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. . . . . ▶ [X]

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
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 12/01/1950

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)
GATX CORPORATION

233 SOUTH WACKER DRIVE - 51ST FLOOR
CHICAGO, IL 60606

2b Employer Identification Number (EIN) 36-1124040

2c Plan Sponsor's telephone number 312-621-6200

2d Business code (see instructions) 551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

GATX CORPORATION EMPLOYEE BENEFITS COMMITTEE

C.O. DIRECTOR EMPLOYEE BENEFITS
233 SOUTH WACKER DR. - 51ST FLOOR
CHICAGO, IL 60606-7147

3b Administrator's EIN: 36-4003995

3c Administrator's telephone number: 312-621-6200

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1554
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)**	415
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	446
b	Retired or separated participants receiving benefits	**6b**	528
c	Other retired or separated participants entitled to future benefits	**6c**	438
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1412
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	181
f	Total. Add lines **6d** and **6e**.	**6f**	1593
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**	14
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:

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

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**	74191398
b Actuarial value	**2b**	74191398

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	697	39810571	39810571
b For terminated vested participants	318	10359009	10359009
c For active participants	539	14854561	16411657
d Total	1554	65024141	66581237

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	921158
b Expected plan-related expenses	**6b**	687891
c Target normal cost	**6c**	1609049

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/08/2026
Date

JULIE MALLER
Type or print name of actuary

26-08802
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO BOX 551343
ATLANTA, GA 30355
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	18080394
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2508365
9	Amount remaining (line 7 minus line 8)	0	15572029
10	Interest on line 9 using prior year's actual return of 2.55 %	0	397087
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15969116

Part III Funding Percentages

14	Funding target attainment percentage	14	87.44 %
15	Adjusted funding target attainment percentage	15	111.42 %
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	86.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1609049
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8358955	881756
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2490805

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2490805	2490805

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

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

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

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

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

A Name of plan
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST

36-1561860

(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)

AON CONSULTING

22-2232264

(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 51	NONE	374736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENTS USA INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 51	NONE	69194	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	50503	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)

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5159	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 [ ]

(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
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

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:	NT COL S&P 500 INDEX FD NL		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3957226
a Name of MTIA, CCT, PSA, or 103-12 IE:	NT COL S&P 400 INDEX FD NL		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	357735
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON CORE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	174038
a Name of MTIA, CCT, PSA, or 103-12 IE:	NT COLLECTIVE ACW INDEX FD NL		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-150	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2302557
a Name of MTIA, CCT, PSA, or 103-12 IE:	NT COLLECTIVE RUSSELL 2000 IND F-NL		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381626
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a):	AON HEWITT INVESTMENT CONSULTANT, INC		
c EIN-PN 27-2436452-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44508760
a Name of MTIA, CCT, PSA, or 103-12 IE:	UBS TRUMBULL DIVERSIFIED PROPERTY		
b Name of sponsor of entity listed in (a):	UBS (US) GROUP TRUST		
c EIN-PN 36-3762086-091	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	583981

a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC

c EIN-PN 27-2436452-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21351370

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC

c EIN-PN 27-2436452-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11059

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183837

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT-TERM INVST FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1985940

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
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8768	8272
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)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	74196199	75798129
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	74204967	75806401
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4801	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4801	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	74200166	75806401

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6571835
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6571835
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4297031	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4297031
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	73219	
(6) Bank or trust company trustee/custodial fees	2i(6)	50503	
(7) Actuarial fees	2i(7)	374736	
(8) Legal fees	2i(8)	5159	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	164952	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		668569
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4965600
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1606235
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584565.

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
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

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): 36-1124040 36-4003995

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 9.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 84.5 %

High-Yield Debt: 2.8 % Real Assets: 1.0 % Cash or Cash Equivalents: 2.4 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

GATX Corporation Non-Contributory Pension Plan for Hourly Employees

Years Ended December 31, 2025 and 2024

With Report of Independent Auditors

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

Contents

Report of Independent Auditors 1
Financial Statements:
- Statements of Net Assets Available for Benefits 4
- Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6
Supplemental Schedules:
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 13
- Schedule H, Line 4j - Schedule of Reportable Transactions 14

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Shape the future with confidence

Report of Independent Auditors

GATX Corporation Employee Benefits Committee
GATX Corporation Retirement Funds Investment Committee
GATX Corporation Non-Contributory Pension Plan for Hourly Employees

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Shape the future
with confidence

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

Shape the future
with confidence

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 Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Ernst & Young LLP

October 12, 2026

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments, at fair value	**$ 75,798,129**	$ 74,196,199
Interest and dividend receivable	**8,272**	8,768
Liabilities		
Other payable	**—**	(4,801)
Net assets available for benefits	**$ 75,806,401**	$ 74,200,166

The accompanying notes are an integral part of these statements.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Additions		
Net appreciation in the fair value of investments	**$ 6,508,387**	$ 1,852,157
Interest and dividend income	**63,448**	81,857
	6,571,835	1,934,014
Deductions		
Benefit payments	**(4,297,031)**	(4,526,788)
Administrative expenses	**(668,569)**	(679,444)
Net increase (decrease) in net assets	**1,606,235**	(3,272,218)
Net assets available for benefits at beginning of year	**74,200,166**	77,472,384
Net assets available for benefits at end of year	**$ 75,806,401**	$ 74,200,166

The accompanying notes are an integral part of these statements.

1. Description of the Plan

General

The GATX Corporation Non-Contributory Pension Plan for Hourly Employees (the Plan) is a non-contributory defined-benefit pension plan that covers hourly paid employees of GATX Corporation and participating domestic subsidiaries (collectively, the Company) who have attained at least 21 years of age and who have completed one year of service. Participants who entered the Plan accrue a benefit based on years of service multiplied times a benefit rate as specified in the applicable pension agreement, and become fully vested upon completion of five years of service, unless a pension agreement provides an alternative vesting schedule. The Plan provides benefits for normal and early retirement, disability retirement to employee participants disabled after 15 years of service, or a survivor pension to the surviving spouses of participants who die after completing five years of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Additional information about the Plan, including the vesting and benefit provisions, is included in the Summary Plan Description. Copies of this document are available from the GATX Corporation Employee Benefits Department.

Contributions

The current funding policy of the Plan is to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law. GATX Corporation may, at its discretion, contribute amounts in excess of the minimum required contribution. During 2025 and 2024, GATX Corporation was not required to make any cash contributions to meet the minimum funding requirements under ERISA.

Plan Termination

The Company has reserved the right to discontinue contributions and terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, each participant shall become fully vested in benefits accrued to such date of termination, and the assets of the Plan shall be allocated in accordance with the statutory priorities set forth in Section 404(a) of ERISA. However, in the event of termination of the Plan, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

2. Significant Accounting Policies

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis in accordance with U.S. generally accepted accounting principles (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. The Company regularly evaluates its estimates and judgments based on historical experience and other relevant facts and circumstances. Actual results could differ from these estimates.

Benefit Payments

Benefit payments are recorded when paid.

Subsequent Events

Management evaluated subsequent events for the Plan through October 12, 2026, the date that these financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion and disclosures related to fair value measurements.

Certain information related to investments disclosed in these financial statements, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in the fair value of investments, interest and dividend income, and investment expenses for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the trustee.

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

Administrative Expenses

During 2025 and 2024, actuarial, investment manager, legal, and trustee fees were paid by the Plan. All other administrative expenses were paid by the Company.

Accumulated Plan Benefits

Accumulated plan benefits are those future estimated periodic payments that are attributable under the Plan's provisions to the service that employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and to present employees or their beneficiaries. Benefits payable are included to the extent they are deemed attributable to employee service rendered to the valuation date.

3. Risks and Uncertainties

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

The Plan's actuarial present value of accumulated plan benefits is 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

4. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits was as follows:

	December 31, 2024
Vested benefits of participants currently receiving payments	$ 36,515,126
Other vested benefits	23,101,739
Non-vested benefits	1,400,339
	$ 61,017,204

The changes in accumulated plan benefits were as follows:

	Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 63,154,051
Increase (decrease) during the year attributable to:	
Interest accumulation	3,411,603
Benefit payments	(4,526,788)
Assumption changes	(1,334,396)
Benefits accumulated and other	312,734
Net decrease	(2,136,847)
Actuarial present value of accumulated plan benefits at end of year	$ 61,017,204

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computation were as follows:

Expected long-term rate of return on plan assets:	2024 - 5.80% 2023 - 5.60%
Mortality rates:	
Healthy	2024 - Amounts-Weighted Rates from the Pri-2012 Mortality Study with Blue Collar Adjustments with Generational Improvements from 2012 using Scale MP-2021 2023 - Amounts-Weighted Rates from the Pri-2012 Mortality Study with Blue Collar Adjustments with Generational Improvements from 2012 using Scale MP-2021
Disabled	2024 - Amounts-Weighted Disabled Retiree Rates from the Pri-2012 Mortality Study with Generational Improvements with Scale MP-2021 2023 - Amounts-Weighted Disabled Retiree Rates from the Pri-2012 Mortality Study with Generational Improvements with Scale MP-2021
Retirement ages and rates:	Various rates, ranging from 15% at age 55 to 100% at age 68

The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2024. These actuarial assumptions were 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.

5. Fair Value Measurements

As defined by GAAP, 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. Fair value measurements are classified according to a three-level hierarchy based on management's judgment about the reliability of the inputs used in the fair value measurement. Level 1 inputs are quoted prices available in active markets for identical assets and liabilities. Level 2 inputs are observable, either directly or indirectly, and include quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 3 inputs are unobservable, meaning they are supported by little or no market activity.

The level in the fair value hierarchy, within which the fair value measurement is classified, is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

The following tables set forth the fair value of assets of the Plan:

	Assets at Fair Value as of December 31, 2025			
	Total	**Level 1**	**Level 2**	**Level 3**
Assets measured at net asset value (1):				
Short-term investment collective trust fund	**$ 1,985,940**	**$ —**	**$ —**	**$ —**
Common stock collective trust funds	**7,010,203**	**—**	**—**	**—**
Fixed-income collective trust funds	**66,043,967**	**—**	**—**	**—**
Real estate collective trust funds	**758,019**	**—**	**—**	**—**
Total	**$ 75,798,129**	**$ —**	**$ —**	**$ —**

	Assets at Fair Value as of December 31, 2024			
	Total	**Level 1**	**Level 2**	**Level 3**
Assets measured at net asset value (1):				
Short-term investment collective trust fund	$ 1,485,270	$ —	$ —	$ —
Common stock collective trust funds	6,809,621	—	—	—
Fixed-income collective trust funds	64,943,015	—	—	—
Real estate collective trust funds	958,293	—	—	—
Total	$ 74,196,199	$ —	$ —	$ —

(1) In accordance with the relevant accounting standards, investments measured at fair value using the net asset value per share (or its equivalent) practical expedient are not recorded in any specific category of the fair value hierarchy.

The following is a description of the valuation techniques and inputs used as of December 31, 2025 and 2024:

Short-term investment collective trust fund: Valued based on the closing net asset values (NAVs) quoted by the funds. The short-term investment collective trust fund is a highly liquid investment in obligations of the U.S. government, or its agencies or instrumentalities, and the related money market instruments. The short-term investment fund has no restrictions on redemption frequency or advance notice periods required for redemption. The fund seeks to provide safety of principal, daily liquidity, and a competitive yield over the long term.

5. Fair Value Measurements (continued)

Common stock collective trust funds and fixed-income collective trust funds: Valued based on the closing NAV prices quoted by the funds. None of the collective trust funds have restrictions on redemption frequency or advance notice periods required for redemption. The investment objective of each of the common stock funds is long-term total return through capital appreciation and current income. The fixed-income funds are each designed to deliver safety and stability by preserving principal and accumulated earnings. The fixed-income funds seek to achieve, over an extended period of time, total returns comparable or superior to broad measures of the long-term domestic investment grade credit bond market.

Real estate collective trust funds: Valued based on the NAV provided by the funds' administrators. A lack of liquidity in the funds may limit or delay redemptions. The investment objective of the real estate funds, which are diversified by location and property type, is long-term return through property appreciation, current income, and timely sales.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated June 22, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related-Party and Party-in-Interest Transactions

The Plan holds units of collective trust funds, which are managed by the trustee. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Supplemental Schedules

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

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

Identity of Issue	Number of Shares or Units	Cost	Current Value
Fixed income collective trust funds			
AON Long Credit Bond Fund	4,859,035 units	$ 48,319,511	$ 44,508,760
AON Mid Duration Long Credit Fund	1,770,429 units	19,227,242	21,351,370
AON Hewitt 20+ Year US Treasury Strips Fund	37,749 units	200,691	183,837
		67,747,444	66,043,967
Common stock collective trust funds			
NT Collective S&P 500 Index Fund *	148 units	1,008,234	3,957,226
NT Collective All Country World Ex-US IMI Fund *	8,284 units	1,070,292	2,302,557
NT Collective Russell 2000 Index Fund *	5,489 units	164,138	381,626
NT Collective S&P 400 Index Fund *	88 units	114,779	357,735
AGT Global Real Estate Fund	669 units	8,022	11,059
		2,365,465	7,010,203
Real estate collective trust funds			
UBS Trumbull Property Fund	66 units	702,748	583,981
AON Core Real Estate - Class I Fund	12,667 units	140,643	174,038
		843,391	758,019
Short-term investment collective trust fund			
NT Collective Short Term Investment Fund *	1,985,940 units	1,985,940	1,985,940
Total			$ 75,798,129

* Party-in-interest to the Plan.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

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

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Aon Trust Company LLC	AON Long Credit Bond Fund	$ —	$ 4,350,000	$ 4,881,298	$ 4,350,000	$ (531,298)
Northern Trust	Collective Short-Term Investment Fund	5,575,497	—	5,575,497	5,575,497	—
		—	5,074,827	5,074,827	5,074,827	—

There were no category (i) (ii) or (iv) reportable transactions during the year ended December 31, 2025.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		43	1							
25-29		34	16	3						
30-34		32	32	13						
35-39		24	15	16	6					
40-44		14	9	9	6	4				
45-49		12	14	7	9	4				
50-54		3	5	7	12	6	3	2		
55-59		5	1	4	7	2	2	4		
60-64		2	1	4	8	4		4	1	
65-69				3	1					1
70+										

N-415

Note: The active headcount shown on line 3c(1) includes 124 participants that are actively employed by GATX Corporation, but are excluded from the above chart. These participants are no longer accruing a benefit under the GATX Corporation Noncontributory Pension Plan for Hourly Employees because they have transferred to the GATX Corporation Noncontributory Pension Plan for Salaried Employees.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62 with at least 15 years of service Age 63 with less than 15 years of service
Optional Form of Payment Election Rates	50% Single Life Annuity 20% 50% Joint & Survivor Annuity 30% 75% Joint & Survivor Annuity
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.

Vacation Pay Received in Year of Retirement	Two weeks
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	$687,891. The expected PBGC premiums plus the prior year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates

	Years of Service		
Age	**0-14**	**15-29**	**30+**
55	0.00%	0.00%	15.00%
56	0.00%	0.00%	15.00%
57	0.00%	0.00%	15.00%
58	0.00%	0.00%	15.00%
59	0.00%	0.00%	15.00%
60	0.00%	15.00%	20.00%
61	0.00%	15.00%	20.00%
62	0.00%	25.00%	25.00%
63	0.00%	25.00%	25.00%
64	0.00%	15.00%	20.00%
65	50.00%	60.00%	60.00%
66	25.00%	35.00%	35.00%
67	25.00%	35.00%	35.00%
68+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
18	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
19	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
20	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
21	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
22	18.40%	18.40%	18.40%	18.40%	17.50%	17.50%
23	17.40%	17.40%	17.40%	17.40%	16.60%	16.60%
24	16.60%	16.60%	16.60%	16.60%	15.90%	15.90%
25	15.70%	15.70%	15.70%	15.70%	15.00%	15.00%
26	15.00%	15.00%	15.00%	15.00%	14.30%	14.30%
27	14.10%	14.10%	14.10%	14.10%	13.40%	13.40%
28	14.00%	13.30%	13.30%	13.30%	12.70%	12.70%
29	14.00%	13.10%	12.70%	12.70%	12.10%	12.10%
30	14.00%	13.10%	12.10%	11.90%	11.30%	11.30%
31	14.00%	13.10%	12.10%	11.20%	10.70%	10.70%
32	14.00%	13.10%	12.10%	11.20%	10.10%	10.10%
33	14.00%	13.10%	12.10%	11.20%	9.50%	9.50%
34	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%

Table 2 (continued)

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
35	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
36	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
37	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
38	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
39	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
40	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
41	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
42	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
43	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
44	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
45	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
46	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
47	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
48	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
49	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
50	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
51	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
52	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
53	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
54+	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.090%	45	0.215%
16	0.090%	46	0.232%
17	0.090%	47	0.251%
18	0.090%	48	0.274%
19	0.090%	49	0.301%
20	0.090%	50	0.330%
21	0.092%	51	0.363%
22	0.094%	52	0.403%
23	0.096%	53	0.452%
24	0.098%	54	0.511%
25	0.100%	55	0.580%
26	0.102%	56	0.660%
27	0.104%	57	0.760%
28	0.106%	58	0.880%
29	0.108%	59	1.020%
30	0.110%	60	1.180%
31	0.112%	61	1.360%
32	0.114%	62	1.570%
33	0.116%	63	1.810%
34	0.118%	64	2.080%
35	0.120%	65	2.380%
36	0.123%	66	2.710%
37	0.127%	67	3.070%
38	0.133%	68	3.460%
39	0.141%	69+	3.880%
40	0.150%		
41	0.160%		
42	0.171%		
43	0.184%		
44	0.199%		

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

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

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Aon Trust Company LLC	AON Long Credit Bond Fund	$ —	$ 4,350,000	$ 4,881,298	$ 4,350,000	$ (531,298)
Northern Trust	Collective Short-Term Investment Fund	5,575,497	—	5,575,497	5,575,497	—
		—	5,074,827	5,074,827	5,074,827	—

There were no category (i) (ii) or (iv) reportable transactions during the year ended December 31, 2025.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-1124040

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**	74,191,398
b Actuarial value	**2b**	74,191,398

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	697	39,810,571	39,810,571
b For terminated vested participants	318	10,359,009	10,359,009
c For active participants	539	14,854,561	16,411,657
d Total	1,554	65,024,141	66,581,237

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	921,158
b Expected plan-related expenses	**6b**	687,891
c Target normal cost	**6c**	1,609,049

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 JULIE MALLER

Signature of actuary

09/08/2026
Date

JULIE MALLER
Type or print name of actuary

2608802
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO BOX 551343
ATLANTA GA 30355
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	18,080,394
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,508,365
9	Amount remaining (line 7 minus line 8)	0	15,572,029
10	Interest on line 9 using prior year's actual return of 2.55%	0	397,087
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15,969,116

Part III Funding Percentages

14	Funding target attainment percentage	14	87.44%
15	Adjusted funding target attainment percentage	15	111.42%
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	86.17%
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
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	1,609,049
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8,358,955	881,756
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,490,805

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,490,805	2,490,805

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

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

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	2.96%	3.92	215.47
56	2.96%	3.78	211.88
57	3.20%	3.84	219.05
58	3.89%	4.47	259.18
59	4.86%	5.30	312.86
60	12.70%	13.43	805.73
61	12.78%	12.47	760.75
62	19.21%	17.21	1066.92
63	19.42%	14.14	890.85
64	16.38%	9.75	624.29
65	48.37%	24.60	1598.84
66	29.85%	8.05	531.60
67	28.82%	6.12	409.74
68	78.39%	12.14	825.23
69	48.86%	1.57	108.37
70	100.00%	1.58	110.50
	Total	142.37	8951.26
	Weighted Average		62.87

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	188,743	339,104	4,370,723	4,898,570
2026	292,253	362,647	4,192,076	4,846,976
2027	344,767	402,946	4,013,274	4,760,987
2028	424,332	446,769	3,834,750	4,705,851
2029	492,266	478,486	3,649,079	4,619,831
2030	552,501	515,433	3,466,550	4,534,484
2031	629,078	540,049	3,290,876	4,460,003
2032	691,486	563,865	3,116,634	4,371,985
2033	773,616	636,440	2,944,052	4,354,108
2034	835,133	656,728	2,773,374	4,265,235
2035	898,225	676,536	2,604,690	4,179,451
2036	947,480	710,802	2,438,295	4,096,577
2037	998,988	715,481	2,274,652	3,989,121
2038	1,041,752	725,683	2,113,735	3,881,170
2039	1,093,618	728,528	1,956,470	3,778,616
2040	1,151,475	752,841	1,803,085	3,707,401
2041	1,194,062	779,971	1,653,989	3,628,022
2042	1,239,702	778,537	1,509,617	3,527,856
2043	1,283,639	786,459	1,370,422	3,440,520
2044	1,320,634	791,687	1,236,845	3,349,166
2045	1,371,169	785,905	1,109,328	3,266,402
2046	1,403,933	781,832	988,295	3,174,060
2047	1,439,751	770,841	874,145	3,084,737
2048	1,478,622	760,321	767,252	3,006,195
2049	1,495,405	743,125	667,944	2,906,474
2050	1,520,746	733,500	576,505	2,830,751
2051	1,516,805	713,437	493,146	2,723,388
2052	1,526,270	707,848	417,979	2,652,097
2053	1,554,027	692,358	350,992	2,597,377
2054	1,558,960	670,813	292,028	2,521,801
2055	1,550,869	648,111	240,792	2,439,772
2056	1,544,332	626,193	196,844	2,367,369
2057	1,537,259	599,092	159,636	2,295,987
2058	1,518,236	576,404	128,536	2,223,176
2059	1,487,793	544,278	102,865	2,134,936

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,452,666	523,513	81,928	2,058,107
2061	1,411,226	495,751	65,043	1,972,020
2062	1,366,926	465,346	51,565	1,883,837
2063	1,316,048	435,785	40,897	1,792,730
2064	1,268,437	407,183	32,511	1,708,131
2065	1,220,248	379,629	25,947	1,625,824
2066	1,166,122	353,179	20,821	1,540,122
2067	1,110,771	327,865	16,817	1,455,453
2068	1,054,311	303,699	13,684	1,371,694
2069	998,507	280,679	11,224	1,290,410
2070	943,453	258,788	9,287	1,211,528
2071	889,211	238,005	7,758	1,134,974
2072	835,848	218,308	6,552	1,060,708
2073	783,417	199,677	5,600	988,694
2074	731,988	182,087	4,850	918,925

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	December 1, 1950. Amended and restated January 1, 2011.
Plan Year	January 1 to December 31.
Employer	GATX Corporation and its affiliated companies who with consent of GATX Corporation become parties to and adopt the plan.
Participants	All employees who were covered on December 31, 1975, will continue as participants in this plan. Other employees become participants when the employee meets the following requirements: (1) Employee has attained age 21. (2) Employee has completed one year of service. (3) Employee is not covered by the GATX Corporation Non-Contributory Pension Plan for Salaried Employees.

Pension Agreement 1 (Steelworkers)

Normal Retirement

Eligibility

Age 65 and five years of service.

Benefit

Effective as noted, a monthly benefit of the following rate multiplied by years of service:

Effective	Rate
March 1, 2001	$42.00
January 1, 2002	$43.00
January 1, 2004	$44.00
March 1, 2005	$45.00
March 1, 2006	$46.00
March 1, 2023	$47.00
March 1, 2026	$48.00

The monthly benefit payable at normal retirement will not be less than the accrued benefit as of January 1, 1998.

Liberty Steamship rate is $56.25 per year of service with GATX, up to 30 years of service; plus $75.00 per year of service with GATX over 30 years. For purposes of determining eligibility to retire and for purposes of determining whether the employee has 30 years of service for eligibility to receive the higher per year of service benefit accrual only, the employee's years of service with Oglebay Norton will be recognized.

Vacation Benefit

Eligibility

Early, normal, or late retirement under the plan.

Benefit

An amount equal to 13 weeks' vacation pay less any vacation pay previously received in the year of retirement, payable as a lump sum in lieu of the first three monthly pension payments.

Early Retirement	
Eligibility	Age 60 and 15 years of service, or 30 years of service.
Benefit	Monthly benefit is equal to the normal monthly benefit accrued to date of retirement, multiplied by an actuarially determined early retirement adjustment factor (no reduction if age 62 or 30 years of service). Liberty Steamship supplement of $400 per month if 30 years of service (includes service with Oglebay Norton).
Late Retirement	Monthly benefit is computed as a normal retirement benefit, based upon credited service at date of retirement.
Disability	
Eligibility	Fifteen years of service.
Benefit	Monthly benefit is equal to the normal monthly benefit accrued to date of disability. A $300 monthly supplement is also payable until Social Security payments begin.
70/80 Points Retirement	
Eligibility	Age less than 62 with 15 years of service, and either: (1) Age 55 with 70 age-service points; or (2) 80 age-service points. Termination of employment must be due to layoff, disability, or plant shutdown.
Benefit	Monthly benefit is equal to the normal monthly benefit, accrued to date of retirement. A $300 ($350 if termination due to permanent layoff or plant shutdown) monthly supplement is also payable until the participant is eligible for Social Security benefits.
Rule of 65 Retirement	
Eligibility	(1) Age less than 55; (2) 20 years of continuous service as of last day worked; (3) At least 65, but less than 80 points; (4) Participant's continuous service is broken by reason of a layoff or disability, or participant is voluntarily placed on layoff due to a plant shutdown; and (5) The participant is not offered suitable long-term employment by the company.

Benefit	Monthly benefit is equal to the normal monthly benefit, accrued to date of termination. A $300 ($350 if termination due to permanent layoff or plant shutdown) monthly supplement is also payable until the participant is eligible for Social Security benefits. The amount of the supplement is subject to reduction under an earnings test.
Deferred Vested	
Eligibility	Five years of service.
Benefit	Monthly benefit equal to the normal monthly benefit, accrued to the date of termination. If the employee has not attained age 40 on the date of termination, or has not completed 15 years of service, this amount is multiplied by an early retirement adjustment factor if payable before age 65. If the employee has reached age 40 and has 15 or more years of service on the date of termination, this amount is reduced only if payable before age 62. In any event, no benefit is payable prior to age 60.
Normal Form of Annuity	For unmarried participants, the normal form of annuity is a life annuity (five-year certain and life annuity for Liberty Steamship). For married participants, the normal form is a 50% joint and survivor annuity which is actuarially equivalent to the life annuity.
Surviving Spouse's Benefit	
Eligibility	Fifteen years of service. Deferred vested participants are not eligible for this benefit.
Benefit	Monthly benefit payable to a surviving spouse equal to 50% of the participant's pension, exclusive of any supplements (if death occurs after retirement), or 50% of the normal monthly benefit the participant would have received at age 62 (if death occurs before retirement), subject to a minimum benefit of $115 per month in each case. The minimum benefit increases to $120 per month effective March 1, 2023 and $125 per month effective March 1, 2026. Once the widow or widower becomes eligible to receive Social Security payments, the spouse's pension is reduced by 50% of such amount, subject to a minimum benefit of $65 per month.

Preretirement Death Benefit Option

Eligibility	Five years of service.
Benefit	Monthly benefit payable to a surviving spouse equal to 50% of the amount that the participant accrued up to his date of death. Payment will commence on the date the participant would have reached his earliest retirement eligibility had he survived. Benefits are reduced for early retirement and are adjusted for the election of the 50% option.
Actuarial Equivalence	7.0% interest and the RP-2000 Combined Healthy Mortality table, weighted 100% male.

Other Negotiated Agreements

Normal Retirement	Same as Pension Agreement 1 (Steelworkers) as it applied to retirements prior to January 1, 1998 for part (1). For part (2): For Agreement 5 (Seattle): (2) $12.00 multiplied by years of service up to 15, plus $13.50 multiplied by years of service in excess of 15 but not more than 30, plus $15.00 multiplied by years of service in excess of 30. For other Agreements, the same as Agreement 5 (Seattle) except the accrual rates are: $13.50/$15.00/$16.50 for Agreements 6 (Carson), 7 (Norco), 8 (Pasadena and Galena Park), and 10 (Carteret). $13.50/15.00/$16.50 increased by 5% for Agreement 9 (Argo).
Vacation Benefit	Same as Pension Agreement 1 (Steelworkers).
Early Retirement	Same as Pension Agreement 1 (Steelworkers) except Agreement 5 (Seattle) has no provision for “30 and out” retirement.
Late Retirement	Same as Pension Agreement 1 (Steelworkers).
Disability	Same as Pension Agreement 1 (Steelworkers) except: The amount of the monthly supplement is $350 for Agreement 10 (Carteret), and $230 for Agreement 9 (Argo).
70/80 Points Retirement	Same as Pension Agreement 1 (Steelworkers) except that the amount of the monthly supplement is $230 for Agreement 9 (Argo), $350 for Agreement 10 (Carteret), and $300 for all causes for all other Agreements.
“Rule of 65” Retirement	Same as Pension Agreement 1 (Steelworkers), except that Agreements 5 (Seattle) and 9 (Argo) have no provisions for “Rule of 65” retirement.
Deferred Vested	Same as Pension Agreement 1 (Steelworkers).
Normal Form of Annuity	Same as Pension Agreement 1 (Steelworkers).
Surviving Spouse’s Benefit	Same as Pension Agreement 1 (Steelworkers) except that the minimum benefits are $107.50 and $57.50 in Agreements 5 (Seattle), and 9 (Argo).
Preretirement Death Benefit Option	Same as Pension Agreement 1 (Steelworkers).

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

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

Identity of Issue	Number of Shares or Units	Cost	Current Value
Fixed income collective trust funds			
AON Long Credit Bond Fund	4,859,035 units	$ 48,319,511	$ 44,508,760
AON Mid Duration Long Credit Fund	1,770,429 units	19,227,242	21,351,370
AON Hewitt 20+ Year US Treasury Strips Fund	37,749 units	200,691	183,837
		67,747,444	66,043,967
Common stock collective trust funds			
NT Collective S&P 500 Index Fund *	148 units	1,008,234	3,957,226
NT Collective All Country World Ex-US IMI Fund *	8,284 units	1,070,292	2,302,557
NT Collective Russell 2000 Index Fund *	5,489 units	164,138	381,626
NT Collective S&P 400 Index Fund *	88 units	114,779	357,735
AGT Global Real Estate Fund	669 units	8,022	11,059
		2,365,465	7,010,203
Real estate collective trust funds			
UBS Trumbull Property Fund	66 units	702,748	583,981
AON Core Real Estate - Class I Fund	12,667 units	140,643	174,038
		843,391	758,019
Short-term investment collective trust fund			
NT Collective Short Term Investment Fund *	1,985,940 units	1,985,940	1,985,940
Total			$ 75,798,129

* Party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 12,369,127	January 1, 2023	13	$ 1,271,245
Shortfall	$ (3,530,389)	January 1, 2024	14	$ (344,754)
Shortfall	$ (479,783)	January 1, 2025	15	$ (44,735)