Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CNH INDUSTRIAL U.S. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

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)
CASE NEW HOLLAND INDUSTRIAL INC.

700 STATE STREET
RACINE, WI 53404

2b Employer Identification Number (EIN)
39-1982756

2c Plan Sponsor's telephone number
800-561-0877

2d Business code (see instructions)
333100

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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1687
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)**	493
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	420
b	Retired or separated participants receiving benefits	**6b**	551
c	Other retired or separated participants entitled to future benefits	**6c**	624
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1595
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	86
f	Total. Add lines **6d** and **6e**.	**6f**	1681
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:

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

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**	156475248
b Actuarial value	**2b**	160533164

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	532	68751627	68751627
b For terminated vested participants	671	24125241	24125241
c For active participants	493	42485391	49710295
d Total	1696	135362259	142587163

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1150096
b Expected plan-related expenses	**6b**	1184000
c Target normal cost	**6c**	2334096

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/19/2026
Date

FRED HEGER
Type or print name of actuary

26-07303
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

P.O. BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	39126886	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1672712	0
9	Amount remaining (line 7 minus line 8)	37454174	0
10	Interest on line 9 using prior year's actual return of 1.19 %	445705	0
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 5.17 %		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	27100000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10799879	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.01 %
15	Adjusted funding target attainment percentage	15	112.58 %
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	128.97 %
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**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2334096
b Excess assets, if applicable, but not greater than line 31a	**31b**	2334096

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
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 13 17 50	NONE	424424	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CNH AMERICA LLC

39-1982756

(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?
35 50	NONE	316978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(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 51	NONE	220130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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 51	CUSTODIAN	54339	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

IRM

6735 CONROY ROAD, SUITE 305
ORLANDO, FL 32835

(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 51	NONE	48943	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REINHART, BOERNER, VANDEUREN S.C

39-1126909

(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	46162	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CROWE LLP

35-0921680

(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	42600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	6589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION RESEARCH SERVICES

900 LARKSPUR LANDING CIRCLE
SUITE 201
LARKSPUR, CA 94939

(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?
49 50	NONE	5091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

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: MSCI ACWI EQUITY IND MUTUAL 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)
45-1743707-001	C	8106432

a Name of MTIA, CCT, PSA, or 103-12 IE: IR+M LONG CORPORATE COLLECTIVE

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - IR&M

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)
37-6567224-005	C	52324841

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

b Name of sponsor of entity listed in (a): WILLIS TOWERS WATSON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6695738-004	C	44292479

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED US GOVT BOND INDEX N CM1E

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)
04-0025081-144	C	8647202

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US GOVERNMENT INDEX FD

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)
04-0025081-142	C	40850163

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 20 YR KEY RATE DUR NL

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL 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)
45-3856189-001	C	435276

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US10 YR KEY RATE DUR NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL 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)
47-4226866-001	C	1963248

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 15 YR KEY RATE DUR NL

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

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1201064

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 25+ YR KEY RATE DUR N

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

c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1471965

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
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

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	992000	1001000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34000	6000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8267000	1274550
(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)	147183000	159292670
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	53

		(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	156476000	161574273
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	379000	415000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	379000	415000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	156097000	161159273

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)	245811	
(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)	116	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		245927
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		727655
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11245769
d Total income. Add all **income** amounts in column (b) and enter total	2d		12219351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5813000	
(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)		5813000
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)	316978	
(2) Contract administrator fees	2i(2)	190667	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	42600	
(5) Investment advisory and investment management fees	2i(5)	269073	
(6) Bank or trust company trustee/custodial fees	2i(6)	60928	
(7) Actuarial fees	2i(7)	233757	
(8) Legal fees	2i(8)	46162	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	183913	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1344078
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7157078
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5062273
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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		35000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582489.

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
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

Part I Distributions

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

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

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

EIN(s): 04-6766755

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 | 1

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: 5.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 93.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

CNH Industrial U.S. Pension Plan
Years Ended December 31, 2025 and 2024
With Independent Auditor's Report

CNH Industrial U.S. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

CNH Industrial U.S. Retirement Board
CNH Industrial U.S. Pension Plan

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

We have performed audits of the financial statements of CNH Industrial U.S. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion

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

Crowe LLP.

Crowe LLP

Oakbrook Terrace, Illinois
October 9, 2026

CNH Industrial U.S. Pension Plan

Statements of Net Assets Available for Benefits

(In Thousands)

	December 31	
	2025	2024
Assets		
Cash	$ 1,001	$ 992
Investments at fair value:		
Short-term investment fund	1,275	8,267
Mortgage backed securities	-	-
Collective trust funds	159,293	147,183
Other receivable	6	34
Total assets	161,575	156,476
Liabilities		
Accounts payable	415	379
Total liabilities	415	379
Net assets available for benefits	$ 161,160	$ 156,097

See accompanying notes.

CNH Industrial U.S. Pension Plan

Statements of Changes in Net Assets Available for Benefits

(In Thousands)

	Year Ended December 31	
	2025	**2024**
Additions		
Investment gain:		
Net appreciation in fair value of investments	$ 11,973	$ 1,717
Interest and dividends	247	503
Total additions	12,220	2,220
Deductions		
Annuity payments	-	46
Benefit payments	5,813	5,658
Administrative expenses	1,344	1,491
Total deductions	7,157	7,195
Net increase (decrease)	5,063	(4,975)
Net assets available for benefits:		
Beginning of year	156,097	161,072
End of year	$ 161,160	$ 156,097

See accompanying notes.

CNH Industrial U.S. Pension Plan

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

1. Plan Description

The following description of the CNH Industrial U.S. Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan, sponsored by Case New Holland Industrial Inc. (the Company), covering substantially all non-represented hourly employees hired or rehired prior to July 1, 2003, and certain employees represented by a collective bargaining agreement. Former salaried employees of the Company who participated in a former company sponsored plan have a frozen benefit provided by this Plan. The Plan is frozen to new participants. As of December 31, 2000, the Company froze all accrued benefits for salaried participants. All hourly participants have frozen benefit accruals, except International Union, United Automobile, Aerospace and Agricultural Implement Workers of America hourly employees hired prior to May 1998 and nonunion hourly employees hired prior to July 2003. The Plan is intended to be qualified as a defined benefit pension plan under the provisions of Section 401(a) of the Internal Revenue Code of 1986, as amended (the Code). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended effective January 1, 2022. The Company spun off Fiat Powertrain Technologies of North America, Inc. and IDV USA, Inc and these companies ceased being participating employers in the Plan. Certain Pension Plan Participants whose pensions were frozen will cease to be employees of the Company as part of the Iveco spin-off. The Company amended the Plan to grant to those certain Pension Plan Participants credit for service with Iveco for the purpose of determining such participants' eligibility for early retirement benefits.

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met ERISA's minimum funding requirements for 2025 and 2024.

1. Plan Description (continued)

Pension Benefits

Benefits to participants vary based upon the participating groups of employees. Participants should refer to the plan document for a more complete description of benefit provisions. Employees are subject to the following provisions of the Plan:

- Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) based on the number of service years and the applicable monthly benefit rate. Payment to certain salaried participants is based on a formula as outlined in the plan documents. The Plan permits early retirement at age 55 with 10 years of service for non-represented hourly employees and International Association of Machinists (IAM) at Fargo represented employees, at age 60 with 10 years of service, or after 55 if the sum of the employee's age and service equals 85 for represented employees, excluding IAM at the plant in Fargo, ND. Early retirement is also permitted upon completion of 30 years of service for certain groups. Employees may be subject to certain reductions in their benefits as a result of an early retirement election. Employees receive their pension benefits in the form of a life annuity or a joint and spouse's annuity payable monthly from retirement, depending on their marital status. If the present value of an employee's accrued benefit is greater than $1,000 and less than $7,000, that employee may elect to roll over the benefit to an eligible retirement account or may elect to receive benefits as a lump-sum distribution upon termination. If the present value of the employee's accrued benefit is $1,000 or less, an automatic lump-sum payment will be made to the participant.

- If a vested employee dies while active, a death benefit equals to 55% of the employee's pension benefits due under a joint and spouse's annuity is paid to the employee's spouse. If the vested employee would have been eligible for early retirement, the employee's spouse is eligible for survivor benefits as though the employee selected the early retirement option. If the vested employee would not have been eligible for early retirement, the date of the annuity to the spouse is adjusted to reflect the earliest retirement date available for the deceased employee. Spouses of certain employees within the Plan are eligible to receive survivor benefits immediately if the employee has completed 30 years of service or the sum of the employee's age and years of service equals or exceeds 85.

- Active employees who become totally disabled after completing at least 10 years of service receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

1. Plan Description (continued)

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue contributions at any time and to terminate the Plan subject to the requirements of ERISA and collective bargaining agreements. In the event the Plan terminates, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guaranty, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Benefit Payments

Benefit payments to participants are recorded when paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are presented at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements. Purchases and sales of investments are recorded on the trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned.

Risks and Uncertainties

The Plan invests in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, market volatility, and credit risks. Market risks include global events. Due to the level of risk associated with certain investments, it is at least reasonably possible 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

3. Investments

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

4. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (i.e., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

4. Fair Value Measurements (continued)

The following is a description of the valuation techniques and inputs used for each general type of assets and liabilities measured at fair value:

Collective trust funds and short-term investment fund: Valued at Level 2 due to monthly availability of the NAV and the categorization of underlying assets in the funds which have observable inputs and therefore have a readily determinable fair value.

The following tables set forth by fair value hierarchy level the Plan's assets carried at fair value (in thousands):

	Assets at Fair Value as of December 31, 2025			
	Total	**Level 1**	**Level 2**	**Level 3**
Short-term investment fund	**$ 1,275**	**-**	**$ 1,275**	**-**
Collective trust funds	**159,293**	**-**	**159,293**	**-**
	$ 160,568	**$ -**	**$ 160,568**	**$ -**

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investment fund	$ 8,267	-	$ 8,267	-
Collective trust funds	147,183	-	147,183	-
	$ 155,450	$ -	$ 155,450	$ -

5. Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits, as determined by the Plan's independent actuary as of December 31, 2024, is as follows (in thousands):

Vested benefits:	
Participants currently receiving benefits	$ 67,252
Participants with deferred benefits	23,450
Active employees	41,121
Total vested benefits	131,823
Non-vested benefits	6,900
Total actuarial present value of accumulated plan benefits	$ 138,723

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, are as follows (in thousands):

Actuarial present value of accumulated benefits at beginning of year	$ 138,972
Increase (decrease) during the year due to:	
Benefits accumulated	1,482
Actuarial (gains) losses	2,607
Interest due to decrease in the discount period	6,990
Change of assumptions	(5,624)
Benefits paid	(5,704)
Net decrease	(249)
Actuarial present value of accumulated benefits at end of year	$ 138,723

5. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial valuations are as follows:

	2024	2023
Discount rate	**5.62%**	**5.08**%
Mortality basis (healthy annuitants and non-annuitants)	**Pri-2012 headcount-weighted tables without collar adjustments projected generationally using an adjusted Scale MP-2021 with the SSA Proxy for the long-term improvement rate**	Pri-2012 headcount-weighted tables without collar adjustments projected generationally using an adjusted Scale MP-2021 with the SSA Proxy for the long-term improvement rate
Mortality basis (disabled annuitants)	**Pri-2012 Disabled Tables projected generationally from 2012 using an adjusted scale MP-2021 based on the 2024 SSA Proxy for the long-term improvement rate**	Pre-2012 Disabled Tables projected generationally from 2012 using an adjusted scale MP-2021 based on the 2023 SSA Proxy for the long-term improvement rate
Retirement age (healthy annuitants)	**Various retirement rates ranging from 10% at age 55 to 100% at age 70 for salaried employees and ranging from 20% at age 55 to 100% at age 70 for hourly employees**	Various retirement rates ranging from 10% at age 55 to 100% at age 70 for salaried employees and ranging from 20% at age 55 to 100% at age 70 for hourly employees

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

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated January 2, 2018, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes the Plan is no longer subject to income tax examinations for years prior to 2022.

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

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

Certain administrative functions are performed by officers or employees of the Company, and no such officer or employee receives compensation from the Plan. The Company, subsequently, invoices the Plan for reimbursement for applicable administrative expenses. Some administrative expenses of the Plan are paid directly by the Company. Other fees are paid by the Plan to various service providers of the Plan, which qualify as exempt party-in-interest transactions.

8. Subsequent Events

Management evaluated subsequent events for the Plan through October 9, 2026, the date the financial statements were available to be issued.

An actuarial valuation report for the year ended December 31, 2025 has subsequently been issued by the Plan's actuary, which reports the present value of accumulated plan benefits as of December 31, 2025 as $144,527,263 (unaudited).

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	2	1	0	2	0	4	0	0	0	0	9
45-49	8	15	3	0	0	10	5	2	0	0	43
50-54	6	35	24	4	3	18	23	17	4	0	134
55-59	5	19	33	20	3	21	30	24	19	0	174
60-64	4	14	14	10	3	20	12	8	17	0	102
65-69	2	5	3	1	1	6	5	3	1	3	30
70 & over	0	0	0	0	0	0	0	0	0	1	1
Total	27	89	77	37	10	79	75	54	41	4	493

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

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Yield curve basis: 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.37%	5.33%

Administrative expenses

The amount included in the target normal cost for the plan-related administrative expenses is equal to the expected administrative expenses (including PBGC premiums) payable from the trust in the current year. The amount included for 2025 is $1,184,000.

Demographic Assumptions

Inclusion date

The valuation data coincident with or next following the date on which the employee becomes a participant. Effective February 1, 2006 there are no new entrants. It was assumed that there will be no rehired employees.

Mortality

IRS-prescribed assumptions for 2025 reflecting separate base mortality rates for non-annuitants and annuitants based on the Pri-2012 “Employees” and “Healthy Annuitants” tables, respectively, with minor adjustments at extreme ages, and projected forward generationally as specified in the regulations under §1.430(h)(3)-1 using the 2024 Adjusted Scale MP-2021 rates (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% per years after 2024).

SCHEDULE SB ATTACHMENTS

Retirement

Attained Age	Non-Union, Excluding Wichita Location	Union and Wichita Non-Union
55	10.0%	20.0%
56	10.0%	20.0%
57	10.0%	20.0%
58	10.0%	20.0%
59	10.0%	30.0%
60	15.0%	20.0%
61	10.0%	15.0%
62	20.0%	15.0%
63	25.0%	15.0%
64	30.0%	20.0%
65	35.0%	35.0%
66	40.0%	30.0%
67	40.0%	30.0%
68	40.0%	30.0%
69	40.0%	30.0%
70	100.0%	100.0%

Disability

Sample rates are shown below.

		Hourly	
Attained Age	Salaried	Males	Females
25	0.03%	0.03%	0.03%
30	0.03%	0.03%	0.04%
35	0.03%	0.04%	0.07%
40	0.03%	0.08%	0.13%
45	0.10%	0.16%	0.24%
50	0.22%	0.33%	0.40%
55	0.43%	0.69%	0.64%
60	0.81%	1.15%	0.90%

SCHEDULE SB ATTACHMENTS

Termination

Sample rates are shown below.

Attained Age	Employees
20	6.4%
25	6.4%
30	6.4%
35	4.7%
40	3.3%
45	2.7%
50	2.7%
55	2.7%
60	2.7%

Benefit commencement date

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained early retirement age.
- Deferred vested benefit — The later of age 65 or termination of employment. Benefits are actuarially increased for participants older than age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

Form of payment

Group	Single	Married
Salaried	Life only	50% joint and survivor annuity
Hourly (excluding Fargo IAM)	Life only	55% joint and survivor annuity
Fargo IAM	5-year certain and life annuity	50% joint and survivor annuity

Marriage

75% of eligible male participants and 45% of eligible female participants, with husbands two year older than their wives.

Employees

It was assumed that there will be no new or rehired employees.

Cash flow

Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

SCHEDULE SB ATTACHMENTS

Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Asset method	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The participant data was downloaded from the plan sponsor's administrative system as of the census date. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data was not available. The final data used for the valuation was reviewed and approved by the plan sponsor. In consultation with CNH, we estimated future Special Medicare Benefits for certain retirees.

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

CNH Industrial U.S. Pension Plan

EIN 39-1982756 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Years Ended December 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets						
State Street Bank + Trust Co	Short-Term Invest. Fund 25 BPS	$ 1,563,096		$ 1,563,096	$ 1,563,096	$ -
			8,555,370	8,555,370	8,555,370	-

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

See Independent Auditor's Report

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
CNH INDUSTRIAL U.S. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CASE NEW HOLLAND INDUSTRIAL INC.

D Employer Identification Number (EIN)
39-1982756

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**	156,475,248
b Actuarial value	**2b**	160,533,164

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	532	68,751,627	68,751,627
b For terminated vested participants	671	24,125,241	24,125,241
c For active participants	493	42,485,391	49,710,295
d Total	1,696	135,362,259	142,587,163

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

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

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,150,096
b Expected plan-related expenses	**6b**	1,184,000
c Target normal cost	**6c**	2,334,096

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

Fred Heger FH — Signature of actuary

8/19/2026 — Date

Fred Heger — Type or print name of actuary

2607303 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

312-288-7700 — Telephone number (including area code)

P.O. Box 674401
Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	39,126,886	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,672,712	0
9	Amount remaining (line 7 minus line 8)	37,454,174	0
10	Interest on line 9 using prior year's actual return of 1.19%	445,705	0
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 5.17%		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	27,100,000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10,799,879	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.01 %
15	Adjusted funding target attainment percentage	15	112.58 %
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	128.97 %
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**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,334,096
b Excess assets, if applicable, but not greater than line 31a	**31b**	2,334,096

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 ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating hypothetical life tables for each of the retirement rate assumptions used for the different employee groups in the plan with retirement as the only decrement, and then computing the average retirement age for the tables. The weighted average retirement age for the whole plan was calculated by weighting the separate average retirement ages according to population headcount for each employee group.

Development of Weighted Average Retirement Age

Group 1: Fargo Union, Salaried and Non-Union Hourly

Employees (Excluding Wichita Location)

Age at Retirement (A)	Lives at Beg. Of Year	Rate of Retirement	Number Retiring (B)	Number Remaining	Weight [(A)x(B)]/1000
55	1,000.00	10.0%	100.00	900.00	5.50
56	900.00	10.0%	90.00	810.00	5.04
57	810.00	10.0%	81.00	729.00	4.62
58	729.00	10.0%	72.90	656.10	4.23
59	656.10	10.0%	65.61	590.49	3.87
60	590.49	15.0%	88.57	501.92	5.31
61	501.92	10.0%	50.19	451.72	3.06
62	451.72	20.0%	90.34	361.38	5.60
63	361.38	25.0%	90.34	271.03	5.69
64	271.03	30.0%	81.31	189.72	5.20
65	189.72	35.0%	66.40	123.32	4.32
66	123.32	40.0%	49.33	73.99	3.26
67	73.99	40.0%	29.60	44.40	1.98
68	44.40	40.0%	17.76	26.64	1.21
69	26.64	40.0%	10.65	15.98	0.74
70	15.98	100.0%	15.98	0.00	1.12

Average Retirement Age: 60.75

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Development of Weighted Average Retirement Age (cont.)

Group 2: UAW Union and Wichita Non-Union Hourly

Employees

Age at Retirement (A)	Lives at Beg. Of Year	Rate of Retirement	Number Retiring (B)	Number Remaining	Weight [(A)x(B)]/1000
55	1000.00	20.00%	200.00	800.00	11.00
56	800.00	20.00%	160.00	640.00	8.96
57	640.00	20.00%	128.00	512.00	7.30
58	512.00	20.00%	102.40	409.60	5.94
59	409.60	30.00%	122.88	286.72	7.25
60	286.72	20.00%	57.34	229.38	3.44
61	229.38	15.00%	34.41	194.97	2.10
62	194.97	15.00%	29.25	165.72	1.81
63	165.72	15.00%	24.86	140.87	1.57
64	140.87	20.00%	28.17	112.69	1.80
65	112.69	35.00%	39.44	73.25	2.56
66	73.25	30.00%	21.98	51.28	1.45
67	51.28	30.00%	15.38	35.89	1.03
68	35.89	30.00%	10.77	25.12	0.73
69	25.12	30.00%	7.54	17.59	0.52
70	17.59	100.00%	17.59	0.00	1.23
				Average Retirement Age:	58.70

The weighted average retirement age for the whole plan was calculated by weighting the separate average retirement ages above according to population headcount, as shown below.

	Headcount (A)	Average Retirement Age (B)	Weight [(A) / 493] (C)	Weighted Age [(B) x (C)]
Group 1	358	60.75	0.73	44.11
Group 2	135	58.70	0.27	16.07
			Average Retirement Age:	60.18

Plan Name: CNH Industrial U.S. Pension Plan
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Plan Sponsor: Case New Holland Industrial Inc.
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Yield curve basis: 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
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Administrative expenses

The amount included in the target normal cost for the plan-related administrative expenses is equal to the expected administrative expenses (including PBGC premiums) payable from the trust in the current year. The amount included for 2025 is $1,184,000.

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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
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SCHEDULE SB ATTACHMENTS

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

Plan Name:	CNH Industrial U.S. Pension Plan
EIN / PN:	39-1982756/001
Plan Sponsor:	Case New Holland Industrial Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan sponsor

CNH Industrial

Effective date

The Plan was originally effective January 1, 2001, and it was restated effective January 1, 2017. The last amendment reflected in the valuation is Amendment #10, which was executed on December 22, 2023. The amendment restores the 2022 and 2023 benefit service for the UAW participants who returned to work following their strike in accordance with the January 2023 collective bargaining agreement.

Plan year

The plan year is the calendar year.

Salaried Employees

Coverage and participation

Covered employees:

Any salaried employee who was a participant in the former New Holland North America, Inc. Retirement Program, Part A – Pension Plan (New Holland Plan) or the Retirement and Pension Plan for FiatAllis North America, Inc. Employees (FANA Plan) as of December 31, 2000.

Participation date:

Date of employment prior to December 31, 2000.

Credited service

All service as an active participant through December 31, 2000. Each participant was credited with one year of service for each twelve-month period worked. A fraction of a year of service was granted on the basis of a full month for each month during which a participant performed service.

Entitlement service

All service as an active participant in any plan merged into the CNH Industrial U.S. Pension Plan both prior to and after the merger. Each participant is credited with one year of service for each twelve-month period worked. A fraction of a year of service is granted for years in which the employee does not work a full twelve months.

Vesting service

Same as Entitlement Service.

SCHEDULE SB ATTACHMENTS

Final average compensation

Final five-year average pay; only compensation through December 31, 2000 is considered.

Frozen accrued benefit

Amount accrued as of December 31, 2000, increased 3% per year while actively employed after December 31, 2000 (not to exceed three years of increases), plus Ford benefits, if applicable.

Special Medicare benefit

Not applicable.

Normal retirement benefit

Eligibility:

Age 65 (NRA).

Benefit:

Accrued Benefit.

Normal form of benefit:

Life annuity, if single. If married, a 50% Joint and Survivor annuity.

Early retirement benefit

Eligibility:

Retirement before NRA and on or after both attaining age 55 and completing 10 years of entitlement service. Eligibility for benefits earned under the Ford General Retirement Plan is the earliest of 30 years of service or age 55 with 10 years of entitlement service. FANA plan participants can retire after completing 30 years of entitlement service or age 55 with 10 years of entitlement service.

Benefit:

For service with New Holland and FANA:

Accrued Benefit determined as of early retirement date, reduced for early commencement as follows.

Basic Benefit: Reduced 3-1/3% for each year payments begin before age 62.

SCHEDULE SB ATTACHMENTS

Excess Benefit: A percentage of the Normal Retirement Benefit. The percentages are as follows.

Age	Percentage	Age	Percentage
55	48.6%	61	73.1%
56	52.9	62	76.9
57	57.7	63	84.6
58	61.5	64	92.3
59	65.4	65	100.0
60	69.2		

Temporary benefit:

In addition to the pension benefit amount, a Temporary Benefit is paid until age 62. The annual amount equals $180 per year of service (maximum of 35) as of December 31, 2000 for retirement at age 55 and increases by $18 for each later age at retirement, to a maximum of $270 per year of service as of December 31, 2000 at age 60 or 61.

For Service with the Ford General Retirement Plan (GRP) prior to December 31, 1989:

If a participant with either 30 years of service, or age 55 to 59 with age plus service of 85 or more or age 60 to 64 with 10 years of service, a percentage of normal retirement benefit.

The percentages for selected ages are as follows.

Age Benefit Begins	Percentage for Minimum Benefit	Percentage for 0.4% Excess Benefit	Percentage for All Other Benefits
45	26.1%	17.5%	43.3%
50	38.3	31.2	60.0
55	52.9	48.6	76.7
60	86.7	69.2	93.3
62	100.0	76.9	100.0
65	100.0	100.0	100.0

If retired with either 30 or more years of service or age plus service of 85 or more, the minimum benefit percentage is increased to 100% when age 62 and one month is reached.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service or age 60.

Benefit:

The Normal Retirement Benefit payable to age 65.

Waiting period:

A period at least equal to the maximum period for which weekly short-term disability benefits are payable under the employer's group insurance program.

Vested benefits upon termination of service

Eligibility:

In the event of termination of employment after 5 or more years of continuous service, the pension is payable at age 65, or a reduced amount may be payable as early as age 55.

Benefit:

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65, as follows.

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

Active participant dies after completion of 5 years of continuous service and is survived by a spouse to whom he or she has been married for at least one year.

Benefit:

The spouse will receive a 50% Joint and Survivor annuity payable immediately reduced for early commencement and optional form, plus Ford GRP benefit, if any.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 60%, 66 2/3%, 75%, 100% Joint and Survivor annuity,
- 5-year, 10-year, 15-year, 20-year Certain and Life annuity.

SCHEDULE SB ATTACHMENTS

Non-Union Hourly Employees

Coverage and participation

Covered employees:

Any Non-Union hourly employee who was a participant as of December 31, 2000 in former plans:

- The former New Holland North America, Inc. Retirement Program, Part A – Pension Plan (New Holland Plan),
- Retirement and Pension Plan for FiatAllis North America, Inc. Employees (FANA Plan), or
- The former Case Corporation Pension Plan for Hourly-Paid Employees if Non-Union worker in Wichita (Wichita Plan).

Also, any Non-Union hourly employee merged into the plan or hired between January 1, 2001 and June 30, 2003 under the CNH Industrial U.S. Pension Plan at the Tyler and DMI locations.

Employees hired on or after July 1, 2003 are not eligible.

Participation date:

Date of employment prior to December 31, 2000 if covered under the former New Holland, FANA or Wichita Plans.

Date of completing one year of service after employment for employees hired between December 31, 2000 and June 20, 2003 under the CNH Industrial U.S. Pension Plan.

Credited service

All service as an active participant until December 31, 2000. After December 31, 2000, each participant is credited with one tenth of a year of service for each 170 hours in a calendar year. Employees of DMI or Tyler receive future credited service only, starting January 1, 2001.

Vesting service

All service as an active participant in any plan merged into the CHN Industrial U.S. Pension Plan both prior to and after the merger. Each participant is credited with one year of service for each calendar year in which he or she worked at least 1000 hours. A fraction of year of service is granted for years in which the employee does not work a full twelve months.

Entitlement service

All service as an active participant until December 31, 2000. After December 31, 2000, each participant is credited with one tenth of a year of service for each 170 hours in a calendar year.

SCHEDULE SB ATTACHMENTS

Accrued benefit

The greater of (1) $36.70 times all credited service (before and after December 31, 2000) or (2) $36.70 times credited service after December 31, 2000 plus the benefit accrued as of December 31, 2000 under the New Holland Plan or the FANA Plan.

Special Medicare benefit

Lesser of actual Medicare Part B premium or $59.40 per month reduced by any Special Medicare Benefit amount accrued under the Tenneco Retirement Plan administered by Pactiv Evergreen.

Normal retirement benefit

Eligibility:

Age 65 or, for Wichita Plan, age 66 or age 65 and 5 years of plan participation (NRA).

Benefit:

Accrued Benefit plus Special Medicare benefit.

Normal form of benefit:

Life Annuity, if single. If married, 55% Joint and Survivor annuity. There is no charge to the participant for the benefit payable to the spouse if the spouse is no more than 10 years younger than the participant.

Early retirement benefit

Eligibility:

Retirement before NRA and after both attaining age 55 and completing 10 years of entitlement service, or after completing 30 years of entitlement service as an hourly employee. For the Wichita plan, retirement before NRA and after both attaining age 55 and completing 10 years of entitlement service, or after completing 30 years of entitlement service as an hourly employee, or after attaining both age 55 and age plus entitlement service of at least 85 points.

Benefit:

The Accrued Benefit reduced for early retirement plus the Supplemental Allowance Benefit, which is described below, and the Special Medicare Benefit (payable upon reaching eligibility for Medicare).

The Accrued Benefit is reduced 3-1/3% for each year payments begin before age 62.

The early retirement reduction is removed with respect to payment made on and after age 62, if the employee has 30 or more years of entitlement service, or, for former Wichita Plan participants, if the employee retired after age 55 with age plus entitlement service of at least 85 points.

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Supplemental allowance benefit:

In addition to receiving the reduced Accrued Benefit, a participant retiring early who has 30 years of entitlement service receives a Supplemental Allowance Benefit payable to age 62 without survivorship options. The monthly Retirement Supplement is $2,230 less the Accrued Benefit reduced for early commencement and any supplement payable from the Tenneco Retirement Plan.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service.

Benefit:

The amount payable is the unreduced Accrued Benefit upon becoming eligible for disability including additional service of up to 9/10 of a year plus the Special Medicare Benefit if eligible for Medicare.

Additional benefits payable:

For the Wichita Plan, Temporary Benefit shown below is payable to age 62 or until Social Security benefits become payable, plus Special Medicare benefit payable immediately upon proof of eligibility for Medicare.

Temporary benefit:

The Temporary benefit is equal to the Temporary Rate of $23.75 times Credited Service, less June 30, 1994 Tenneco temporary benefit, if any.

Waiting period:

A period at least equal to the maximum period for which short term disability benefits are payable (or 7 months, for Fargo IAM, if larger).

Vested benefits upon termination of service

Eligibility:

Termination of employment after 5 or more years of vesting service or after attainment of NRA.

Benefit:

The monthly amount of the single-life pension payable at age 65 is equal to the amount determined under the formula for Normal Retirement.

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65 as follows.

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

Death while eligible for normal, early or terminated vested benefits, with a surviving spouse after one year of marriage. The benefit will commence at the earliest date the participant would have reached early retirement eligibility considering that service is frozen at date of death.

Benefit:

55% of the Accrued Benefit payable to the spouse, reduced for early commencement. The surviving spouse is eligible for the Special Medicare Benefit, commencing at age 65.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 55%, 75% Joint and Survivor annuity,
- 5-year, 10-year, 15-year, 20-year Certain and Life annuity.

SCHEDULE SB ATTACHMENTS

Union Employees

Coverage and participation

Covered employees:

Hourly union workers represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW); International Association of Machinists and Aerospace Workers at Fargo, North Dakota Four Wheel Drive Products Plant (Fargo IAM); and United Steelworkers of America at Kansas City Part Depot (Kansas City Steelworkers).

Participation date:

Immediate upon hire. There are no new entrants for any group after January 1, 2005.

Credited service

Tenneco service prior to July 1, 1994 is included. After July 1, 1994, one tenth of a year of service is earned for each 170 hours worked in the calendar year (special rule of 153 hours for Kansas City Steelworkers). For UAW participants hired after May 13, 1998 benefit service is frozen at January 1, 2005. For Fargo employees, benefit service is frozen at January 31, 2002.

Vesting service

Elapsed time before January 1, 1967, and one year for 1000 hours or more worked in the calendar year after January 1, 1967. For Fargo IAM, one year is earned when 870 hours or more are worked in the calendar year.

Entitlement service

Elapsed time before January 1, 1967, and one tenth of a year of service is earned for each 170 hours worked in the calendar year after January 1, 1967 (153 hours for Kansas City Steelworkers after January 1, 1989). For Fargo IAM, one year for 870 hours or more worked in the calendar year.

2023 UAW strike settlement agreement

For the period of time from May 2, 2022 through January 22, 2023, eligible UAW participants who return to work will be credited with time worked while on strike up to a maximum of forty hours for each week during that time period.

SCHEDULE SB ATTACHMENTS

Accrued benefit

Basic rate shown below times benefit service offset by the Tenneco benefits accrued as of June 30, 1994.

United Auto Workers*		Kansas City Steelworkers		Fargo	
Effective Date	Dollar Amount	Effective Date	Dollar Amount	Effective Date	Dollar Amount
1/1/09	$46.00	12/1/02	$29.00	1/1/02	$22.50
1/1/10	46.85				
4/30/11	47.55				
4/30/12	48.30				
4/30/13	49.00				
4/30/14	49.75				
4/30/15	50.50				
4/30/19	51.00				
4/30/20	51.50				

*For participants hired after May 13, 1998 the basic rate is frozen at $34.45.

Special Medicare benefit

Only UAW participants hired before May 14, 1998 are eligible for the Special Medicare Benefit, which is equal to the lesser of actual Medicare Part B and Part D premiums or $115.00 less $34.40 Tenneco benefit. Special Medicare Benefit is payable to a participant and spouse upon reaching eligibility for Medicare.

Normal retirement benefit

Eligibility:

Age 66 or age 65 and 5 years of plan participation (NRA).

Benefit:

Accrued Benefit payable immediately plus the Special Medicare Benefit, if applicable.

Normal form of benefit:

Life annuity, if single. For married participants, 55% (50% in the case of Fargo IAM employees) Joint and Survivor annuity. There is no charge to the participant for the benefit payable to the spouse if the spouse is no more than 10 years younger than the participant for UAW participants. For Kansas City Steelworkers, the benefit is reduced by 10% and plus or minus 0.5% for each year of age difference between participant and spouse. For Fargo IAM participants, the benefit is reduced based on actuarial equivalence.

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Early retirement benefit

Eligibility:

UAW and Kansas City Steelworkers – Earliest of age 60 with 10 years of entitlement service, or age 55 with age plus entitlement service of at least 85 points, or 30 years of entitlement service.

Fargo – Age 55 with 10 years of entitlement service.

Benefit:

Accrued Benefit reduced for early retirement, plus the Supplemental Allowance Benefit payable to age 62 to the UAW participants hired before May 14, 1998 and to Kansas City Steelworkers, and the Special Medicare Benefit payable to the UAW participants hired before May 14, 1998, if receiving Medicare.

Percentage of Normal Retirement Benefit available at early retirement for UAW and Kansas City Steelworkers.

Age	Percentage
47	50.0%
48	53.3
49	56.7
50	60.0
51	63.3
52	66.7
53	70.0
54	73.3
55	76.7
56	80.0
57	83.3
58	86.7
59	90.0
60	93.3
61	96.7
62	100.0

For UAW, the reduction stops with respect to payments made on or after age 62 if the participant terminated with at least 30 years of entitlement service, or with age plus entitlement service of at least 85 points.

For Kansas City Steelworkers, the reduction stops with respect to payments made on or after age 62, if the participant terminated with at least 30 years of entitlement service.

SCHEDULE SB ATTACHMENTS

Fargo – Normal Retirement Benefit reduced for early retirement before age 65 by the percentage in the following table:

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Supplemental allowance benefit:

United Auto Workers*		Kansas City Steelworkers	
Effective Date	Target Amount	Effective Date	Target Amount
1/1/09	$2,790	12/1/02	$1,950
1/1/10	2,880		
4/30/11	2,925		
4/30/12	2,970		
4/30/13	3,015		
4/30/14	3,060		
4/30/15	3,105		
4/30/19	3,130		
4/30/20	3,155		

* UAW participants hired after May 13, 1998 and Fargo employees are not eligible for the Supplemental Allowance Benefit.

The Target amount is reduced proportionately for less than 30 years of entitlement service, and the benefit is also reduced 1% for each full month for commencement prior to age 60.

The Supplemental benefit is equal to the Target benefit less accrued benefit, reduced for early retirement (including June 30, 1994 Tenneco benefit), less June 30, 1994 Tenneco supplemental benefit, if any.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service (5 years for Fargo).

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Benefit:

For UAW participants and Kansas City Steelworkers, Accrued Benefit unreduced for early commencement. For Fargo IAM participants, Accrued Benefit reduced for early commencement and increased by 10% (not to exceed unreduced accrued benefit).

Additional benefits payable:

Temporary benefit shown below payable to age 62 or until Social Security benefits become payable, plus Special Medicare Benefit payable immediately upon eligibility for Medicare.

Temporary benefit:

United Auto Workers*		Kansas City Steelworkers	
Effective Date	**Rate**	**Effective Date**	**Rate**
1/1/09	$40.90	12/1/88	$5.20
1/1/10	41.45		
4/30/11	42.10		
4/30/12	42.70		
4/30/13	43.35		
4/30/14	44.00		
4/30/15	44.65		
4/30/19	45.00		
4/30/20	45.35		

* For UAW participants hired after May 13, 1998, the Temporary Benefit Rate is frozen at $23.60.

The Temporary Benefit is equal to the Temporary Benefit Rate times Credited Service (limited to 30 years or 25 years for Kansas City Steelworkers), less June 30, 1994 Tenneco temporary benefit, if any.

Fargo retirees are not eligible for the Temporary Benefit or Medicare supplement.

Waiting period:

A period at least equal to the maximum period for which short term disability benefits are payable (or 7 months for Fargo IAM, if larger).

Vested benefits upon termination of service

Eligibility:

Termination for reasons other than death, disability or retirement after completing 5 years of service.

Benefit:

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65, as follows:

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

If an active participant dies after completion of 5 years of continuous service, and is survived by a spouse, the spouse will receive a pension computed in accordance with foregoing formula for Normal Retirement.

Benefit:

55% of the Accrued Benefit is payable to the spouse, reduced for early commencement (50% for Fargo IAM). The benefit will commence at the earliest date the participant would have reached early retirement eligibility, considering that service is frozen at date of death. The surviving spouse is eligible for the Special Medicare Benefit, commencing at age 65.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 55%, 60%, 75%, 100% Joint and Survivor annuity,
- 10-year Certain and Life annuity,
- Level Income Option annuity.

SCHEDULE SB ATTACHMENTS

All Employees

Employee contributions

Not required or permitted.

Changes in plan provisions since last actuarial valuation

None.

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Schedule SB, Line 24
Change in Actuarial Assumptions

The retirement, termination and marriage rates were updated as a result of the 2024 experience study to better reflect anticipated future experience.

Plan Name:	CNH Industrial U.S. Pension Plan
EIN / PN:	39-1982756/001
Plan Sponsor:	Case New Holland Industrial Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	2	1	0	2	0	4	0	0	0	0	9
45-49	8	15	3	0	0	10	5	2	0	0	43
50-54	6	35	24	4	3	18	23	17	4	0	134
55-59	5	19	33	20	3	21	30	24	19	0	174
60-64	4	14	14	10	3	20	12	8	17	0	102
65-69	2	5	3	1	1	6	5	3	1	3	30
70 & over	0	0	0	0	0	0	0	0	0	1	1
Total	27	89	77	37	10	79	75	54	41	4	493

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

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	470,231	399,965	6,076,328	6,946,524
2026	1,304,807	828,209	5,831,748	7,964,764
2027	1,959,097	934,862	5,645,971	8,539,930
2028	2,464,694	1,040,987	5,478,157	8,983,838
2029	2,878,597	1,154,152	5,293,454	9,326,203
2030	3,220,821	1,278,183	5,138,538	9,637,542
2031	3,480,813	1,417,506	5,015,585	9,913,904
2032	3,641,576	1,569,042	4,921,849	10,132,467
2033	3,742,091	1,690,914	4,836,510	10,269,515
2034	3,861,251	1,775,035	4,737,630	10,373,916
2035	3,929,972	1,857,762	4,633,739	10,421,473
2036	3,932,685	1,917,045	4,521,534	10,371,264
2037	3,935,306	1,962,286	4,401,491	10,299,083
2038	3,936,475	2,003,991	4,271,851	10,212,317
2039	3,930,841	2,035,129	4,139,335	10,105,305
2040	3,918,951	2,051,424	4,000,432	9,970,807
2041	3,893,071	2,046,660	3,850,995	9,790,726
2042	3,853,655	2,036,132	3,690,657	9,580,444
2043	3,791,646	2,011,193	3,519,990	9,322,829
2044	3,713,075	1,966,560	3,340,830	9,020,465
2045	3,631,798	1,914,043	3,158,922	8,704,763
2046	3,548,897	1,855,031	2,972,541	8,376,469
2047	3,457,546	1,792,652	2,780,797	8,030,995
2048	3,350,623	1,728,238	2,585,005	7,663,866
2049	3,233,231	1,660,293	2,386,767	7,280,291
2050	3,107,610	1,586,464	2,187,919	6,881,993
2051	2,974,297	1,509,327	1,990,443	6,474,067
2052	2,833,641	1,429,148	1,796,357	6,059,146
2053	2,686,139	1,346,302	1,607,666	5,640,107
2054	2,532,697	1,261,276	1,426,273	5,220,246

Plan Name: CNH Industrial U.S. Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	2,374,268	1,174,648	1,253,882	4,802,798
2056	2,211,924	1,087,083	1,091,973	4,390,980
2057	2,046,931	999,330	941,715	3,987,976
2058	1,880,715	912,198	803,981	3,596,894
2059	1,714,823	826,511	679,343	3,220,677
2060	1,550,914	743,078	568,028	2,862,020
2061	1,390,692	662,679	469,937	2,523,308
2062	1,235,850	586,014	384,660	2,206,524
2063	1,087,967	513,700	311,521	1,913,188
2064	948,460	446,236	249,629	1,644,325
2065	818,509	383,987	197,947	1,400,443
2066	699,009	327,195	155,348	1,181,552
2067	590,567	275,977	120,681	987,225
2068	493,482	230,329	92,812	816,623
2069	407,747	190,141	70,674	668,562
2070	333,064	155,198	53,292	541,554
2071	268,906	125,206	39,798	433,910
2072	214,553	99,802	29,436	343,791
2073	169,147	78,572	21,562	269,281
2074	131,743	61,079	15,636	208,458

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating hypothetical life tables for each of the retirement rate assumptions used for the different employee groups in the plan with retirement as the only decrement, and then computing the average retirement age for the tables. The weighted average retirement age for the whole plan was calculated by weighting the separate average retirement ages according to population headcount for each employee group.

Development of Weighted Average Retirement Age

Group 1: Fargo Union, Salaried and Non-Union Hourly

Employees (Excluding Wichita Location)

Age at Retirement (A)	Lives at Beg. Of Year	Rate of Retirement	Number Retiring (B)	Number Remaining	Weight [(A)x(B)]/1000
55	1,000.00	10.0%	100.00	900.00	5.50
56	900.00	10.0%	90.00	810.00	5.04
57	810.00	10.0%	81.00	729.00	4.62
58	729.00	10.0%	72.90	656.10	4.23
59	656.10	10.0%	65.61	590.49	3.87
60	590.49	15.0%	88.57	501.92	5.31
61	501.92	10.0%	50.19	451.72	3.06
62	451.72	20.0%	90.34	361.38	5.60
63	361.38	25.0%	90.34	271.03	5.69
64	271.03	30.0%	81.31	189.72	5.20
65	189.72	35.0%	66.40	123.32	4.32
66	123.32	40.0%	49.33	73.99	3.26
67	73.99	40.0%	29.60	44.40	1.98
68	44.40	40.0%	17.76	26.64	1.21
69	26.64	40.0%	10.65	15.98	0.74
70	15.98	100.0%	15.98	0.00	1.12

Average Retirement Age: 60.75

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Development of Weighted Average Retirement Age (cont.)

Group 2: UAW Union and Wichita Non-Union Hourly

Employees

Age at Retirement (A)	Lives at Beg. Of Year	Rate of Retirement	Number Retiring (B)	Number Remaining	Weight [(A)x(B)]/1000
55	1000.00	20.00%	200.00	800.00	11.00
56	800.00	20.00%	160.00	640.00	8.96
57	640.00	20.00%	128.00	512.00	7.30
58	512.00	20.00%	102.40	409.60	5.94
59	409.60	30.00%	122.88	286.72	7.25
60	286.72	20.00%	57.34	229.38	3.44
61	229.38	15.00%	34.41	194.97	2.10
62	194.97	15.00%	29.25	165.72	1.81
63	165.72	15.00%	24.86	140.87	1.57
64	140.87	20.00%	28.17	112.69	1.80
65	112.69	35.00%	39.44	73.25	2.56
66	73.25	30.00%	21.98	51.28	1.45
67	51.28	30.00%	15.38	35.89	1.03
68	35.89	30.00%	10.77	25.12	0.73
69	25.12	30.00%	7.54	17.59	0.52
70	17.59	100.00%	17.59	0.00	1.23
				Average Retirement Age:	58.70

The weighted average retirement age for the whole plan was calculated by weighting the separate average retirement ages above according to population headcount, as shown below.

	Headcount (A)	Average Retirement Age (B)	Weight [(A) / 493] (C)	Weighted Age [(B) x (C)]
Group 1	358	60.75	0.73	44.11
Group 2	135	58.70	0.27	16.07
			Average Retirement Age:	60.18

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	470,231	399,965	6,076,328	6,946,524
2026	1,304,807	828,209	5,831,748	7,964,764
2027	1,959,097	934,862	5,645,971	8,539,930
2028	2,464,694	1,040,987	5,478,157	8,983,838
2029	2,878,597	1,154,152	5,293,454	9,326,203
2030	3,220,821	1,278,183	5,138,538	9,637,542
2031	3,480,813	1,417,506	5,015,585	9,913,904
2032	3,641,576	1,569,042	4,921,849	10,132,467
2033	3,742,091	1,690,914	4,836,510	10,269,515
2034	3,861,251	1,775,035	4,737,630	10,373,916
2035	3,929,972	1,857,762	4,633,739	10,421,473
2036	3,932,685	1,917,045	4,521,534	10,371,264
2037	3,935,306	1,962,286	4,401,491	10,299,083
2038	3,936,475	2,003,991	4,271,851	10,212,317
2039	3,930,841	2,035,129	4,139,335	10,105,305
2040	3,918,951	2,051,424	4,000,432	9,970,807
2041	3,893,071	2,046,660	3,850,995	9,790,726
2042	3,853,655	2,036,132	3,690,657	9,580,444
2043	3,791,646	2,011,193	3,519,990	9,322,829
2044	3,713,075	1,966,560	3,340,830	9,020,465
2045	3,631,798	1,914,043	3,158,922	8,704,763
2046	3,548,897	1,855,031	2,972,541	8,376,469
2047	3,457,546	1,792,652	2,780,797	8,030,995
2048	3,350,623	1,728,238	2,585,005	7,663,866
2049	3,233,231	1,660,293	2,386,767	7,280,291
2050	3,107,610	1,586,464	2,187,919	6,881,993
2051	2,974,297	1,509,327	1,990,443	6,474,067
2052	2,833,641	1,429,148	1,796,357	6,059,146
2053	2,686,139	1,346,302	1,607,666	5,640,107
2054	2,532,697	1,261,276	1,426,273	5,220,246

Plan Name: CNH Industrial U.S. Pension Plan
EIN / PN: 39-1982756/001
Plan Sponsor: Case New Holland Industrial Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	2,374,268	1,174,648	1,253,882	4,802,798
2056	2,211,924	1,087,083	1,091,973	4,390,980
2057	2,046,931	999,330	941,715	3,987,976
2058	1,880,715	912,198	803,981	3,596,894
2059	1,714,823	826,511	679,343	3,220,677
2060	1,550,914	743,078	568,028	2,862,020
2061	1,390,692	662,679	469,937	2,523,308
2062	1,235,850	586,014	384,660	2,206,524
2063	1,087,967	513,700	311,521	1,913,188
2064	948,460	446,236	249,629	1,644,325
2065	818,509	383,987	197,947	1,400,443
2066	699,009	327,195	155,348	1,181,552
2067	590,567	275,977	120,681	987,225
2068	493,482	230,329	92,812	816,623
2069	407,747	190,141	70,674	668,562
2070	333,064	155,198	53,292	541,554
2071	268,906	125,206	39,798	433,910
2072	214,553	99,802	29,436	343,791
2073	169,147	78,572	21,562	269,281
2074	131,743	61,079	15,636	208,458

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan sponsor

CNH Industrial

Effective date

The Plan was originally effective January 1, 2001, and it was restated effective January 1, 2017. The last amendment reflected in the valuation is Amendment #10, which was executed on December 22, 2023. The amendment restores the 2022 and 2023 benefit service for the UAW participants who returned to work following their strike in accordance with the January 2023 collective bargaining agreement.

Plan year

The plan year is the calendar year.

Salaried Employees

Coverage and participation

Covered employees:

Any salaried employee who was a participant in the former New Holland North America, Inc. Retirement Program, Part A – Pension Plan (New Holland Plan) or the Retirement and Pension Plan for FiatAllis North America, Inc. Employees (FANA Plan) as of December 31, 2000.

Participation date:

Date of employment prior to December 31, 2000.

Credited service

All service as an active participant through December 31, 2000. Each participant was credited with one year of service for each twelve-month period worked. A fraction of a year of service was granted on the basis of a full month for each month during which a participant performed service.

Entitlement service

All service as an active participant in any plan merged into the CNH Industrial U.S. Pension Plan both prior to and after the merger. Each participant is credited with one year of service for each twelve-month period worked. A fraction of a year of service is granted for years in which the employee does not work a full twelve months.

Vesting service

Same as Entitlement Service.

SCHEDULE SB ATTACHMENTS

Final average compensation

Final five-year average pay; only compensation through December 31, 2000 is considered.

Frozen accrued benefit

Amount accrued as of December 31, 2000, increased 3% per year while actively employed after December 31, 2000 (not to exceed three years of increases), plus Ford benefits, if applicable.

Special Medicare benefit

Not applicable.

Normal retirement benefit

Eligibility:

Age 65 (NRA).

Benefit:

Accrued Benefit.

Normal form of benefit:

Life annuity, if single. If married, a 50% Joint and Survivor annuity.

Early retirement benefit

Eligibility:

Retirement before NRA and on or after both attaining age 55 and completing 10 years of entitlement service. Eligibility for benefits earned under the Ford General Retirement Plan is the earliest of 30 years of service or age 55 with 10 years of entitlement service. FANA plan participants can retire after completing 30 years of entitlement service or age 55 with 10 years of entitlement service.

Benefit:

For service with New Holland and FANA:

Accrued Benefit determined as of early retirement date, reduced for early commencement as follows.

Basic Benefit: Reduced 3-1/3% for each year payments begin before age 62.

SCHEDULE SB ATTACHMENTS

Excess Benefit: A percentage of the Normal Retirement Benefit. The percentages are as follows.

Age	Percentage	Age	Percentage
55	48.6%	61	73.1%
56	52.9	62	76.9
57	57.7	63	84.6
58	61.5	64	92.3
59	65.4	65	100.0
60	69.2		

Temporary benefit:

In addition to the pension benefit amount, a Temporary Benefit is paid until age 62. The annual amount equals $180 per year of service (maximum of 35) as of December 31, 2000 for retirement at age 55 and increases by $18 for each later age at retirement, to a maximum of $270 per year of service as of December 31, 2000 at age 60 or 61.

For Service with the Ford General Retirement Plan (GRP) prior to December 31, 1989:

If a participant with either 30 years of service, or age 55 to 59 with age plus service of 85 or more or age 60 to 64 with 10 years of service, a percentage of normal retirement benefit.

The percentages for selected ages are as follows.

Age Benefit Begins	Percentage for Minimum Benefit	Percentage for 0.4% Excess Benefit	Percentage for All Other Benefits
45	26.1%	17.5%	43.3%
50	38.3	31.2	60.0
55	52.9	48.6	76.7
60	86.7	69.2	93.3
62	100.0	76.9	100.0
65	100.0	100.0	100.0

If retired with either 30 or more years of service or age plus service of 85 or more, the minimum benefit percentage is increased to 100% when age 62 and one month is reached.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service or age 60.

Benefit:

The Normal Retirement Benefit payable to age 65.

Waiting period:

A period at least equal to the maximum period for which weekly short-term disability benefits are payable under the employer's group insurance program.

Vested benefits upon termination of service

Eligibility:

In the event of termination of employment after 5 or more years of continuous service, the pension is payable at age 65, or a reduced amount may be payable as early as age 55.

Benefit:

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65, as follows.

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

Active participant dies after completion of 5 years of continuous service and is survived by a spouse to whom he or she has been married for at least one year.

Benefit:

The spouse will receive a 50% Joint and Survivor annuity payable immediately reduced for early commencement and optional form, plus Ford GRP benefit, if any.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 60%, 66 2/3%, 75%, 100% Joint and Survivor annuity,
- 5-year, 10-year, 15-year, 20-year Certain and Life annuity.

SCHEDULE SB ATTACHMENTS

Non-Union Hourly Employees

Coverage and participation

Covered employees:

Any Non-Union hourly employee who was a participant as of December 31, 2000 in former plans:

- The former New Holland North America, Inc. Retirement Program, Part A – Pension Plan (New Holland Plan),
- Retirement and Pension Plan for FiatAllis North America, Inc. Employees (FANA Plan), or
- The former Case Corporation Pension Plan for Hourly-Paid Employees if Non-Union worker in Wichita (Wichita Plan).

Also, any Non-Union hourly employee merged into the plan or hired between January 1, 2001 and June 30, 2003 under the CNH Industrial U.S. Pension Plan at the Tyler and DMI locations.

Employees hired on or after July 1, 2003 are not eligible.

Participation date:

Date of employment prior to December 31, 2000 if covered under the former New Holland, FANA or Wichita Plans.

Date of completing one year of service after employment for employees hired between December 31, 2000 and June 20, 2003 under the CNH Industrial U.S. Pension Plan.

Credited service

All service as an active participant until December 31, 2000. After December 31, 2000, each participant is credited with one tenth of a year of service for each 170 hours in a calendar year. Employees of DMI or Tyler receive future credited service only, starting January 1, 2001.

Vesting service

All service as an active participant in any plan merged into the CHN Industrial U.S. Pension Plan both prior to and after the merger. Each participant is credited with one year of service for each calendar year in which he or she worked at least 1000 hours. A fraction of year of service is granted for years in which the employee does not work a full twelve months.

Entitlement service

All service as an active participant until December 31, 2000. After December 31, 2000, each participant is credited with one tenth of a year of service for each 170 hours in a calendar year.

SCHEDULE SB ATTACHMENTS

Accrued benefit

The greater of (1) $36.70 times all credited service (before and after December 31, 2000) or (2) $36.70 times credited service after December 31, 2000 plus the benefit accrued as of December 31, 2000 under the New Holland Plan or the FANA Plan.

Special Medicare benefit

Lesser of actual Medicare Part B premium or $59.40 per month reduced by any Special Medicare Benefit amount accrued under the Tenneco Retirement Plan administered by Pactiv Evergreen.

Normal retirement benefit

Eligibility:

Age 65 or, for Wichita Plan, age 66 or age 65 and 5 years of plan participation (NRA).

Benefit:

Accrued Benefit plus Special Medicare benefit.

Normal form of benefit:

Life Annuity, if single. If married, 55% Joint and Survivor annuity. There is no charge to the participant for the benefit payable to the spouse if the spouse is no more than 10 years younger than the participant.

Early retirement benefit

Eligibility:

Retirement before NRA and after both attaining age 55 and completing 10 years of entitlement service, or after completing 30 years of entitlement service as an hourly employee. For the Wichita plan, retirement before NRA and after both attaining age 55 and completing 10 years of entitlement service, or after completing 30 years of entitlement service as an hourly employee, or after attaining both age 55 and age plus entitlement service of at least 85 points.

Benefit:

The Accrued Benefit reduced for early retirement plus the Supplemental Allowance Benefit, which is described below, and the Special Medicare Benefit (payable upon reaching eligibility for Medicare).

The Accrued Benefit is reduced 3-1/3% for each year payments begin before age 62.

The early retirement reduction is removed with respect to payment made on and after age 62, if the employee has 30 or more years of entitlement service, or, for former Wichita Plan participants, if the employee retired after age 55 with age plus entitlement service of at least 85 points.

SCHEDULE SB ATTACHMENTS

Supplemental allowance benefit:

In addition to receiving the reduced Accrued Benefit, a participant retiring early who has 30 years of entitlement service receives a Supplemental Allowance Benefit payable to age 62 without survivorship options. The monthly Retirement Supplement is $2,230 less the Accrued Benefit reduced for early commencement and any supplement payable from the Tenneco Retirement Plan.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service.

Benefit:

The amount payable is the unreduced Accrued Benefit upon becoming eligible for disability including additional service of up to 9/10 of a year plus the Special Medicare Benefit if eligible for Medicare.

Additional benefits payable:

For the Wichita Plan, Temporary Benefit shown below is payable to age 62 or until Social Security benefits become payable, plus Special Medicare benefit payable immediately upon proof of eligibility for Medicare.

Temporary benefit:

The Temporary benefit is equal to the Temporary Rate of $23.75 times Credited Service, less June 30, 1994 Tenneco temporary benefit, if any.

Waiting period:

A period at least equal to the maximum period for which short term disability benefits are payable (or 7 months, for Fargo IAM, if larger).

Vested benefits upon termination of service

Eligibility:

Termination of employment after 5 or more years of vesting service or after attainment of NRA.

Benefit:

The monthly amount of the single-life pension payable at age 65 is equal to the amount determined under the formula for Normal Retirement.

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65 as follows.

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

Death while eligible for normal, early or terminated vested benefits, with a surviving spouse after one year of marriage. The benefit will commence at the earliest date the participant would have reached early retirement eligibility considering that service is frozen at date of death.

Benefit:

55% of the Accrued Benefit payable to the spouse, reduced for early commencement. The surviving spouse is eligible for the Special Medicare Benefit, commencing at age 65.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 55%, 75% Joint and Survivor annuity,
- 5-year, 10-year, 15-year, 20-year Certain and Life annuity.

SCHEDULE SB ATTACHMENTS

Union Employees

Coverage and participation

Covered employees:

Hourly union workers represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW); International Association of Machinists and Aerospace Workers at Fargo, North Dakota Four Wheel Drive Products Plant (Fargo IAM); and United Steelworkers of America at Kansas City Part Depot (Kansas City Steelworkers).

Participation date:

Immediate upon hire. There are no new entrants for any group after January 1, 2005.

Credited service

Tenneco service prior to July 1, 1994 is included. After July 1, 1994, one tenth of a year of service is earned for each 170 hours worked in the calendar year (special rule of 153 hours for Kansas City Steelworkers). For UAW participants hired after May 13, 1998 benefit service is frozen at January 1, 2005. For Fargo employees, benefit service is frozen at January 31, 2002.

Vesting service

Elapsed time before January 1, 1967, and one year for 1000 hours or more worked in the calendar year after January 1, 1967. For Fargo IAM, one year is earned when 870 hours or more are worked in the calendar year.

Entitlement service

Elapsed time before January 1, 1967, and one tenth of a year of service is earned for each 170 hours worked in the calendar year after January 1, 1967 (153 hours for Kansas City Steelworkers after January 1, 1989). For Fargo IAM, one year for 870 hours or more worked in the calendar year.

2023 UAW strike settlement agreement

For the period of time from May 2, 2022 through January 22, 2023, eligible UAW participants who return to work will be credited with time worked while on strike up to a maximum of forty hours for each week during that time period.

SCHEDULE SB ATTACHMENTS

Accrued benefit

Basic rate shown below times benefit service offset by the Tenneco benefits accrued as of June 30, 1994.

United Auto Workers*		Kansas City Steelworkers		Fargo	
Effective Date	Dollar Amount	Effective Date	Dollar Amount	Effective Date	Dollar Amount
1/1/09	$46.00	12/1/02	$29.00	1/1/02	$22.50
1/1/10	46.85				
4/30/11	47.55				
4/30/12	48.30				
4/30/13	49.00				
4/30/14	49.75				
4/30/15	50.50				
4/30/19	51.00				
4/30/20	51.50				

*For participants hired after May 13, 1998 the basic rate is frozen at $34.45.

Special Medicare benefit

Only UAW participants hired before May 14, 1998 are eligible for the Special Medicare Benefit, which is equal to the lesser of actual Medicare Part B and Part D premiums or $115.00 less $34.40 Tenneco benefit. Special Medicare Benefit is payable to a participant and spouse upon reaching eligibility for Medicare.

Normal retirement benefit

Eligibility:

Age 66 or age 65 and 5 years of plan participation (NRA).

Benefit:

Accrued Benefit payable immediately plus the Special Medicare Benefit, if applicable.

Normal form of benefit:

Life annuity, if single. For married participants, 55% (50% in the case of Fargo IAM employees) Joint and Survivor annuity. There is no charge to the participant for the benefit payable to the spouse if the spouse is no more than 10 years younger than the participant for UAW participants. For Kansas City Steelworkers, the benefit is reduced by 10% and plus or minus 0.5% for each year of age difference between participant and spouse. For Fargo IAM participants, the benefit is reduced based on actuarial equivalence.

SCHEDULE SB ATTACHMENTS

Early retirement benefit

Eligibility:

UAW and Kansas City Steelworkers – Earliest of age 60 with 10 years of entitlement service, or age 55 with age plus entitlement service of at least 85 points, or 30 years of entitlement service.

Fargo – Age 55 with 10 years of entitlement service.

Benefit:

Accrued Benefit reduced for early retirement, plus the Supplemental Allowance Benefit payable to age 62 to the UAW participants hired before May 14, 1998 and to Kansas City Steelworkers, and the Special Medicare Benefit payable to the UAW participants hired before May 14, 1998, if receiving Medicare.

Percentage of Normal Retirement Benefit available at early retirement for UAW and Kansas City Steelworkers.

Age	Percentage
47	50.0%
48	53.3
49	56.7
50	60.0
51	63.3
52	66.7
53	70.0
54	73.3
55	76.7
56	80.0
57	83.3
58	86.7
59	90.0
60	93.3
61	96.7
62	100.0

For UAW, the reduction stops with respect to payments made on or after age 62 if the participant terminated with at least 30 years of entitlement service, or with age plus entitlement service of at least 85 points.

For Kansas City Steelworkers, the reduction stops with respect to payments made on or after age 62, if the participant terminated with at least 30 years of entitlement service.

SCHEDULE SB ATTACHMENTS

Fargo – Normal Retirement Benefit reduced for early retirement before age 65 by the percentage in the following table:

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Supplemental allowance benefit:

United Auto Workers*		Kansas City Steelworkers	
Effective Date	Target Amount	Effective Date	Target Amount
1/1/09	$2,790	12/1/02	$1,950
1/1/10	2,880		
4/30/11	2,925		
4/30/12	2,970		
4/30/13	3,015		
4/30/14	3,060		
4/30/15	3,105		
4/30/19	3,130		
4/30/20	3,155		

* UAW participants hired after May 13, 1998 and Fargo employees are not eligible for the Supplemental Allowance Benefit.

The Target amount is reduced proportionately for less than 30 years of entitlement service, and the benefit is also reduced 1% for each full month for commencement prior to age 60.

The Supplemental benefit is equal to the Target benefit less accrued benefit, reduced for early retirement (including June 30, 1994 Tenneco benefit), less June 30, 1994 Tenneco supplemental benefit, if any.

Disability benefit

Eligibility:

Termination due to total and permanent disability and after attaining 10 years of entitlement service (5 years for Fargo).

SCHEDULE SB ATTACHMENTS

Benefit:

For UAW participants and Kansas City Steelworkers, Accrued Benefit unreduced for early commencement. For Fargo IAM participants, Accrued Benefit reduced for early commencement and increased by 10% (not to exceed unreduced accrued benefit).

Additional benefits payable:

Temporary benefit shown below payable to age 62 or until Social Security benefits become payable, plus Special Medicare Benefit payable immediately upon eligibility for Medicare.

Temporary benefit:

United Auto Workers*		Kansas City Steelworkers	
Effective Date	**Rate**	**Effective Date**	**Rate**
1/1/09	$40.90	12/1/88	$5.20
1/1/10	41.45		
4/30/11	42.10		
4/30/12	42.70		
4/30/13	43.35		
4/30/14	44.00		
4/30/15	44.65		
4/30/19	45.00		
4/30/20	45.35		

* For UAW participants hired after May 13, 1998, the Temporary Benefit Rate is frozen at $23.60.

The Temporary Benefit is equal to the Temporary Benefit Rate times Credited Service (limited to 30 years or 25 years for Kansas City Steelworkers), less June 30, 1994 Tenneco temporary benefit, if any.

Fargo retirees are not eligible for the Temporary Benefit or Medicare supplement.

Waiting period:

A period at least equal to the maximum period for which short term disability benefits are payable (or 7 months for Fargo IAM, if larger).

Vested benefits upon termination of service

Eligibility:

Termination for reasons other than death, disability or retirement after completing 5 years of service.

Benefit:

Accrued Benefit determined as of termination date deferred to NRA, reduced if the benefits start prior to age 65, as follows:

Age	Percentage	Age	Percentage
55	49.0%	61	76.0%
56	52.0	62	82.0
57	56.0	63	88.0
58	60.0	64	94.0
59	64.0	65	100.0
60	70.0		

Pre-retirement death benefits

Eligibility:

If an active participant dies after completion of 5 years of continuous service, and is survived by a spouse, the spouse will receive a pension computed in accordance with foregoing formula for Normal Retirement.

Benefit:

55% of the Accrued Benefit is payable to the spouse, reduced for early commencement (50% for Fargo IAM). The benefit will commence at the earliest date the participant would have reached early retirement eligibility, considering that service is frozen at date of death. The surviving spouse is eligible for the Special Medicare Benefit, commencing at age 65.

Optional forms of benefit

Depending on the covered group, a participant may be eligible for some or all of the following options:

- Life annuity,
- 50%, 55%, 60%, 75%, 100% Joint and Survivor annuity,
- 10-year Certain and Life annuity,
- Level Income Option annuity.

SCHEDULE SB ATTACHMENTS

All Employees

Employee contributions

Not required or permitted.

Changes in plan provisions since last actuarial valuation

None.

Supplemental Schedule

CNH Industrial U.S. Pension Plan

EIN 39-1982756 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at Year End)

December 31, 2025

Identity of Issuer	Description of Investment	Shares / Par	Cost	Current Value
	Interest Bearing Cash			
* State Street	STIF 25 BPS	1,274,550	$ 1,274,550	$ 1,274,550
	Mortgage Backed Securities			
Citigroup Global Market Holdings Inc.	ADJUSTABLE RATE MORTGAGE TRUST ARMT 2005 12 2A2	2,493	$ --	$ 53
	Collective Trust Funds			
BlackRock	MSCI ACWI EQUITY IND MUTUAL FUND	203,917	$ 2,696,252	$ 8,106,432
Global Trust Company	IR+M LONG CORPORATE COLLECTIVE	3,867,362	$ 42,453,149	$ 52,324,841
* Willis Towers Watson	GT LONG CREDIT FUND	3,656,577	$ 39,066,820	$ 44,292,479
BlackRock	TSY US 20 YR KEY RATE DUR NL LDI	118,276	$ 1,001,613	$ 435,276
BlackRock	TSY U.S.25+ YR KEY RATE DUR N	390,633	$ 3,238,724	$ 1,471,965
* State Street	LONG US GOVERNMENT INDEX FD FUND CM1D	1,056,242	$ 45,088,528	$ 40,850,163
* State Street	INTERMED U.S. GOVT BOND INDX N (CM1E)	297,134	$ 8,091,554	$ 8,647,202
BlackRock	TSY US10 YR KEY RATE DUR NL FD MUTUAL FUND	341,046	$ 2,321,236	$ 1,963,248
BlackRock	TSY U.S. 15 YR KEY RATE DUR NL MUTUAL FUND	298,874	$ 2,785,046	$ 1,201,064
	Total Collective Trust Funds			$ 159,292,670
Total assets held at end of year				**$ 160,567,273**

**Party-in-interest investment*

See Independent Auditor's Report

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The retirement, termination and marriage rates were updated as a result of the 2024 experience study to better reflect anticipated future experience.

Plan Name:	CNH Industrial U.S. Pension Plan
EIN / PN:	39-1982756/001
Plan Sponsor:	Case New Holland Industrial Inc.
Valuation Date:	January 1, 2025