Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 08/01/1995

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

TAX DEPARTMENT

11 MADISON AVENUE, FLOOR 8
NEW YORK, NY 10010

2b Employer Identification Number (EIN) 05-0546650

2c Plan Sponsor's telephone number 212-325-2000

2d Business code (see instructions) 523110

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	JARETT MENZEL
	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

EMPLOYEE BENEFITS COMMITTEE OF UBS AG

1000 HARBOR BLVD.
10TH FOOR
WEEHAWKEN, NJ 07086-6790

3b Administrator's EIN: 98-0186363

3c Administrator's telephone number: 212-325-2000

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**	1776
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)**	122
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	86
b	Retired or separated participants receiving benefits	**6b**	133
c	Other retired or separated participants entitled to future benefits	**6c**	1439
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	1691
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3F 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
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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**	295384381
b Actuarial value	**2b**	300442681

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	74	29402631	29402631
b For terminated vested participants	1580	236836229	236836229
c For active participants	122	26786480	26786480
d Total	1776	293025340	293025340

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1975805
c Target normal cost	**6c**	1975805

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

09/25/2026
Date

MICHAEL KELLY
Type or print name of actuary

26-09005
Most recent enrollment number

AON CONSULTING, INC.
Firm name

973-463-6204
Telephone number (including area code)

MSC# 17814, PO BOX 6718
SOMERSET, NJ 08875

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	1075090
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1075090
10	Interest on line 9 using prior year's actual return of 0.44 %	0	4730
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 5.03 %		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	1079820

Part III Funding Percentages

14	Funding target attainment percentage	14	102.16 %
15	Adjusted funding target attainment percentage	15	102.53 %
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	113.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	52

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**	1975805
b Excess assets, if applicable, but not greater than line 31a	**31b**	1975805

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

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

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

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

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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

GMO

56-2427157

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

AON CONSULTING INC

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 50	NONE	821610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON MANAGEMENT COMPANY LLP

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	128163	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(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	85685	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ERNST & YOUNG LLC

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	61399	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMPSON HINE

34-0575300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	60342	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK FINANCIAL MANAGEMENT

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	28317	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
16 50	NONE	23550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-2856102

(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?
16 50	NONE	12026	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
18 19 50 51	NONE	8546	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: AXAY PATEL
b EIN: 22-2232264
c Position: ENROLLED ACTUARY
d Address: MSC#17814, PO BOX 6718
SOMERSET, NJ 08875
e Telephone: 973-463-6159

Explanation: AS A RESULT OF INTERNAL ROLE CHANGES WITHIN AON, THE ENROLLED ACTUARY HAS CHANGED TO MICHAEL KELLY.

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
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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: STATE STREET 20 YR US HIGH QUALITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-296	C	4570955

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
26-3774476-001	C	91950061

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INVESTMENT GRADE BOND

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6913417-120	C	64343237

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
27-4520291-001	C	8586001

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG CORPORATE BOND FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-3263231-001	C	26949497

a Name of MTIA, CCT, PSA, or 103-12 IE: CREDIT SUISSE FLOATING RATE TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
46-3073254-179	C	15197681

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-241	C	10268235

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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	151666	131254
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12187	20488
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7592622	6290594
(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)	233114372	221865667
(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)	55038323	54045158
(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	295909170	282353161
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	524789	230222
1k Total liabilities (add all amounts in lines 1g through1j)	1k	524789	230222
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	295384381	282122939

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)	624	
(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)		624
(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)	1898052	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1898052
(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)		16655442
(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)		4295889
c Other income	2c		-67262
d Total income. Add all **income** amounts in column (b) and enter total	2d		22782745
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34624882	
(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)		34624882
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)	35576	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	61399	
(5) Investment advisory and investment management fees	2i(5)	165026	
(6) Bank or trust company trustee/custodial fees	2i(6)	85685	
(7) Actuarial fees	2i(7)	821610	
(8) Legal fees	2i(8)	60342	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	189667	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1419305
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36044187
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-13261442
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		1000000
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 583386.

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
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CREDIT SUISSE SECURITIES USA LLC

D Employer Identification Number (EIN)
05-0546650

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): 23-2928223

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** 81

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: 11.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 80.6 %
High-Yield Debt: 5.4 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.2 % 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_____.

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE

Financial Statements and Supplemental Schedules
as of December 31, 2025 and December 31, 2024 and for the year ended December 31, 2025

(With Report of Independent Auditors Thereon)

Employer Identification Number 05-0546650
Plan Number 004

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Financial Statements and Supplemental Schedules
as of December 31, 2025 and December 31, 2024 and for the year ended December 31, 2025

Index

	Page
Report of Independent Auditors	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	6
Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024	7
Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2025	8
Notes to Financial Statements	9
Supplemental Schedules:*	
I. Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025	16
II. Schedule H, Line 4j – Schedule of Reportable Transactions – for the Year Ended December 31, 2025	17

* Certain supplemental schedules are omitted because they are not applicable or are not required based upon the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.

Ernst & Young, LLP
One Manhattan West
New York, NY 10001

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Report of Independent Auditors

To the Plan Participants and Plan Administrator of the Employees' Pension Plan of Credit Suisse

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

We have performed audits of the financial statements of Employees' Pension Plan of Credit Suisse (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 and statements of accumulated plan benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and statement of changes in accumulated plan benefits for the year ended December 31, 2025, 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 year ended December 31, 2025, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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- 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.

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, (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

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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 14, 2026

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value		
Commingled funds	$ 6,290,594	$ 7,592,622
Common/collective trusts	221,865,667	233,114,372
Registered investment companies	54,045,158	55,038,323
Total investments	282,201,419	295,745,317
Receivables		
Dividends and interest	20,488	12,187
Total receivables	20,488	12,187
Cash	131,254	151,666
Total assets	282,353,161	295,909,170
Liabilities:		
Accrued expenses	230,222	524,789
Total liabilities	230,222	524,789
Net assets available for benefits	$ 282,122,939	$ 295,384,381

See accompanying notes to financial statements

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	16,906,869
Interest		262,809
Dividends		5,680,329
Total additions		22,850,007
Deductions from net assets attributed to:		
Benefits paid to participants		34,624,882
Administrative expenses		1,419,305
Other (1)		67,262
Total deductions		36,111,449
Net decrease		(13,261,442)
Net assets available for benefits at:		
Beginning of the year		295,384,381
End of the year	$	282,122,939

(1) Represents payment for the purchase of a group annuity contract - see Note 1 for more details.

See accompanying notes to financial statements

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Statements of Accumulated Plan Benefits
As of December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits (Note 2):		
Vested benefits:		
Participants currently receiving payments	$ 54,235,738	$ 31,575,901
Participants with deferred benefits	201,803,955	252,496,088
Other participants	17,972,106	28,479,932
Total actuarial present value of accumulated plan benefits	$ 274,011,799	$ 312,551,921

See accompanying notes to financial statements

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2025

Actuarial present value of accumulated plan benefits at beginning of the year	$	312,551,921
Increase (decrease) during the plan year attributable to:		
Interest accumulation		14,770,871
Benefits paid		(34,692,144)
Changes in actuarial assumptions		(17,582,470)
Other changes (1)		(1,036,379)
Net decrease		(38,540,122)
Actuarial present value of accumulated plan benefits at the end of the year	$	274,011,799

(1) Other changes represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan operations that are not associated with plan asset performance.

See accompanying notes to financial statements

1. Description of the Plan

The following description of the Employees' Pension Plan of Credit Suisse (the Plan) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan was administered by The Employee Benefits Committee of Credit Suisse until May 31, 2024. Beginning June 1, 2024, the Plan's administration changed to the Employee Benefits Committee of UBS AG. Bank of New York Mellon is the Trustee and Aon Consulting, Inc. (Aon) is the record keeper as defined by the Plan. The plan's investments are overseen by the Defined Benefit Investment Committee of UBS AG.

The Plan is a qualified defined benefit plan covering all eligible employees of Credit Suisse Securities (USA) LLC (the Plan Sponsor). Effective January 1, 2000, the Plan was amended such that new employees of the Plan Sponsor are no longer eligible to participate in the Plan.

Effective January 1, 2004, compensation and credited service for benefit purposes were frozen for participants who as of December 31, 2003 had less than 10 years of credited service or had not yet attained age 45. Participants who as of January 31, 2004 had 8 years of service and combined age plus years of service equal to 50 or more will continue to accrue a service benefit. Employees who no longer accrue benefits in the Plan participate in the Employees' Savings and Retirement Plan of Credit Suisse, similar to employees hired on or after January 1, 2000.

The Plan document amended and restated as of January 1, 2016 was amended on August 30, 2021 to allow the purchase of a group annuity contract to pay benefits for "Designated Distributees", who are participants who commenced their benefits before June 1, 2021 and has a payment less than $1,250 per month. Effective November 1, 2022, the Plan was amended to allow a lump sum form of payment for a participant eligible for an unreduced early retirement benefit.

The Plan was amended on October 23, 2024 to allow the purchase of a group annuity contract to pay benefits for "Designated Distributees", who are participants who commenced their benefits before May 1, 2024. The Plan paid $337,996,702 in 2024 to fund the contract. Benefit payments paid through the annuity contract commenced on January 1, 2025. An additional true-up payment in the amount of $67,262 was made on August 5, 2025.

Effective January 1, 2025, the Plan was amended to (i) permit participants who were active employees as of the closing date of the Credit Suisse and UBS AG merger, and individuals hired or rehired thereafter, to continue accruing vesting service for vesting and early retirement eligibility purposes; (ii) freeze all accrued benefits under the Plan as of January 1, 2025; (iii) provide special filing deadline relief for participants impacted by certain natural disasters; and (iv) incorporate provisions of SECURE 2.0, including updates to the required beginning date for minimum required distributions and restrictions on the recovery of certain benefit overpayments.

Pension Benefits

Participants are eligible to receive retirement benefits if they retire on their normal retirement date. Payment of such benefits will commence on the first day of the month following the participant's normal

retirement date. Normal retirement benefits are payable based on age and/or credited service at the time of termination. If the participant has: (a) less than 10 years of credited service, the retirement benefits are payable at age 65; (b) at least 10 years but less than 20 years of credited service, the retirement benefits are payable at age 62; (c) at least 15 years of credited service, the participant is at least 45, and the participant's age plus years of service equals 65, the retirement benefits are payable at age 60; or (d) 20 years of credited service, the retirement benefits are payable at age 60. A participant may retire on an early retirement date and be eligible to receive an early retirement allowance, as defined, after meeting certain criteria as set out in the Plan documents.

An employee terminated prior to becoming eligible for early retirement will have a right to a termination retirement allowance equal to the participant's accrued benefit, as defined by the Plan, payable at the participant's normal retirement date. Alternatively, the participant may elect to begin receiving a reduced benefit as early as age 45.

Benefits accrued to plan participants are based on a percentage of average final compensation and years of credited service, as defined by the Plan. The maximum allowable compensation for purposes of determining qualified retirement plan benefits was $200,000 for 2025 and 2024.

Death and Disability Benefits

The Plan provides automatic survivor protection to the participant's spouse, domestic partner or, in the case of a single parent, the participant's child(ren). If a participant dies and is eligible for a deferred vested benefit, the participant's spouse or domestic partner will be entitled to a lifetime monthly benefit equal to the benefit if the participant had elected the 100% Joint and Survivor Annuity. In the case of a single parent who has 20 years of credited service, the participant's child(ren) will be entitled to receive a lump sum pension benefit as soon as practical after the participant's death. If a participant should die while in active service and is eligible for a deferred vested benefit, the participant's spouse or domestic partner will be entitled to a lifetime monthly benefit equal to the benefit the participant would have received if retirement had occurred on the date of the participant's death.

If a participant should die while eligible for early retirement, the participant's spouse or domestic partner will be entitled to the same optional forms of payment that the participant would have been entitled to at the time of the participant's death. In the case of a single parent, the participant's child(ren) will be entitled to receive a lump sum pension benefit.

If a participant's active service terminates due to an accidental injury, sickness, mental illness, substance abuse, or pregnancy and the participant becomes eligible to receive payments under the long-term disability plan of the Plan Sponsor or a participating affiliate, such participant, during the period of eligibility for such payments, shall continue to be credited with vesting service only. If it is determined that a participant is no longer eligible to receive long-term disability payments and the participant does not return to active service with the Plan Sponsor or an affiliate, the participant shall be considered to have terminated service at that time as if the participant had resigned, been discharged or retired.

Expenses

Administrative expenses of the Plan are paid from the assets of the Plan.

2. Summary of Significant Accounting Policies

Basis of Financial Information

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

Management is required to make estimates and assumptions, including but not limited to, the fair value measurements of certain financial assets and liabilities, as well as various contingencies and the actuarial present value of accumulated plan benefits. These estimates and assumptions affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the statement of net assets available for benefits. The most significant estimate relates to the determination of the accumulated plan benefits. While management evaluates its estimates and assumptions on an ongoing basis, actual results could differ materially from management's estimates. Market conditions may increase the risk and complexity of the judgments applied in these estimates.

Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. All investments in commingled funds and registered investment companies are valued at fair value based on quoted net asset value (NAV), which is based upon the closing market price of the underlying investments. All investments in common/collective trusts and certain investments in registered investment companies are valued at fair value based on quoted NAV as a practical expedient, which is based upon market quotations of the underlying investments.

Due to the short term nature, the carrying amounts of all other assets and liabilities are considered to approximate fair value.

Purchases and sales of investments are recorded on a trade-date basis. Gains and losses on securities transactions are computed using the average cost of securities sold. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for the services that the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Aon Consulting, Inc. (operating as Aon). It is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the 2024 and 2025 valuations were (a) life expectancy of participants (The Pri-2012 mortality study projected generationally from 2012 with the Social Security Administration's 2021 intermediate improvement scale was used for 2024 and the Pri-2012 mortality study projected generationally from 2012 with white collar adjustments projected generationally from 2012 with MP-2021 improvement scale was used for 2025), (b) retirement age assumptions (set of rates beginning at age 45 and ending at age 70), and (c) interest rates (liabilities were discounted using an annual interest rate of 5.49% in 2025 and 5.00% in 2024; lump sum conversions assumed a blended interest rate using treasury bond and corporate bond rates).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefits to participants are recorded when paid.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics. Due to the uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these assumptions in the near term could have a material effect on the financial statements.

The Plan assets are invested in a variety of investments including commingled funds, common/ collective trusts, and registered investment companies. Registered investment companies invest in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonable to expect that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

3. Tax Status of the Plan

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated October 18, 2016 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2020.

4. Contributions and Funding Policy

All contributions to provide benefits under the Plan are made by the Plan Sponsor.

Contributions are made in such amounts as are actuarially sufficient to provide retirement allowances under the Plan which meet the minimum requirements under ERISA, but not in excess of the amounts deductible by the Plan Sponsor for income tax purposes. All contributions to the Plan are paid to the Trustee and deposited in the Trust.

5. Plan Termination

The Company maintains its right to suspend, terminate, or completely discontinue contributions under the Plan. In the event of termination, Plan assets would be allocated, as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- Benefits for participants who are receiving benefits or eligible to receive benefits at least three years prior to termination of the Plan. The benefit amount is based on Plan provisions in effect five years prior to termination of the Plan.
- Other vested benefits insured by Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).
- All other vested benefits not insured by PBGC.
- All non-vested benefits.

PBGC insures certain benefits under the Plan if it should terminate. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Should the Plan terminate, all the participants will receive their benefits depending on the sufficiency, at that time, of the Plan's net assets to provide those benefits. Another factor is the level of benefits guaranteed by PBGC.

6. Related Party Transactions

Certain plan investments are managed by UBS Asset Management Americas LLC (UBS AMA). UBS AMA is an affiliate of the Plan Sponsor. The Plan's assets are invested in commingled funds administrated by Bank of New York Mellon, the trustee and custodian, as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions as defined by ERISA. Aon is the record keeper and actuary.

7. Fair Value Measurements

The fair values of the majority of the Plan's investments are based on quoted prices or observable inputs.

Certain of the Plan's investments are valued at fair value based on quoted net asset value (NAV), while the remaining are valued using NAV as a practical expedient. Investments for which NAV as a practical expedient is used are not categorized in the fair value hierarchy.

Fair Value Hierarchy

The levels of the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets for identical investments that the Plan has the ability to access at the measurement date. This level of the fair value hierarchy provides the most reliable evidence of fair value and is used to measure fair value whenever available.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly. These inputs include: (a) quoted prices for similar investments in active markets; (b) quoted prices for identical or similar investments in markets that are not active, that is, markets in which there are few transactions for the investment, the prices are not current, or price quotations vary substantially either over time or among market makers, or in which little information is released publicly; (c) inputs other than quoted prices that are observable for the investment; or (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs that are unobservable for the investment. These inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the investment (including assumptions about risk). These inputs are developed based on the best information available in the circumstances, which include the Plan's own data. The Plan's own data used to develop unobservable inputs are adjusted if information indicates that market participants would use different assumptions.

7. Fair Value Measurements

Quantitative Disclosures of Fair Values

Following is a tabular presentation of fair value of investments for instruments measured at fair value on a recurring basis:

Fair value of investments

December 31, 2025	Level 1	Level 2	Level 3	NAV [1]	Total at fair value
Investments					
Commingled funds	$ —	$ 6,290,594	$ —	$ —	$ 6,290,594
Common/collective trusts (1)	—	—	—	221,865,667	221,865,667
Registered investment companies	54,045,158	—	—	—	54,045,158
Total investments at fair value	$ 54,045,158	$ 6,290,594	$ —	$ 221,865,667	$ 282,201,419

December 31, 2024	Level 1	Level 2	Level 3	NAV [1]	Total at fair value
Investments					
Commingled funds	$ —	$ 7,592,622	$ —	$ —	$ 7,592,622
Common/collective trusts (1)	—	—	—	233,114,372	233,114,372
Registered investment companies	55,038,323	—	—	—	55,038,323
Total investments at fair value	$ 55,038,323	$ 7,592,622	$ —	$ 233,114,372	$ 295,745,317

(1) Certain investments that are measured at fair value using NAV practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Under normal circumstances, there are no redemption restrictions; redemptions can be made daily with no notice period required.

8. Information Certified by BNY Mellon

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee. The Trustee has certified the investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

9. Subsequent Events

The Plan Sponsor has evaluated subsequent events from December 31, 2025 through the date of issuance of the financial statements on October 14, 2026. It was determined that there were no other material events or transactions other than those noted above that would require recognition or disclosure in the financial statements

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

Identity of issuer	Description	Cost	Current value
Commingled funds:			
* BNY Mellon EB Temporary Investment Fund II	6,290,594 shares	$ 6,290,594	$ 6,290,594
Total commingled funds		$ 6,290,594	$ 6,290,594
Common/collective trusts:			
* Credit Suisse Floating Rate Trust Fee	824,799 shares	8,271,858	15,197,681
BlackRock US Long Corporate Bond Fund	1,590,529 shares	24,946,670	26,949,497
BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund	437,454 shares	6,579,571	8,586,001
Wellington CIF II Long Duration Bond Index Fund	6,808,808 shares	74,218,799	64,343,237
State Street MSCI EAFE Index NL Fund	57,374 shares	5,029,831	10,268,235
Long Term Government Bond	6,128,460 shares	91,721,233	91,950,061
Systematic High Quality Long Corporate Bond	259,920 shares	3,929,260	4,570,955
Total common/collective trusts		$ 214,697,222	$ 221,865,667
Registered investment companies:			
Grantham, Mayo, Van Otterllo & Co. LLC Quality Fund III	659,704 shares	16,231,356	23,089,636
Vanguard Long-Term Investment-Grade Fund Admiral Shares	4,028,139 shares	42,637,321	30,936,104
Vanguard Short-Term Investment-Grade Fund Institutional Shares	1,846 shares	19,733	19,418
Total registered investment companies		$ 58,888,410	$ 54,045,158
Total investments		$ 279,876,226	$ 282,201,419

* Party in interest as defined by ERISA.

See accompanying report of independent auditors.

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or(loss
996087094	BNY Mellon Cash Reserve	$ 25,144,067		$ 25,144,067	$ 25,144,067	
996087094	BNY Mellon Cash Reserve		$ 25,144,067	$ 25,144,067	$ 25,144,067	—
996115960	BNY Mellon EB Temporary Investment Fund II	$ 33,615,508		$ 33,615,508	$ 33,615,508	
996115960	BNY Mellon EB Temporary Investment Fund II		$ 34,917,536	$ 34,917,536	$ 34,917,536	—
999F20149	WELLINGTON CIF II LONG DURATION BOND INDEX FUND		$ 13,128,163	$ 15,148,186	$ 13,128,163	(2,020,023)
999F20149	WELLINGTON CIF II LONG DURATION BOND INDEX FUND	$ 3,782,277		$ 3,782,277	$ 3,782,277	

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

Number of Participants and Average Compensation

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										
25-29										
30-34										
35-39										
40-44										
45-49						2	13			
50-54				1	1	13	19	1		
55-59						4	18	9	1	1
60-64						3	21 $199,468	7	6	
65-69								1		
70+										1

N-122

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

For ERISA Requirements

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%
Salary Increases	N/A since participants are no longer accruing benefits under the Plan as of September 30, 2024
Optional Payment Form Election Percentage	Terminated Vested: 65% Lump Sum, 35% annuity. Active: See Table 1
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 2025 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Unreduced retirement age
Mortality Rates	
Healthy and Disabled	Fully generational Scale MP 2021-Adjusted IRC §430 mortality table for annuitants and non-annuitants

Withdrawal Rates	See Table 3
Disability Rates	None
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 63% of males and % of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Compensation after September 30, 2024 is no longer applicable.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.50%
2024 Plan Year	5.00%
2025 Plan Year	5.70%, limited to 3rd Segment Rate of 5.50%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

For ERISA Requirements

Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses, less PBGC premiums, plus expected current year PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Actuarial Assumptions and Methods

Table 1

Payment Form Elections

Age	Immediate Life Annuity	Immediate Joint & Survivor	Deferred Life Annuity	Deferred Joint & Survivor	Immediate Lump Sum	Deferred Lump Sum	Deferral Age
Below 55	0.00%	0.00%	20.48%	11.02%	10.00%	58.50%	60
55	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
56	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
57	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
58	4.06%	2.19%	17.06%	9.19%	18.75%	48.75%	60
59	9.75%	5.25%	9.10%	4.90%	45.00%	26.00%	60
60	14.63%	7.88%	5.69%	3.04%	52.50%	16.26%	62
61	14.63%	7.88%	5.69%	3.04%	52.50%	16.26%	63
62	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	64
63	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	65
64	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	66
65	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	67
66	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	68
67	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	69
68	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	70
69	19.50%	10.50%	0.00%	0.00%	70.00%	0.00%	70
70 +	19.50%	10.50%	0.00%	0.00%	70.00%	0.00%	70

Table 2

Retirement Rates

Age	Rate
45	12.00%
46	12.00%
47	12.00%
48	12.00%
49	12.00%
50	12.00%
51	12.00%
52	12.00%
53	12.00%
54	12.00%
55	12.00%
56	12.00%
57	12.00%
58	15.00%
59	20.00%
60	20.00%
61	20.00%
62	25.00%
63	25.00%
64	25.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
20	50.40%	43.20%	36.00%	28.80%
21	50.40%	43.20%	36.00%	28.80%
22	50.40%	43.20%	36.00%	28.80%
23	50.40%	43.20%	36.00%	28.80%
24	44.10%	37.80%	31.50%	25.20%
25	44.10%	37.80%	31.50%	25.20%
26	44.10%	37.80%	31.50%	25.20%
27	37.80%	32.40%	27.00%	21.60%
28	37.80%	32.40%	27.00%	21.60%
29	37.80%	32.40%	27.00%	21.60%
30	31.50%	27.00%	22.50%	18.00%
31	31.50%	27.00%	22.50%	18.00%
32	31.50%	27.00%	22.50%	18.00%
33	25.20%	21.60%	18.00%	14.40%
34	25.20%	21.60%	18.00%	14.40%
35	21.00%	18.00%	15.00%	12.00%
36	21.00%	18.00%	15.00%	12.00%
37	18.90%	16.20%	13.50%	10.80%
38	18.90%	16.20%	13.50%	10.80%
39	18.90%	16.20%	13.50%	10.80%
40	18.90%	16.20%	13.50%	10.80%
41	18.90%	16.20%	13.50%	10.80%
42	18.90%	16.20%	13.50%	10.80%
43	18.90%	16.20%	13.50%	10.80%
44	18.90%	16.20%	13.50%	10.80%
45	18.90%	16.20%	13.50%	10.80%
46	15.80%	13.50%	11.30%	9.00%
47	15.80%	13.50%	11.30%	9.00%
48	15.80%	13.50%	11.30%	9.00%
49	15.80%	13.50%	11.30%	9.00%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
50	15.80%	13.50%	11.30%	9.00%
51	12.60%	10.80%	9.00%	7.20%
52	12.60%	10.80%	9.00%	7.20%
53	12.60%	10.80%	9.00%	7.20%
54	12.60%	10.80%	9.00%	7.20%
55	12.60%	10.80%	9.00%	7.20%
56	12.60%	10.80%	9.00%	7.20%
57	12.60%	10.80%	9.00%	7.20%
58	12.60%	10.80%	9.00%	7.20%
59	12.60%	10.80%	9.00%	7.20%
60	12.60%	10.80%	9.00%	7.20%
61	12.60%	10.80%	9.00%	7.20%
62	12.60%	10.80%	9.00%	7.20%
63	12.60%	10.80%	9.00%	7.20%
64	12.60%	10.80%	9.00%	7.20%
65	12.60%	10.80%	9.00%	7.20%
66	0.00%	0.00%	0.00%	0.00%
67	0.00%	0.00%	0.00%	0.00%
68	0.00%	0.00%	0.00%	0.00%
69	0.00%	0.00%	0.00%	0.00%

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ 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
EMPLOYEES PENSION PLAN OF CREDIT SUISSE

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 08/01/1995

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

CREDIT SUISSE SECURITIES USA LLC

TAX DEPARTMENT
11 MADISON AVENUE, FLOOR 8

NEW YORK NY 10010

2b Employer Identification Number (EIN) 05-0546650

2c Plan Sponsor's telephone number 212-325-2000

2d Business code (see instructions) 523110

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	Jarett Menzel	10/14/2026	Jarett Menzel
	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

EMPLOYEE BENEFITS COMMITTEE OF UBS AG

1000 HARBOR BLVD.
10TH FOOR
WEEHAWKEN NJ 07086-6790

3b Administrator's EIN: 98-0186363

3c Administrator's telephone number: 212-325-2000

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**	1,776
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)**	122
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	86
b	Retired or separated participants receiving benefits	**6b**	133
c	Other retired or separated participants entitled to future benefits	**6c**	1,439
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	1,691
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3F 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 _____
- (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_____

EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or(loss
996087094	BNY Mellon Cash Reserve	$ 25,144,067		$ 25,144,067	$ 25,144,067	
996087094	BNY Mellon Cash Reserve		$ 25,144,067	$ 25,144,067	$ 25,144,067	—
996115960	BNY Mellon EB Temporary Investment Fund II	$ 33,615,508		$ 33,615,508	$ 33,615,508	
996115960	BNY Mellon EB Temporary Investment Fund II		$ 34,917,536	$ 34,917,536	$ 34,917,536	—
999F20149	WELLINGTON CIF II LONG DURATION BOND INDEX FUND		$ 13,128,163	$ 15,148,186	$ 13,128,163	(2,020,023)
999F20149	WELLINGTON CIF II LONG DURATION BOND INDEX FUND	$ 3,782,277		$ 3,782,277	$ 3,782,277	

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
Employees' Pension Plan Of Credit Suisse

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Credit Suisse Securities USA LLC

D Employer Identification Number (EIN)
05-0546650

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**	295,384,381
b Actuarial value	**2b**	300,442,681

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	74	29,402,631	29,402,631
b For terminated vested participants	1,580	236,836,229	236,836,229
c For active participants	122	26,786,480	26,786,480
d Total	1,776	293,025,340	293,025,340

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,975,805
c Target normal cost	**6c**	1,975,805

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

Michael Kelly MK
Signature of actuary

09/25/2026
Date

Michael Kelly
Type or print name of actuary

2609005
Most recent enrollment number

Aon Consulting, Inc.
Firm name

973-463-6204
Telephone number (including area code)

MSC# 17814, PO Box 6718

Somerset NJ 08875
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	1,075,090
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,075,090
10	Interest on line 9 using prior year's actual return of 0.44 %	0	4,730
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 5.03 %		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	1,079,820

Part III Funding Percentages

14	Funding target attainment percentage	14	102.16 %
15	Adjusted funding target attainment percentage	15	102.53 %
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	113.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	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**	52

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**	1,975,805
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,975,805

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	12.00%	1.0000	5.46
46.5	12.00%	0.8800	4.91
47.5	12.00%	0.7744	4.41
48.5	12.00%	0.6815	3.97
49.5	12.00%	0.5997	3.56
50.5	12.00%	0.5277	3.20
51.5	12.00%	0.4644	2.87
52.5	12.00%	0.4087	2.57
53.5	12.00%	0.3596	2.31
54.5	12.00%	0.3165	2.07
55.5	12.00%	0.2785	1.85
56.5	12.00%	0.2451	1.66
57.5	12.00%	0.2157	1.49
58.5	15.00%	0.1898	1.67
59.5	20.00%	0.1613	1.92
60.5	20.00%	0.1291	1.56
61.5	20.00%	0.1032	1.27
62.5	25.00%	0.0826	1.29
63.5	25.00%	0.0619	0.98
64.5	25.00%	0.0465	0.75
65.5	35.00%	0.0348	0.80
66.5	35.00%	0.0226	0.53
67.5	35.00%	0.0147	0.35
68.5	35.00%	0.0096	0.23
69.5	35.00%	0.0062	0.15
70	100.00%	0.0040	0.28
	Weighted Average		52.11

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the mortality assumption for lump sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.
- A change in the unlimited expected rate of return on assets from 5.00% to 5.70%, limited to the 3rd segment rate of 5.50%.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

Number of Participants and Average Compensation

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										
25-29										
30-34										
35-39										
40-44										
45-49						2	13			
50-54				1	1	13	19	1		
55-59						4	18	9	1	1
60-64						3	21 $199,468	7	6	
65-69								1		
70+										1

N-122

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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	3,867,706	41,892,865	2,385,611	48,146,182
2026	2,976,347	26,785,071	2,378,853	32,140,271
2027	3,391,564	21,371,554	2,358,774	27,121,892
2028	3,269,465	15,866,523	2,351,412	21,487,400
2029	2,651,699	18,179,785	2,312,483	23,143,967
2030	2,178,539	22,439,061	2,285,830	26,903,430
2031	2,148,762	19,265,903	2,244,855	23,659,520
2032	2,246,593	15,747,119	2,197,596	20,191,308
2033	1,556,995	18,531,049	2,146,984	22,235,028
2034	1,253,323	14,060,079	2,097,761	17,411,163
2035	1,357,159	13,016,292	2,040,883	16,414,334
2036	1,239,910	11,268,022	1,980,842	14,488,774
2037	906,563	9,974,346	1,917,650	12,798,559
2038	938,479	8,951,806	1,851,355	11,741,640
2039	771,688	8,428,835	1,785,954	10,986,477
2040	735,805	8,174,017	1,713,799	10,623,621
2041	702,353	7,805,542	1,639,055	10,146,950
2042	675,895	6,860,695	1,562,061	9,098,651
2043	642,656	6,355,118	1,483,250	8,481,024
2044	617,278	5,904,207	1,403,088	7,924,573
2045	595,130	5,753,308	1,322,031	7,670,469
2046	570,547	5,519,797	1,240,509	7,330,853
2047	544,184	5,354,369	1,158,890	7,057,443
2048	519,392	5,107,039	1,077,485	6,703,916
2049	492,676	4,858,487	996,560	6,347,723
2050	465,444	4,618,799	916,371	6,000,614
2051	437,106	4,355,794	837,205	5,630,105
2052	407,868	4,088,631	759,389	5,255,888
2053	377,904	3,813,008	683,328	4,874,240
2054	347,474	3,530,966	609,542	4,487,982
2055	316,887	3,244,992	538,636	4,100,515
2056	286,485	2,957,952	471,248	3,715,685
2057	256,630	2,672,985	408,010	3,337,625
2058	227,682	2,393,342	349,431	2,970,455
2059	199,992	2,122,184	295,919	2,618,095

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	173,857	1,862,515	247,724	2,284,096
2061	149,516	1,617,100	204,931	1,971,547
2062	127,160	1,388,317	167,507	1,682,984
2063	106,916	1,178,017	135,254	1,420,187
2064	88,842	987,457	107,874	1,184,173
2065	72,934	817,320	84,980	975,234
2066	59,134	667,702	66,128	792,964
2067	47,336	538,171	50,841	636,348
2068	37,398	427,808	38,632	503,838
2069	29,154	335,265	29,020	393,439
2070	22,417	258,915	21,553	302,885
2071	16,994	196,962	15,829	229,785
2072	12,697	147,533	11,499	171,729
2073	9,345	108,773	8,267	126,385
2074	6,771	78,903	5,885	91,559

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

For ERISA Requirements

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%
Salary Increases	N/A since participants are no longer accruing benefits under the Plan as of September 30, 2024
Optional Payment Form Election Percentage	Terminated Vested: 65% Lump Sum, 35% annuity. Active: See Table 1
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 2025 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Unreduced retirement age
Mortality Rates	
Healthy and Disabled	Fully generational Scale MP 2021-Adjusted IRC §430 mortality table for annuitants and non-annuitants

Withdrawal Rates	See Table 3
Disability Rates	None
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 63% of males and % of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Compensation after September 30, 2024 is no longer applicable.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.50%
2024 Plan Year	5.00%
2025 Plan Year	5.70%, limited to 3rd Segment Rate of 5.50%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

For ERISA Requirements

Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses, less PBGC premiums, plus expected current year PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Actuarial Assumptions and Methods

Table 1

Payment Form Elections

Age	Immediate Life Annuity	Immediate Joint & Survivor	Deferred Life Annuity	Deferred Joint & Survivor	Immediate Lump Sum	Deferred Lump Sum	Deferral Age
Below 55	0.00%	0.00%	20.48%	11.02%	10.00%	58.50%	60
55	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
56	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
57	2.44%	1.31%	19.34%	10.41%	11.25%	55.25%	60
58	4.06%	2.19%	17.06%	9.19%	18.75%	48.75%	60
59	9.75%	5.25%	9.10%	4.90%	45.00%	26.00%	60
60	14.63%	7.88%	5.69%	3.04%	52.50%	16.26%	62
61	14.63%	7.88%	5.69%	3.04%	52.50%	16.26%	63
62	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	64
63	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	65
64	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	66
65	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	67
66	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	68
67	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	69
68	17.55%	9.45%	2.28%	1.22%	63.00%	6.50%	70
69	19.50%	10.50%	0.00%	0.00%	70.00%	0.00%	70
70 +	19.50%	10.50%	0.00%	0.00%	70.00%	0.00%	70

Table 2

Retirement Rates

Age	Rate
45	12.00%
46	12.00%
47	12.00%
48	12.00%
49	12.00%
50	12.00%
51	12.00%
52	12.00%
53	12.00%
54	12.00%
55	12.00%
56	12.00%
57	12.00%
58	15.00%
59	20.00%
60	20.00%
61	20.00%
62	25.00%
63	25.00%
64	25.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
20	50.40%	43.20%	36.00%	28.80%
21	50.40%	43.20%	36.00%	28.80%
22	50.40%	43.20%	36.00%	28.80%
23	50.40%	43.20%	36.00%	28.80%
24	44.10%	37.80%	31.50%	25.20%
25	44.10%	37.80%	31.50%	25.20%
26	44.10%	37.80%	31.50%	25.20%
27	37.80%	32.40%	27.00%	21.60%
28	37.80%	32.40%	27.00%	21.60%
29	37.80%	32.40%	27.00%	21.60%
30	31.50%	27.00%	22.50%	18.00%
31	31.50%	27.00%	22.50%	18.00%
32	31.50%	27.00%	22.50%	18.00%
33	25.20%	21.60%	18.00%	14.40%
34	25.20%	21.60%	18.00%	14.40%
35	21.00%	18.00%	15.00%	12.00%
36	21.00%	18.00%	15.00%	12.00%
37	18.90%	16.20%	13.50%	10.80%
38	18.90%	16.20%	13.50%	10.80%
39	18.90%	16.20%	13.50%	10.80%
40	18.90%	16.20%	13.50%	10.80%
41	18.90%	16.20%	13.50%	10.80%
42	18.90%	16.20%	13.50%	10.80%
43	18.90%	16.20%	13.50%	10.80%
44	18.90%	16.20%	13.50%	10.80%
45	18.90%	16.20%	13.50%	10.80%
46	15.80%	13.50%	11.30%	9.00%
47	15.80%	13.50%	11.30%	9.00%
48	15.80%	13.50%	11.30%	9.00%
49	15.80%	13.50%	11.30%	9.00%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
50	15.80%	13.50%	11.30%	9.00%
51	12.60%	10.80%	9.00%	7.20%
52	12.60%	10.80%	9.00%	7.20%
53	12.60%	10.80%	9.00%	7.20%
54	12.60%	10.80%	9.00%	7.20%
55	12.60%	10.80%	9.00%	7.20%
56	12.60%	10.80%	9.00%	7.20%
57	12.60%	10.80%	9.00%	7.20%
58	12.60%	10.80%	9.00%	7.20%
59	12.60%	10.80%	9.00%	7.20%
60	12.60%	10.80%	9.00%	7.20%
61	12.60%	10.80%	9.00%	7.20%
62	12.60%	10.80%	9.00%	7.20%
63	12.60%	10.80%	9.00%	7.20%
64	12.60%	10.80%	9.00%	7.20%
65	12.60%	10.80%	9.00%	7.20%
66	0.00%	0.00%	0.00%	0.00%
67	0.00%	0.00%	0.00%	0.00%
68	0.00%	0.00%	0.00%	0.00%
69	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1945. Restated January 1, 2018. Last amended effective January 1, 2023.
Eligibility for Participation	Employees hired before January 1, 2000 enter the plan on the first of the month after attaining age 21 and completing one year of service. Employees who first complete an hour of service on or after January 1, 2000 (or employees hired prior to January 1, 2000 but transferred to U.S. payroll on or after January 1, 2002) will not be eligible to participate in the plan.
Normal Retirement	
Eligibility	The first of the month coincident with or next following attainment of age 65.
Monthly Benefit	Based on the following formula, the maximum of (1) and (2): (1) A percentage of the average final compensation for the highest five consecutive years in the last 10 years for each year of credited service as follows: (a) 1.5% for each of the first 10 years of credited service. (b) 3.5% for each of the next 10 years of credited service. (2) August 1, 1995 accrued benefit under the prior plan.
Early Retirement	
Eligibility	Age 45 with 20 years of service, age 45 with 15 years of service and 65 points, or age 55 with five years of service.
Monthly Benefit	The accrued benefit (using the same formula as for normal retirement) as of the date of early retirement multiplied by a factor due to early commencement of payments. The factors, which vary by age and service, are shown in Table A.

Disability Retirement

Eligibility	Plan participants whose active service terminates due to an accidental injury, sickness, mental illness, substance abuse, or pregnancy and become eligible to receive payments under the long-term disability plan of the company or a participating affiliate. Disabled participants continue to accrue vesting service as long as they are entitled to long-term disability payments. They may choose to retire under the early retirement or normal retirement provisions at any time after becoming disabled.
Monthly Benefit	Accrued normal retirement benefit determined based on average final compensation and credited service at date of disability. Benefit reduced upon early retirement commencement.
Late Retirement	For employees who retire after age 65, the late retirement benefit will be based on the member's average final compensation and the member's credited service on his late retirement date.

Deferred Vested Retirement

Eligibility	Effective January 1, 2004, all participants became 100% vested in their accrued benefits.
Monthly Benefit	The deferred vested retirement benefit is equal to the accrued benefit based on average final compensation and credited service at date of termination, payable in the normal form, commencing at normal retirement date. A participant may elect to commence receipt of the termination benefit before age 65 (normal retirement age), but after age 45 and receive a reduced benefit determined in the same manner as the early retirement benefit.

Death Benefit

Eligibility	Completion of five years of vesting service prior to January 1, 2004. Effective January 1, 2004 all participants are fully vested and eligible for death benefits.

Monthly Benefit	The participant's eligible spouse or domestic partner will receive 100% of the benefit payable had the participant begun to receive his pension on the day before his death in the form of a 100% contingent annuity option. (If the participant is not survived by a spouse or domestic partner, the benefit shall be payable in equal amounts to the participant's surviving children.) If the participant was not eligible to commence a retirement benefit on the date of his death, the monthly benefit is equal to the amount that would have been payable to the participant if he had survived to the earliest possible retirement date, began to receive payments under the 100% contingent annuity option, and died immediately after payments commenced. However, the spouse or domestic partner of a participant who is eligible for early retirement and dies after January 1, 1999, is entitled to choose from any of the optional forms of payments described below.
Normal Form of Payment	
Married	100% contingent annuitant.
Single	Life annuity.
Optional Forms of Payment	Single life annuity; 100% contingent annuity; 50% contingent annuity; Lump sum (available to actives who become retirement eligible and terminated vested with a lump sum under $130,000).
Average Final Compensation	The average of the five highest consecutive plan years of compensation paid from Credit Suisse during the last 10 years preceding the date of termination. Earnings are limited to $200,000. Participants who are not grandfathered will have pays frozen on December 31, 2003 for purposes of this average. Participants who are grandfathered will no longer receive compensation from Credit Suisse as of September 31, 2024, therefore their benefits will be considered frozen as of that date.
Service	
Credited Service	For the period after December 31, 1986, credited service shall be the employee's period of service with the company. Prior to December 31, 1986, credited service shall equal one year of service for each 1,000 hours worked between anniversaries. No service shall be

	credited after December 31, 2003 except for grandfathered participants. Effective September 30, 2024 grandfathered participants are now considered employed by UBS and therefore are ineligible to receive credited service for pension purposes as of that date.
Vesting Service	For the period after December 31, 1986, vesting service shall be the employee's period of service with the company. Prior to December 31, 1986, vesting service shall equal one year of service for each 1,000 hours worked between anniversaries. As of January 1, 2004 any participant who was a member of the plan on that date is fully vested.
Plan Year	Calendar year.
Grandfathered Participants	An employee who was a participant of the plan as of December 31, 2003 and had either: (1) Attained age 45 as of December 31, 2003; (2) Been credited with at least 10 years of credited service as of December 31, 2003; or (3) Been credited with at least eight years of credited service and age plus years of credited service that total at least 50 as of January 31, 2004. A grandfathered participant shall continue to accrued service and pay towards his final benefit. Effective September 30, 2024 compensation for grandfathered participants is now paid from UBS and is no longer paid from Credit Suisse. Compensation paid from UBS is not included in compensation for pension purposes, therefore benefits for all grandfathered participants are considered frozen as of that date.

Table A—Early Retirement Factors

Nearest	Years of Service							
Age	<10	10 to 14	15	16	17	18	19	20+
45	0.164036	0.224547	0.224547	0.224547	0.224547	0.224547	0.224547	0.273681
46	0.177564	0.243065	0.243065	0.243065	0.243065	0.243065	0.296251	0.296251
47	0.192351	0.263307	0.263307	0.263307	0.263307	0.320922	0.320922	0.320922
48	0.208535	0.285461	0.285461	0.285461	0.347924	0.347924	0.347924	0.347924
49	0.226271	0.309740	0.309740	0.377515	0.377515	0.377515	0.377515	0.377515
50	0.245738	0.336388	0.409994	0.409994	0.409994	0.409994	0.409994	0.409994
51	0.267138	0.365682	0.445698	0.445698	0.445698	0.445698	0.445698	0.445698
52	0.290703	0.397940	0.485014	0.485014	0.485014	0.485014	0.485014	0.485014
53	0.316697	0.433523	0.528383	0.528383	0.528383	0.528383	0.528383	0.528383
54	0.345425	0.472848	0.576313	0.576313	0.576313	0.576313	0.576313	0.576313
55	0.377238	0.516397	0.629391	0.629391	0.629391	0.629391	0.629391	0.629391
56	0.412542	0.564724	0.688293	0.688293	0.688293	0.688293	0.688293	0.688293
57	0.451809	0.618476	0.753806	0.753806	0.753806	0.753806	0.753806	0.753806
58	0.495589	0.678406	0.826850	0.826850	0.826850	0.826850	0.826850	0.826850
59	0.544524	0.745392	0.908494	0.908494	0.908494	0.908494	0.908494	0.908494
60	0.599370	0.820470	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
61	0.661017	0.904858	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
62	0.730520	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
63	0.809134	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
64	0.898360	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	12.00%	1.0000	5.46
46.5	12.00%	0.8800	4.91
47.5	12.00%	0.7744	4.41
48.5	12.00%	0.6815	3.97
49.5	12.00%	0.5997	3.56
50.5	12.00%	0.5277	3.20
51.5	12.00%	0.4644	2.87
52.5	12.00%	0.4087	2.57
53.5	12.00%	0.3596	2.31
54.5	12.00%	0.3165	2.07
55.5	12.00%	0.2785	1.85
56.5	12.00%	0.2451	1.66
57.5	12.00%	0.2157	1.49
58.5	15.00%	0.1898	1.67
59.5	20.00%	0.1613	1.92
60.5	20.00%	0.1291	1.56
61.5	20.00%	0.1032	1.27
62.5	25.00%	0.0826	1.29
63.5	25.00%	0.0619	0.98
64.5	25.00%	0.0465	0.75
65.5	35.00%	0.0348	0.80
66.5	35.00%	0.0226	0.53
67.5	35.00%	0.0147	0.35
68.5	35.00%	0.0096	0.23
69.5	35.00%	0.0062	0.15
70	100.00%	0.0040	0.28
	Weighted Average		52.11

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

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	3,867,706	41,892,865	2,385,611	48,146,182
2026	2,976,347	26,785,071	2,378,853	32,140,271
2027	3,391,564	21,371,554	2,358,774	27,121,892
2028	3,269,465	15,866,523	2,351,412	21,487,400
2029	2,651,699	18,179,785	2,312,483	23,143,967
2030	2,178,539	22,439,061	2,285,830	26,903,430
2031	2,148,762	19,265,903	2,244,855	23,659,520
2032	2,246,593	15,747,119	2,197,596	20,191,308
2033	1,556,995	18,531,049	2,146,984	22,235,028
2034	1,253,323	14,060,079	2,097,761	17,411,163
2035	1,357,159	13,016,292	2,040,883	16,414,334
2036	1,239,910	11,268,022	1,980,842	14,488,774
2037	906,563	9,974,346	1,917,650	12,798,559
2038	938,479	8,951,806	1,851,355	11,741,640
2039	771,688	8,428,835	1,785,954	10,986,477
2040	735,805	8,174,017	1,713,799	10,623,621
2041	702,353	7,805,542	1,639,055	10,146,950
2042	675,895	6,860,695	1,562,061	9,098,651
2043	642,656	6,355,118	1,483,250	8,481,024
2044	617,278	5,904,207	1,403,088	7,924,573
2045	595,130	5,753,308	1,322,031	7,670,469
2046	570,547	5,519,797	1,240,509	7,330,853
2047	544,184	5,354,369	1,158,890	7,057,443
2048	519,392	5,107,039	1,077,485	6,703,916
2049	492,676	4,858,487	996,560	6,347,723
2050	465,444	4,618,799	916,371	6,000,614
2051	437,106	4,355,794	837,205	5,630,105
2052	407,868	4,088,631	759,389	5,255,888
2053	377,904	3,813,008	683,328	4,874,240
2054	347,474	3,530,966	609,542	4,487,982
2055	316,887	3,244,992	538,636	4,100,515
2056	286,485	2,957,952	471,248	3,715,685
2057	256,630	2,672,985	408,010	3,337,625
2058	227,682	2,393,342	349,431	2,970,455
2059	199,992	2,122,184	295,919	2,618,095

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	173,857	1,862,515	247,724	2,284,096
2061	149,516	1,617,100	204,931	1,971,547
2062	127,160	1,388,317	167,507	1,682,984
2063	106,916	1,178,017	135,254	1,420,187
2064	88,842	987,457	107,874	1,184,173
2065	72,934	817,320	84,980	975,234
2066	59,134	667,702	66,128	792,964
2067	47,336	538,171	50,841	636,348
2068	37,398	427,808	38,632	503,838
2069	29,154	335,265	29,020	393,439
2070	22,417	258,915	21,553	302,885
2071	16,994	196,962	15,829	229,785
2072	12,697	147,533	11,499	171,729
2073	9,345	108,773	8,267	126,385
2074	6,771	78,903	5,885	91,559

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 1945. Restated January 1, 2018. Last amended effective January 1, 2023.
Eligibility for Participation	Employees hired before January 1, 2000 enter the plan on the first of the month after attaining age 21 and completing one year of service. Employees who first complete an hour of service on or after January 1, 2000 (or employees hired prior to January 1, 2000 but transferred to U.S. payroll on or after January 1, 2002) will not be eligible to participate in the plan.
Normal Retirement	
Eligibility	The first of the month coincident with or next following attainment of age 65.
Monthly Benefit	Based on the following formula, the maximum of (1) and (2): (1) A percentage of the average final compensation for the highest five consecutive years in the last 10 years for each year of credited service as follows: (a) 1.5% for each of the first 10 years of credited service. (b) 3.5% for each of the next 10 years of credited service. (2) August 1, 1995 accrued benefit under the prior plan.
Early Retirement	
Eligibility	Age 45 with 20 years of service, age 45 with 15 years of service and 65 points, or age 55 with five years of service.
Monthly Benefit	The accrued benefit (using the same formula as for normal retirement) as of the date of early retirement multiplied by a factor due to early commencement of payments. The factors, which vary by age and service, are shown in Table A.

Disability Retirement

Eligibility	Plan participants whose active service terminates due to an accidental injury, sickness, mental illness, substance abuse, or pregnancy and become eligible to receive payments under the long-term disability plan of the company or a participating affiliate. Disabled participants continue to accrue vesting service as long as they are entitled to long-term disability payments. They may choose to retire under the early retirement or normal retirement provisions at any time after becoming disabled.
Monthly Benefit	Accrued normal retirement benefit determined based on average final compensation and credited service at date of disability. Benefit reduced upon early retirement commencement.
Late Retirement	For employees who retire after age 65, the late retirement benefit will be based on the member's average final compensation and the member's credited service on his late retirement date.

Deferred Vested Retirement

Eligibility	Effective January 1, 2004, all participants became 100% vested in their accrued benefits.
Monthly Benefit	The deferred vested retirement benefit is equal to the accrued benefit based on average final compensation and credited service at date of termination, payable in the normal form, commencing at normal retirement date. A participant may elect to commence receipt of the termination benefit before age 65 (normal retirement age), but after age 45 and receive a reduced benefit determined in the same manner as the early retirement benefit.

Death Benefit

Eligibility	Completion of five years of vesting service prior to January 1, 2004. Effective January 1, 2004 all participants are fully vested and eligible for death benefits.

Monthly Benefit	The participant's eligible spouse or domestic partner will receive 100% of the benefit payable had the participant begun to receive his pension on the day before his death in the form of a 100% contingent annuity option. (If the participant is not survived by a spouse or domestic partner, the benefit shall be payable in equal amounts to the participant's surviving children.) If the participant was not eligible to commence a retirement benefit on the date of his death, the monthly benefit is equal to the amount that would have been payable to the participant if he had survived to the earliest possible retirement date, began to receive payments under the 100% contingent annuity option, and died immediately after payments commenced. However, the spouse or domestic partner of a participant who is eligible for early retirement and dies after January 1, 1999, is entitled to choose from any of the optional forms of payments described below.
Normal Form of Payment	
Married	100% contingent annuitant.
Single	Life annuity.
Optional Forms of Payment	Single life annuity; 100% contingent annuity; 50% contingent annuity; Lump sum (available to actives who become retirement eligible and terminated vested with a lump sum under $130,000).
Average Final Compensation	The average of the five highest consecutive plan years of compensation paid from Credit Suisse during the last 10 years preceding the date of termination. Earnings are limited to $200,000. Participants who are not grandfathered will have pays frozen on December 31, 2003 for purposes of this average. Participants who are grandfathered will no longer receive compensation from Credit Suisse as of September 31, 2024, therefore their benefits will be considered frozen as of that date.
Service	
Credited Service	For the period after December 31, 1986, credited service shall be the employee's period of service with the company. Prior to December 31, 1986, credited service shall equal one year of service for each 1,000 hours worked between anniversaries. No service shall be

	credited after December 31, 2003 except for grandfathered participants. Effective September 30, 2024 grandfathered participants are now considered employed by UBS and therefore are ineligible to receive credited service for pension purposes as of that date.
Vesting Service	For the period after December 31, 1986, vesting service shall be the employee's period of service with the company. Prior to December 31, 1986, vesting service shall equal one year of service for each 1,000 hours worked between anniversaries. As of January 1, 2004 any participant who was a member of the plan on that date is fully vested.
Plan Year	Calendar year.
Grandfathered Participants	An employee who was a participant of the plan as of December 31, 2003 and had either: (1) Attained age 45 as of December 31, 2003; (2) Been credited with at least 10 years of credited service as of December 31, 2003; or (3) Been credited with at least eight years of credited service and age plus years of credited service that total at least 50 as of January 31, 2004. A grandfathered participant shall continue to accrued service and pay towards his final benefit. Effective September 30, 2024 compensation for grandfathered participants is now paid from UBS and is no longer paid from Credit Suisse. Compensation paid from UBS is not included in compensation for pension purposes, therefore benefits for all grandfathered participants are considered frozen as of that date.

Table A—Early Retirement Factors

Nearest	Years of Service							
Age	<10	10 to 14	15	16	17	18	19	20+
45	0.164036	0.224547	0.224547	0.224547	0.224547	0.224547	0.224547	0.273681
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47	0.192351	0.263307	0.263307	0.263307	0.263307	0.320922	0.320922	0.320922
48	0.208535	0.285461	0.285461	0.285461	0.347924	0.347924	0.347924	0.347924
49	0.226271	0.309740	0.309740	0.377515	0.377515	0.377515	0.377515	0.377515
50	0.245738	0.336388	0.409994	0.409994	0.409994	0.409994	0.409994	0.409994
51	0.267138	0.365682	0.445698	0.445698	0.445698	0.445698	0.445698	0.445698
52	0.290703	0.397940	0.485014	0.485014	0.485014	0.485014	0.485014	0.485014
53	0.316697	0.433523	0.528383	0.528383	0.528383	0.528383	0.528383	0.528383
54	0.345425	0.472848	0.576313	0.576313	0.576313	0.576313	0.576313	0.576313
55	0.377238	0.516397	0.629391	0.629391	0.629391	0.629391	0.629391	0.629391
56	0.412542	0.564724	0.688293	0.688293	0.688293	0.688293	0.688293	0.688293
57	0.451809	0.618476	0.753806	0.753806	0.753806	0.753806	0.753806	0.753806
58	0.495589	0.678406	0.826850	0.826850	0.826850	0.826850	0.826850	0.826850
59	0.544524	0.745392	0.908494	0.908494	0.908494	0.908494	0.908494	0.908494
60	0.599370	0.820470	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
61	0.661017	0.904858	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
62	0.730520	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
63	0.809134	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000
64	0.898360	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000	1.000000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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EMPLOYEES' PENSION PLAN OF CREDIT SUISSE
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

Identity of issuer	Description	Cost	Current value
Commingled funds:			
* BNY Mellon EB Temporary Investment Fund II	6,290,594 shares	$ 6,290,594	$ 6,290,594
Total commingled funds		$ 6,290,594	$ 6,290,594
Common/collective trusts:			
* Credit Suisse Floating Rate Trust Fee	824,799 shares	8,271,858	15,197,681
BlackRock US Long Corporate Bond Fund	1,590,529 shares	24,946,670	26,949,497
BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund	437,454 shares	6,579,571	8,586,001
Wellington CIF II Long Duration Bond Index Fund	6,808,808 shares	74,218,799	64,343,237
State Street MSCI EAFE Index NL Fund	57,374 shares	5,029,831	10,268,235
Long Term Government Bond	6,128,460 shares	91,721,233	91,950,061
Systematic High Quality Long Corporate Bond	259,920 shares	3,929,260	4,570,955
Total common/collective trusts		$ 214,697,222	$ 221,865,667
Registered investment companies:			
Grantham, Mayo, Van Otterllo & Co. LLC Quality Fund III	659,704 shares	16,231,356	23,089,636
Vanguard Long-Term Investment-Grade Fund Admiral Shares	4,028,139 shares	42,637,321	30,936,104
Vanguard Short-Term Investment-Grade Fund Institutional Shares	1,846 shares	19,733	19,418
Total registered investment companies		$ 58,888,410	$ 54,045,158
Total investments		$ 279,876,226	$ 282,201,419

* Party in interest as defined by ERISA.

See accompanying report of independent auditors.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Employees' Pension Plan of Credit Suisse
EIN: 05-0546650 PN: 004

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the mortality assumption for lump sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.
- A change in the unlimited expected rate of return on assets from 5.00% to 5.70%, limited to the 3rd segment rate of 5.50%.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.