered into an investment trust agreement with Fidelity Management Trust Company (the trustee of the Plan). Fidelity Management Trust Company has provided certifications as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, regarding the investments, investment transactions, and appreciation and/or depreciation of the fair value of the Plan's investments. The accounts are credited with

earnings on the underlying investments and charged for Plan withdrawals and expenses. The investment trust agreement is included in the financial statements at fair market value as reported to the Plan by Fidelity Management Trust Company.

6. 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 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 at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest-Bearing Cash - Interest-bearing cash includes investments in interest-bearing cash accounts and money market funds, which are valued at amortized cost of the cash value held in the trust at year end, which approximates fair value.

Common/Collective Trusts – These assets are valued at net asset value (NAV) as a practical expedient in place of measurement at fair value.

Mutual Fund – These assets are valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities – These assets are valued based on market data and observations utilizing evaluated pricing applications and available market information through processes such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. Standard inputs include benchmark yields of comparable securities of issuers with similar credit ratings, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers, and reference dates including market research.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
U.S. government securities	$ -	$ 12,898,676	$ -	$ 12,898,676
Mutual fund	238,271	-	-	238,271
Interest-bearing cash	32,018	-	-	32,018
Total Investments, in the fair value hierarchy	$ 270,289	$ 12,898,676	$ -	13,168,965
Common/Collective Trusts, measured at NAV*				
Fixed income				48,376,337
Index fund				3,200,714
Total Common/Collective Trusts				51,577,051
Total Investments, at fair value				$ 64,746,016

December 31, 2024

	Level 1	Level 2	Level 3	Total
U.S. government securities	$ -	$ 8,998,353	$ -	$ 8,998,353
Mutual fund	298,558	-	-	298,558
Interest-bearing cash	165,339	-	-	165,339
Total Investments, in the fair value hierarchy	$ 463,897	$ 8,998,353	$ -	9,462,250
Common/Collective Trusts, measured at NAV*				
Fixed income				53,025,988
Index fund				4,247,395
Total Common/Collective Trusts				57,273,383
Total Investments, at fair value				$ 66,735,633

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
FIAM Long Corporate A or Better	$ 4,958,731	n/a	Daily	12 months
FIAM 8-10 Year Corporate Bond Cap	12,185,060	n/a	Daily	12 months
Spartan Total Market Index	2,072,668	n/a	Daily	12 months
Spartan Global Ex US Index	1,128,046	n/a	Daily	12 months
FIAM Intermediate Duration	12,424,118	n/a	Daily	12 months
FIAM Intermediate Credit Commingled Pool	18,808,428	n/a	Daily	12 months

December 31, 2024

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
FIAM Long Corporate A or Better	$ 5,172,217	n/a	Daily	12 months
FIAM 8-10 Year Corporate Bond Cap	15,510,753	n/a	Daily	12 months
Spartan Total Market Index	2,937,099	n/a	Daily	12 months
Spartan Global Ex US Index	1,310,296	n/a	Daily	12 months
FIAM Intermediate Duration	32,343,018	n/a	Daily	12 months

7. Actuarial Present Value of Accumulated Plan Benefits

The accumulated plan benefit information is presented as of the beginning of the Plan year. 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 vested employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation during their highest five consecutive years of service out of the last ten. The accumulated plan benefits for active employees are based on their average compensation on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Buck Global, LLC 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2025 were: (a) life expectancy of participants (Pri-2012 White Collar Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2019 Improvement Scale), (b) withdrawal by terminating employment up to age 65, (c) retirement age assumptions for normal, early, and late retirement (age 55-65), and (d) discount rate of 5.50% (5.00% as of January 1, 2024).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

8. Tax Status

The Plan received a determination letter dated November 19, 2021 in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). 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.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Information Prepared and Certified by the Trustee

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments held and dividends receivable at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan), a qualified institution.

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 participants' account balances and 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 estimates 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. Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and common collective trusts managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan for investment management services amounted to $177,408 and $184,174 for the years ended December 31, 2025 and 2024, respectively.

12. Subsequent Events

The Plan sponsor has evaluated all activity of the Plan through October 13, 2026, the date the financial statements were available to be issued and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

ERISA-Required Supplemental Schedules

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-2682661 Plan No.: 001

December 31, 2025

(a)	(b) Identity of Issuer, 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
	U.S. Government Securities			
	U.S. Treasury Bond	11/15/2041, 3.125%, par $9,550,000	$ 9,741,172	$ 7,936,523
	U.S. Treasury Bills	6/18/2026, 0%, par $1,300,000	4,962,142	4,962,153
	Total U.S. Government Securities		14,703,314	12,898,676
	Mutual Fund			
*	Fidelity Management Trust Company	Money Market Instl Treasury Only	238,271	238,271
	Interest-Bearing Cash			
*	Fidelity Management Trust Company	FIAM Inst Cash, interest rate varies	32,018	32,018
	Common/Collective Trusts			
*	Fidelity Management Trust Company	FIAM Long Corporate A or Better	5,132,723	4,958,731
*	Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Cap	10,647,232	12,185,060
*	Fidelity Management Trust Company	Spartan Total Market Index Pl	708,987	2,072,668
*	Fidelity Management Trust Company	Spartan Global ex US Index	596,695	1,128,046
*	Fidelity Management Trust Company	FIAM Intermediate Duration	10,768,093	12,424,118
*	Fidelity Management Trust Company	FIAM Intermediate Credit Commingled Pool	17,503,599	18,808,428
	Total Common/Collective Trusts		45,357,329	51,577,051
	Total Investments		$ 60,330,932	$ 64,746,016

* A party-in-interest, as defined by ERISA.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 13-2682661 **Plan No.: 001**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
	Category (i) – Single Transactions in Excess of 5% of the Current Value of Plan Assets						
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 6/18/2026	$ 4,954,877	$ -	$ 4,954,877	$ 4,954,877	$ -
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 12/18/2025	4,699,943	-	4,699,943	4,699,943	-
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 6/20/2025	-	4,575,000	4,575,000	4,575,000	-
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 12/18/2025	-	4,800,000	4,800,000	4,800,000	
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	19,377,844	-	19,377,844	19,377,844	-
*	Fidelity Management Trust	FIAM Intermediate Duration	-	19,377,844	17,895,202	19,377,844	1,482,642
	Category (iii) - a Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets						
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	$ 19,543,973	$ -	$ 19,543,973	$ 19,543,973	$ -
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	-	2,129,036	2,040,373	2,129,036	88,663
*	Fidelity Management Trust	FIAM 8-10 Year Corporate Bond Cap	85,554	-	85,554	85,554	-
*	Fidelity Management Trust	FIAM 8-10 Year Corporate Bond Cap	-	4,578,309	4,290,179	4,578,309	288,130
*	Fidelity Management Trust	FIAM Intermediate Duration	87,357	-	87,357	87,357	-
*	Fidelity Management Trust	FIAM Intermediate Duration	-	21,007,333	19,348,336	21,007,333	1,658,997
*	Fidelity Management Trust	Fidelity Investments Money Market Treasury	2,441,701	-	2,441,701	2,441,701	-
*	Fidelity Management Trust	Fidelity Investments Money Market Treasury	-	2,501,991	2,501,991	2,501,991	-

* Party-in-interest as defined by ERISA.

Attachment to 2025 Form 5500
Schedule SB, Line 26a - Schedule of Active Participant Data

Plan Name Commerzbank AG Pension Plan for United States Branches EIN: 13-2682661
Plan Sponsor's Name Commerzbank AG PN: 001

Schedule SB, Line 26a - Schedule of Active Participant Data											
	YEARS OF CREDITED SERVICE										
	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	40 & up	
Attained Age	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	0	0	0	0	1
45 to 49	0	0	0	0	2	5	0	0	0	0	7
50 to 54	0	0	0	1	9	9	5	0	0	0	24
55 to 59	0	0	0	0	1	6	6	2	3	0	18
60 to 64	0	0	0	0	2	6	4	4	4	1	21
65 to 69	0	0	0	0	0	2	1	0	2	1	6
70 & up	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	1	15	29	16	6	9	2	78

Attachment to 2025 Form 5500
Schedule SB, Part V – Statements of Actuarial Assumptions/Methods

Plan Name Commerzbank AG Pension Plan for United States Branches EIN: 13-2682661
Plan Sponsor's Name Commerzbank AG PN: 001

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding Interest Rates

For 2025 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	5.00%	5.00%
Second Segment Rate	5.27%	5.27%
Third Segment Rate	5.40%	5.50%
Effective Rate	5.25%	5.26%

For 2024 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	4.37%	4.75%
Second Segment Rate	4.96%	4.96%
Third Segment Rate	4.95%	5.59%
Effective Rate	4.88%	5.01%

* Used for Maximum Deductible Contribution

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a static basis.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2025 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of the accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative expenses to be paid from plan assets during the year.

Appendix A: Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Non-Prescribed Funding Assumptions and Methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary based on the plan sponsor's anticipated experience. Actual experience is reviewed each year and compared to the assumptions. Changes are then made, as appropriate, based on this review.

Gallagher utilized data including cash flows and spot rates from the Gallagher Above-Median yield curve to assist the Bank in the selection of the Expected Rate of Return. Gallagher's yield curve was developed based on the yields of high-quality corporate bonds as of previous year-end improvement scale.

Salary Increases

Not applicable as the plan was frozen as of 12/31/2016.

Interest Crediting Rate for Cash Balance Plan

Based on implied forward rates from November Treasury Yield Curve plus 1%, grading to 5.32% after 4 years.

Year	Year-end rate
2025	5.23%
2026	5.22%
2027	5.20%
2028	5.29%
2029+	5.32%

Prior year based on the interest crediting rate in effect on the valuation date.

Expenses

Expected plan administrative expenses of $410,000 plus the expected PBGC premium paid during the year were added to the Target Normal Cost. This amount is equal to last year's actual expenses less PBGC premium, adjusted for inflation, and rounded up to the next $10,000.

Benefit Form

PEP participants not in pay status were assumed to elect to receive their benefit as a lump sum payment. Current annuitant's benefits were valued based on their elected form of benefit. Participants not in pay status who terminated prior to the conversion to a PEP plan are assumed to elect the normal form of annuity benefit.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Appendix A: Actuarial Assumptions and Methods (continued)

Retirement rates

Age	Assumption
55	3.00%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	2.50%
62	25.00%
63	5.00%
64	5.00%
65	100.00%

Since the plan's experience is too small to form the basis of a reliable assumption, the retirement assumption was based on actuarial judgment and observed experience of similarly situated employment groups.

Withdrawal rates for active participants not eligible for retirement

Age	Rate
20	14.70%
25	13.00%
30	10.50%
35	8.00%
40	6.00%
45	5.00%
50	4.00%
54	3.20%

Active participants who terminate under the “Grandfathered” Plan are assumed to commence benefits at their normal retirement age. Active participants under the PEP and cash balance benefit formula who terminate vested are assumed to receive their benefits payable as lump sums immediately.

Terminated vested PEP participants are assumed to receive their benefits as a lump sum at age 65.

Retirement rates for former Dresdner term vested participants

Age	Assumption
0	25.00%
1	25.00%
2	10.00%
3	7.00%
4	5.00%
5	3.00%
6 ≥	1.00%

Appendix A: Actuarial Assumptions and Methods (continued)

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/ (losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

Plan assets are invested almost entirely in fixed income securities that move in tandem with plan liabilities. As such, the annual rate of return for a plan year is determined by the end of the prior year Gallagher Above median yield curve. The effect of the change is that the market return on plan assets will mirror the return on plan liabilities and maintain the plan's funded status. However, while the plan liabilities are hedged with plan assets on a market basis, there is some distortion with the Funding Target liabilities as the effective funding interest rate is a smoothed rate instead of a market rate.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2025 Expected Return	5.50%	5.50%	5.50%
2024 Expected Return	5.00%	5.59%	5.00%
2023 Expected Return	5.40%	5.74%	5.40%

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this certification. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate this certification. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Funding assumptions selection and rationale

The following assumptions were selected by the plan's enrolled actuary based on the plan sponsor's anticipated experience. Actual experience is reviewed each year and compared to the assumptions. Changes are then made, as appropriate, based on this review.

Actuarial standards of practice ("ASOPs") 27 ask the actuary to disclose the information and analysis that led the actuary to advise the plan sponsor to select and prescribe assumptions that have a significant effect on the measurement, for the purpose of the measurement. The non-prescribed assumptions having a significant impact on the measurement of the Funding Target are the retirement rates, withdrawal rates, Cash Balance interest crediting rates and the expected rate of return on plan assets. We monitor these assumptions annually through gain/loss analyses.

Gallagher utilized data including cash flows and spot rates from the Gallagher Above-Median yield curve to assist the Bank in the selection of the Expected Rate of Return. Gallagher's yield curve was developed based on the yields of high-quality corporate bonds as of previous year-end improvement scale.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Miscellaneous

The valuation was prepared on an ongoing plan basis. The valuation was based on members in the Plan as of the valuation date and did not take future members into account. No provisions have been made for contingent liabilities with respect to non-vested terminated employees who may be re-employed.

Summary of Changes from the January 1, 2024 Valuation

- The discount rates changed to comply with PPA. These changes decreased the funding target by approximately $1.05 million.
- The expected rate of return was changed to 5.50%. This will only impact the actuarial value of assets in 2026. The change in the 2024 rate of return from 5.40% to 5.00% decreased the actuarial value of assets by approximately $0.18 million.
- The interest crediting rate for cash balance accounts was changed from a graded rate based on implied forward rates from November Treasury Yield Curve plus 1%, grading to 4.62% after 4 years in 2024 to a graded rate based on implied forward rates from November Treasury Yield Curve plus 1%, grading to 5.32% after 4 years in 2025. This change increased the funding target by approximately $0.35 million.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 13-2682661 **Plan No.: 001**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
	Category (i) – Single Transactions in Excess of 5% of the Current Value of Plan Assets						
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 6/18/2026	$ 4,954,877	$ -	$ 4,954,877	$ 4,954,877	$ -
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 12/18/2025	4,699,943	-	4,699,943	4,699,943	-
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 6/20/2025	-	4,575,000	4,575,000	4,575,000	-
*	Fidelity Management Trust	UNITED STATES TREASURY BILLS 0% 12/18/2025	-	4,800,000	4,800,000	4,800,000	
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	19,377,844	-	19,377,844	19,377,844	-
*	Fidelity Management Trust	FIAM Intermediate Duration	-	19,377,844	17,895,202	19,377,844	1,482,642
	Category (iii) - a Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets						
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	$ 19,543,973	$ -	$ 19,543,973	$ 19,543,973	$ -
*	Fidelity Management Trust	FIAM Intermediate Credit Commingled Pool	-	2,129,036	2,040,373	2,129,036	88,663
*	Fidelity Management Trust	FIAM 8-10 Year Corporate Bond Cap	85,554	-	85,554	85,554	-
*	Fidelity Management Trust	FIAM 8-10 Year Corporate Bond Cap	-	4,578,309	4,290,179	4,578,309	288,130
*	Fidelity Management Trust	FIAM Intermediate Duration	87,357	-	87,357	87,357	-
*	Fidelity Management Trust	FIAM Intermediate Duration	-	21,007,333	19,348,336	21,007,333	1,658,997
*	Fidelity Management Trust	Fidelity Investments Money Market Treasury	2,441,701	-	2,441,701	2,441,701	-
*	Fidelity Management Trust	Fidelity Investments Money Market Treasury	-	2,501,991	2,501,991	2,501,991	-

* Party-in-interest as defined by ERISA.

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
COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-2682661

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**	67,318,416
b Actuarial value	**2b**	67,748,430

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	252	37,735,234	37,735,234
b For terminated vested participants	321	18,111,920	18,125,006
c For active participants	78	9,418,337	9,480,249
d Total	651	65,265,491	65,340,489

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**	5.26%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	479,006
c Target normal cost	**6c**	479,006

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

Sonja C Borsari
Signature of actuary

08/05/2026
Date

SONJA C. BORSARI
Type or print name of actuary

2605568
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

203-886-6756
Telephone number (including area code)

200 Jefferson Park
Whippany NJ 07981
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 [ ]

Attachment to 2025 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name Commerzbank AG Pension Plan for United States Branches EIN: 13-2682661
Plan Sponsor's Name Commerzbank AG PN: 001

Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
55	30.5345	0.0219	0.6688	36.7866
56	34.8103	0.0250	0.8703	48.7345
57	36.8717	0.0250	0.9218	52.5422
58	38.8707	0.0250	0.9718	56.3625
59	41.8086	0.0250	1.0452	61.6677
60	42.6550	0.0250	1.0664	63.9825
61	47.4679	0.0250	1.1867	72.3886
62	51.1311	0.2500	12.7828	792.5324
63	41.1699	0.0500	2.0585	129.6853
64	42.9577	0.0500	2.1479	137.4647
65	44.6372	1.0000	44.6372	2,901.4200
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	2.0000	1.0000	2.0000	136.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
Total			72.3573	4,631.5670

Weighted Average Retirement Age (Total of (5) Divided by Total of (4)) **64**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.
Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.
General note: The table presents values rounded to fewer significant digits than used in the calculation.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Commerzbank AG Pension Plan for United States Branches EIN: 13-2682661
Plan Sponsor's Name Commerzbank AG PN: 001

Effective Date

January 1, 1977, last amended effective January 1, 2008.

Status of Plan Benefits

Benefits are frozen as of December 31, 2016.

Eligibility

Age 21 and one year of service and hired before 1/1/2007.

Benefit Eligibility

(a)	Normal retirement	Age 65.
(b)	Early retirement	Age 55 and 10 years of service (previously 62 and 10).
(c)	Postponed retirement	After age 65.
(d)	Disability	A Participant who is eligible for and/or is receiving benefits under the Federal Social Security Act.
(e)	Vested termination	3 years of service excluding service prior to age 18.
(f)	Pre-retirement death	5 years of service excluding service prior to age 18. Beginning in 2008, 3 years of service for Non-Grandfathered participants.
(g)	Grandfathered participants	Participants who were born before 1953 and who were hired before 1998.

Normal Retirement Benefit for Non-Grandfathered Participants

The lump sum PEP Benefit is equal to (a) plus (b) below, but not less than (c):

(a) For service prior to January 1, 2003, 10% of their Average Earnings not in excess of their Average Social Security Wage Base plus 15% of their Average Earnings in excess of their Average Social Security Wage Base, the net amount multiplied by Credited Years of Service prior to December 31, 2002 up to a maximum of thirty-five (35) Credited Years of Service; plus,

(b) For service on or after January 1, 2003, 8% of their Average Earnings not in excess of their Average Social Security Wage Base plus 13% of their Average Earnings in excess of their Average Social Security Wage Base, the net amount multiplied by Credited Years of Service up to a maximum of thirty-five (35) Credited Years of Service less Credited Years of Service earned prior to January 1, 2003;

but not less than,

(c) The actuarial equivalent value of the accrued benefit as of December 31, 2002.

Normal Retirement Benefit for Grandfathered Participants

The prior plan Benefit is equal to (a) plus (b) below, but not less than the actuarially equivalent annuity to the PEP benefit derived above. The prior plan benefit is payable as a fully subsidized joint and 50% survivor annuity.

(a) 1.25% of Average Earnings not in excess of their Average Social Security Wage Base multiplied by their Credited Years of Service up to a maximum of 35; plus,

(b) 1.85% of Average Earnings in excess of their Average Social Security Wage Base multiplied by their Credited Years of Service up to a maximum of 35.

Early Retirement

Non–Grandfathered Participants: The lump sum accrued benefit derived by the PEP benefit formula multiplied by the appropriate Early Retirement Factor but not less than the actuarial equivalent of the 12/31/2002 prior plan accrued benefit.

Grandfathered Participants: The greater of the benefit at early retirement date derived by the prior plan formula or the PEP benefit formula converted to an immediate life annuity, each multiplied by the respective Early Retirement Factors.

Postponed Retirement

The Normal Retirement benefit based on Average Earnings and Credited Years of Service at the postponed retirement date.

Disability

The Normal Retirement benefit based on Average Earnings computed assuming earnings during the disability period continue at the last rate of earnings with the Employer. The Disabled Participant shall be credited with Credited Years of Service for the disability period.

Vesting

The Normal Retirement benefit based on Average Earnings and Credited Years of Service at termination. Grandfathered participants can commence benefits at any Early Retirement date. Non-grandfathered benefits can get a reduced benefit payable immediately.

Death Benefits

(a) Pre-Retirement Death

Upon the death of a vested participant, the beneficiary will be entitled to 50% (100% for Non Grandfathered participants active immediately preceding time of death) of the benefit the participant would have received had they terminated immediately before their date of death and elected to commence benefits at the earliest possible date.

(b) Post-Retirement Death

Based upon optional form selected by participant.

Definitions

“Average Social Security Wage Base” means the average of the social security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) their Social Security Normal Retirement Age.

In determining a participant’s Average Social Security Wage Base for a Plan Year, the social security taxable wage base for the plan year for which the determination is made and any subsequent plan years shall be assumed to be the same as the social security taxable wage base in effect for the beginning of the plan year for which the determination is made. A participant’s Average Social Security Wage Base for the plan year after the aforesaid thirty-five (35) year period shall be their Average Social Security Wage Base for the Plan Year during which they attained their Social Security Retirement Age. A participant’s Average Social Security Wage Base for a plan year before the aforesaid thirty-five (35) year period is the social security taxable wage base in effect as of the beginning of the plan year.

“Average Earnings” is the average Earnings for the 5 consecutive years during the last 10 years of employment which results in the highest such average. Earnings are annual base salary, excluding overtime, bonuses, and any special or supplemental compensation. It also does not include contributions the Company makes to any benefit

plan (other than contributions made to the Salary Continuation) but shall include amounts withheld pursuant to any salary reduction agreement under a Company-sponsored Section 401(k) or Section 125 plan. For plan years after 1/1/1989, earnings in excess of the limit under Internal Revenue Code Section 401(a)(17) are also excluded.

“Credited service” is generally all calendar years (or parts thereof) with any United States branch or office of the Company or a participating company in which the participant works 1,000 or more hours following the later of attainment of age 21 or date of employment.

“Early Retirement Factors” for Grandfathered Participants as follows:

Age	Factor	Age	Factor
63	0.9330	59	0.6082
63	0.8660	58	0.5631
62	0.8000	57	0.5221
61	0.7127	56	0.4847
60	0.6579	55	0.4505

“PEP formula Early Reduction Factors” are as follows:

Age	Factor
60-64	5.00%
55-59	3.75%
50-54	2.75%
45-49	2.00%
40-44	1.50%
35-39	1.00%
20-34	0.75%

Participants of Former Dresdner Kleinwort Retirement Plan

Effective Date:

Original plan: August 1, 1972

Restated plan: January 1, 2009

Plan year: Calendar year

Plan was merged with the Commerzbank Plan

December 31, 2010

Status of Plan Benefits

Benefits are frozen as of December 31, 2009. The Plan was amended effective May 1, 2025 to permit vested Participants who have attained age 59½ to elect in-service commencement of their retirement benefit while still employed.

Definitions

(a) Eligibility:

Employees become a member immediately upon employment (previously, employees become a member upon completion of one year of service (with 1,000 hours of pay) and attainment of age 21).

German nationals on temporary assignment in the United States are excluded.

Effective December 31, 2009, no new participants enter the Plan.

(b) Grandfathered Participants 1997:

Participants age 45 with 10 Years of Service as of July 1, 1997

(c) Cash Balance Participants:

All Active participants who are not Grandfathered Participants.

(d) Merged Plan Participants:

Participants in the Retirement Plan for Employees of Dresdner Securities (USA) Inc. or the K.B. and S.P. Employees Retirement Plan prior to the June 30, 1997 merger with this Plan.

(e) Compensation:

All earnings including amounts deferred under Section 125 and 401(k).

Earnings after December 31, 2009 shall not be taken into account in determining an Employee's benefits.

(f) Accrued Benefit:

Grandfathered Participants

For terminations and retirements after September 30, 1991, the normal retirement benefit is computed as if the participant had remained in service until age 62 multiplied by the ratio of service to date of determination to service at age 62. If over age 62, the Normal Retirement Benefit.

Cash Balance Participants:

The greater of their cash balance account or the lump sum value of their June 30, 1997 accrued benefit.

Normal Retirement

(a) Eligibility: Age 65

(b) Benefit for Grandfathered Participant:

For service of at least 20 years, a. plus b.

a. 40% of Covered Compensation, or Averaged Compensation if less. (Average Compensation is total pay during the highest 5 consecutive calendar years out of the last 10 years.)

b. 50% of Average Compensation in excess of Covered Compensation.

If service is less than 20 years, both a. and b. are multiplied by actual service divided by 20 years.

Merged Plan Participants received their June 30, 1997 accrued benefit as a minimum.

Effective December 31, 2009, service used for calculating accrued.

(c) Benefit for Cash Balance Participants:

Initial cash balance account (based on the value of the June 30, 1997 accrued benefit) is credited with interest based on 1-year US Treasury Constant Maturity Securities plus 1% and increased by 4% of annual salary. Retirement benefit is cash balance account or equivalent annuity.

Effective December 31, 2009, the cash balance account is no longer increased by any salary accrual.

Early Retirement Benefit

(a) Eligibility:

A participant will be eligible to elect early retirement benefits after attaining age 55 and completing 5 years of service.

(b) Benefit for Grandfathered Participants:

Can elect a benefit beginning at normal retirement but computed on the basis of service and compensation at early retirement. Or he can elect a benefit beginning at early retirement and reduced as follows:

Age	Factor	Age	Factor
62	1.00	58	0.80
61	0.95	57	0.75
60	0.90	56	0.68
59	0.85	55	0.63

(c) Benefit for Cash Balance Participants:

Cash balance account or equivalent annuity.

Deferred Vested

(a) Eligibility: Full vesting occurs in the Accrued Benefit at the earliest of a three-year period of service and age 65. Former Kleinwort Benson participants with 2 years of service at the merger are vested at a rate of 20% per year.

(b) Benefit: Accrued benefit.

Pre-Retirement Death

(a) Grandfathered Participants: If a married, vested participant dies before retirement, the spouse will receive a survivor annuity. The amount of this annuity is equal to 50% of the retirement income the participant would have received if they had terminated employment just prior to death and elected to have their retirement benefit commence at the earliest possible date in the form of a reduced joint-and-50% survivor annuity.

(b) Cash Balance Participants: Cash balance account.

Form of Benefits

(a) Lump sum (cash balance participants only)
(b) Life annuity
(c) 120 month certain and life annuity
(d) 180 month certain and life annuity
(e) 50% joint & survivor annuity
(f) 75% joint & survivor annuity
(g) 100% joint & survivor annuity

Miscellaneous

Maximum Benefit: Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Commerzbank Aktiengesellschaft
Pension Plan for United States Branches

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-2682661 Plan No.: 001

December 31, 2025

(a)	(b) Identity of Issuer, 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
	U.S. Government Securities			
	U.S. Treasury Bond	11/15/2041, 3.125%, par $9,550,000	$ 9,741,172	$ 7,936,523
	U.S. Treasury Bills	6/18/2026, 0%, par $1,300,000	4,962,142	4,962,153
	Total U.S. Government Securities		14,703,314	12,898,676
	Mutual Fund			
*	Fidelity Management Trust Company	Money Market Instl Treasury Only	238,271	238,271
	Interest-Bearing Cash			
*	Fidelity Management Trust Company	FIAM Inst Cash, interest rate varies	32,018	32,018
	Common/Collective Trusts			
*	Fidelity Management Trust Company	FIAM Long Corporate A or Better	5,132,723	4,958,731
*	Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Cap	10,647,232	12,185,060
*	Fidelity Management Trust Company	Spartan Total Market Index Pl	708,987	2,072,668
*	Fidelity Management Trust Company	Spartan Global ex US Index	596,695	1,128,046
*	Fidelity Management Trust Company	FIAM Intermediate Duration	10,768,093	12,424,118
*	Fidelity Management Trust Company	FIAM Intermediate Credit Commingled Pool	17,503,599	18,808,428
	Total Common/Collective Trusts		45,357,329	51,577,051
	Total Investments		$ 60,330,932	$ 64,746,016

* A party-in-interest, as defined by ERISA.

Attachment to 2025 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions

Plan Name Commerzbank AG Pension Plan for United States Branches EIN: 13-2682661
Plan Sponsor's Name Commerzbank AG PN: 001

- The expected rate of return was changed to 5.50%. This will only impact the actuarial value of assets in 2026. The change in the 2024 rate of return from 5.40% to 5.00% decreased the actuarial value of assets by approximately $0.18 million.
- The interest crediting rate for cash balance accounts was changed from a graded rate based on implied forward rates from November Treasury Yield Curve plus 1%, grading to 4.62% after 4 years to a graded rate based on implied forward rates from November Treasury Yield Curve plus 1%, grading to 5.32% after 4 years . This change increased the funding target by approximately $0.35 million.