Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/1962

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)
BANK OF HOPE

3200 WILSHIRE BLVD
SUITE 610
LOS ANGELES, CA 90010

2b Employer Identification Number (EIN)
95-3972168

2c Plan Sponsor's telephone number
213-427-1000

2d Business code (see instructions)
522120

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

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

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

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

5	Total number of participants at the beginning of the plan year	**5**	224
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)**	75
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6
b	Retired or separated participants receiving benefits	**6b**	111
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	146
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BANK OF HOPE

D Employer Identification Number (EIN)
95-3972168

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	21948056
b Actuarial value	**2b**	19933570

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	105	6904986	6904986
b For terminated vested participants	44	1217290	1217290
c For active participants	75	7298258	7299195
d Total	224	15420534	15421471

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	125671
c Target normal cost	**6c**	125671

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

MISTY LAM, EA, MSPA, MAAA
Type or print name of actuary

26-06737
Most recent enrollment number

GALLAGHER BENEFIT SERVICES
Firm name

808-258-0315
Telephone number (including area code)

1050 QUEEN STREET, SUITE 100
HONOLULU, HI 96814
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3842119
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3842119
10	Interest on line 9 using prior year's actual return of 16.04 %	0	616276
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 5.06 %		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		
12	Other reductions in balances due to elections or deemed elections	0	71967
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4386428

Part III Funding Percentages

14	Funding target attainment percentage	14	100.81 %
15	Adjusted funding target attainment percentage	15	129.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.43 %
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**	70

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**	125671
b Excess assets, if applicable, but not greater than line 31a	**31b**	125671

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
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
BANK OF HOPE

D Employer Identification Number (EIN)
95-3972168

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

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

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	381902	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GALLAGHER FIDUCIARY ADVISORS, LLC

26-0516431

(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?
27 50	NONE	40163	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO ADVISORS, LLC

34-1542819

(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?
27 50 68 71	NONE	28765	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)

BAKER TILLY US, LLP

30-1413443

(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	25859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT TRUST COMPANY

43-1971558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	16644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
BANK OF HOPE

D Employer Identification Number (EIN)
95-3972168

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	1313873	1020
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17457	110657
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14812053	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5844956	18336024
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	21988339	18447701
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	33325	1020
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	33325	1020
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	21955014	18446681

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)	9	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	165651	
(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)		165651
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		920721
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1086381
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4077636	
(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)		4077636
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25859	
(5) Investment advisory and investment management fees	2i(5)	68928	
(6) Bank or trust company trustee/custodial fees	2i(6)	16645	
(7) Actuarial fees	2i(7)	381902	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	23744	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		517078
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4594714
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3508333
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		5000000
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 586727.

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
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
BANK OF HOPE

D Employer Identification Number (EIN)
95-3972168

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): 04-3581074 99-6072895

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 | 76

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Territorial Savings Bank Employee Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2025 (liquidation basis) and 2024

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Independent Auditor's Report

The Plan Administrator of
Territorial Savings Bank Employee Retirement Plan

Opinion

We have audited the financial statements of Territorial Savings Bank Employee Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 (liquidation basis) and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (liquidation basis) and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Territorial Savings Bank Employee Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 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.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Auditor's Responsibilities for the Audit of the Financial Statements

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 Territorial Savings Bank Employee Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Notes 2 and 7 to the financial statements, the Plan was terminated effective June 15, 2025, and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting from the ongoing accrual basis used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Spokane, Washington
October 14, 2026

Territorial Savings Bank Employee Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	In liquidation 2025	Ongoing 2024
Assets		
Investments		
Investments at fair value	$ 18,337,044	$ 21,970,882
Receivables		
Amounts due from brokers for securities sold	110,657	17,457
Other assets		
Accrued investment income	138,159	-
Total assets	18,585,860	21,988,339
Liabilities		
Payables		
Other payables	1,020	33,325
Accrued liquidation costs	284,516	-
Total liabilities	285,536	33,325
Net assets available for benefits	$ 18,300,324	$ 21,955,014

See notes to financial statements

Territorial Savings Bank Employee Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	In liquidation 2025	Ongoing 2024
Additions		
Investment income		
Interest and dividends	$ 750,440	$ 483,155
Net appreciation in fair value of investments	335,941	2,781,215
Total investment income	1,086,381	3,264,370
Accrued liquidation income	138,159	-
Less investment expense	(68,928)	(138,959)
Total additions	1,155,612	3,125,411
Deductions		
Benefits paid to participants	4,077,636	1,157,701
Administrative expenses	448,150	132,113
Estimated liquidation costs	284,516	-
Total deductions	4,810,302	1,289,814
Net increase (decrease)	(3,654,690)	1,835,597
Net assets available for benefits		
Beginning of year	21,955,014	20,119,417
End of year	$ 18,300,324	$ 21,955,014

See notes to financial statements

1. Description of Plan

The following description of the Territorial Savings Bank Employee Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan originally established effective January 1, 1962, amended and restated effective January 1, 1976, and most recently restated effective January 1, 2016. Following the April 2, 2025 merger of Territorial Bancorp Inc. with Hope Bancorp, Inc., Bank of Hope became the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Retirement Plan Committee is responsible for oversight of the Plan, including oversight of the Plan's investments and investment performance.

The Plan was closed to new members effective January 1, 2009, and no Benefit Service is credited for periods after December 31, 2008. Eligibility Service may continue for vesting purposes. The Plan was terminated effective June 15, 2025, pursuant to the executed Plan amendment and Board resolutions, at which time all affected accrued benefits became fully vested. See Note 7.

Funding Policy - During each Plan year, the Plan Sponsor contributes to the trust fund such amounts, if any, as determined by its actuary that are necessary to fund the cost of the Plan on an actuarial basis and not less than the amounts required under the minimum funding standards of Section 412 of the Internal Revenue Code and ERISA. The Plan Sponsor met or exceeded the minimum funding requirements of ERISA for 2025. Contributions by participants are not required or permitted by the Plan.

Normal retirement - A participant's annual amount of normal retirement income is the sum of (A) past service retirement income and (B) future service retirement income, but not less than (C) the minimum benefit.

(A) Past service retirement income for credited service to December 31, 1983, is the greater of:
1. The amount of monthly retirement income credit under the Plan for benefit service to December 31, 1983; or
2. An amount equal to 1.0% of the participant’s past service compensation plus 0.5% of any excess of the past service compensation over $12,000, multiplied by the participant’s number of years of credited service on December 31, 1983. Past service compensation is the lesser of the participant’s 1983 compensation or the average compensation during the 36 consecutive months, for which such average compensation is the highest.

(B) Future service retirement income:
1. For each Plan year commencing on January 1, 1984 through December 31, 1988, 1.5% of compensation for the Plan year plus 0.5% of any excess of compensation over the Social Security wage base. For each year commencing on or after January 1, 1989, 1.5% of compensation for the Plan year plus 0.3% of excess compensation over the Social Security wage base. The preceding clause does not apply for any year during which benefit service accrued to date exceeds 35 years. Benefit accruals under the Plan ceased as of December 31, 2008.

(C) Minimum benefit:
1. For a participant who, on December 31, 1988, was a participant in the Plan and was a highly compensated employee described in Section 414(q)(1)(A) or (B) of the Internal Revenue Code of 1986, as amended, for the Plan year ended December 31, 1989, the minimum benefit is the annual accrued benefit as of December 31, 1988, under the Plan provisions in effect on that date; or
2. For a participant who was a participant in the Plan after December 31, 1988, and before the adoption date of the Plan restatement effective January 1, 1989, and who is not described in (1) above, the minimum benefit is the annual accrued benefit as of the adoption date of the Plan restatement effective January 1, 1989, under the Plan provisions in effect on December 31, 1988.

The monthly normal retirement income shall never be less than the greatest monthly amount of reduced early retirement income that the participant could have received under the early retirement provisions of the Plan.

Early retirement - A participant who retires after attaining age 55 but before age 65, the normal retirement age, is eligible to receive early retirement benefits. Benefits commence on the date determined in accordance with the Plan and are reduced by one-half of 1.0% for each month the benefit commencement date precedes the participant's normal retirement date up to 60 months and by one-third of 1.0% for each month in excess of 60 months.

Preretirement death benefit - In the event a participant dies before retirement, the participant's surviving spouse may be entitled to monthly income payments in accordance with the terms of the Plan. Participants should refer to the Plan document for the specific eligibility and benefit provisions applicable to preretirement death benefits.

Vesting/termination of service - Prior to the Plan termination, participants generally became vested after completing five years of service or attaining the applicable retirement eligibility provisions under the Plan. Effective June 15, 2025, all affected accrued benefits became fully vested in connection with the Plan's termination. Accumulated participant contributions related to the Former Plan, including interest, were $34,330 as of December 31, 2024.

2. Summary of Accounting Policies

Basis of Accounting

As a result of the approved termination of the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the year ended December 31, 2025 are presented on the liquidation basis of accounting.

Under the liquidation basis of accounting, assets are measured at the estimated amount of cash or other consideration expected to be collected upon disposition, and liabilities are measured in accordance with applicable accounting principles generally accepted in the United States of America. The Plan also accrues estimated income and costs expected to be earned or incurred through completion of the liquidation when such amounts can be reasonably estimated.

At December 31, 2025, the Plan recognized estimated income expected to be earned and estimated costs expected to be incurred through completion of the liquidation. The estimated income and costs are presented separately in the financial statements. These estimates are based on actual subsequent activity through September 30, 2026 and management's estimates of the remaining liquidation activity. Actual amounts ultimately earned or incurred may differ from these estimates.

The financial statements of the Plan for the year ended December 31, 2024 are presented on the ongoing accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

The Plan's expenses are paid by the Plan or the Company, as specified in the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Direct investment-management expenses are presented as a reduction of investment income. Investment-related expenses that are reflected in the net asset value or earnings of the underlying investment funds are not separately disclosed.

Subsequent Events

Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on compensation and Benefit Service credited through December 31, 2008, when benefit accruals under the Plan ceased. Benefits payable under all circumstances, including retirement, death and termination of employment, are included to the extent attributable to employee service rendered to the benefit information date. Benefits to be provided through annuity contracts excluded from Plan assets, if any, are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and represents the amount resulting from the application of actuarial assumptions to adjust accumulated plan benefits for the time value of money and the probability of payment between the benefit information date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2024, and the related changes for the year then ended are based on an actuarial valuation performed as of January 1, 2025. The January 1, 2025 valuation has been used as the benefit information date for purposes of this disclosure. The ASC 960 results as of January 1, 2025 do not reflect the Plan termination that occurred subsequent to the benefit information date.

Significant actuarial assumptions used in the valuation included a discount rate of 6.75%, retirement rates of 10% for participants ages 62 through 71 and 100% for participants age 72 and over, and the Pri-2012 Total Dataset Mortality Tables, base year 2012, projected with Mortality Improvement Scale MP-2021. For beneficiaries, the Pri-2012 Contingent Survivor Mortality Table, base year 2012, projected with Mortality Improvement Scale MP-2021 was used.

Actuarial present value of accumulated plan benefits	**December 31, 2024**
Retired participants and beneficiaries receiving payment	$ 6,327,415
Terminated vested participants	1,018,438
Active participants	6,560,887
Vested Accumulated Benefits	13,906,740
Nonvested accumulated benefits	894
Total actuarial present value of accumulated plan benefits	13,907,634
Actuarial present value of accumulated plan benefits at beginning of year	13,936,904
Benefits paid	(1,158,699)
Interest	902,273
Benefits accumulated and actuarial experience	227,156
Net Decrease	(29,270)
Actuarial present value of accumulated plan benefits at end of year	$ 13,907,634

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Cash and cash equivalents - Valued at cost, which the Plan believes approximates fair value.

Registered investment companies (mutual funds) and money market funds - Valued at the daily closing net asset value reported by the fund. These funds publish a daily net asset value and transact at that price and are classified within Level 1 of the fair value hierarchy.

Common stocks and exchange traded funds - Valued at the closing price reported on the active market on which the individual securities are traded and are classified within Level 1 of the fair value hierarchy.

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

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 1,020	$ -	$ -	$ 1,020
Money market fund	172,160	-	-	172,160
Mutual funds	18,163,864	-	-	18,163,864
Total investments at fair value	$ 18,337,044	$ -	$ -	$ 18,337,044

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 261,735	$ -	$ -	$ 261,735
Money market funds	1,052,138	-	-	1,052,138
Mutual funds	5,844,956	-	-	5,844,956
Common stocks	12,919,515	-	-	12,919,515
Exchange traded funds	1,892,538	-	-	1,892,538
Total investments at fair value	$ 21,970,882	$ -	$ -	$ 21,970,882

As of December 31, 2025 and 2024, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. The Plan's accounting policy is to recognize transfers between levels of the fair value hierarchy on the date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Levels 1, 2 or 3 during the years ended December 31, 2025 and 2024.

5. Concentrations

At December 31, 2025, the Vanguard Intermediate-Term Treasury Institutional fund had a market value of approximately $17.81 million, representing approximately 97.3% of net assets available for benefits of $18.30 million.

6. Related-Party and Party in Interest Transactions

During 2025, Plan assets were held and administered by Wells Fargo during the earlier portion of the year and were subsequently transferred to Benefit Trust Company. Benefit Trust Company served as trustee of the Plan at December 31, 2025. The trustees held and administered Plan assets, received investment income, executed investment transactions and made distributions on behalf of the Plan. These transactions constitute party-in-interest transactions under ERISA.

The Plan paid expenses related to Plan operations and investment activity to various service providers. In addition, certain administrative functions of the Plan are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

7. Plan Termination

On April 26, 2024, Hope Bancorp, Inc., a Delaware corporation (Hope Bancorp), and Territorial Bancorp Inc., a Maryland corporation (Territorial Bancorp), entered into an Agreement and Plan of Merger. The merger was completed on April 2, 2025. In connection with the merger, the Board of Directors adopted a resolution effective June 15, 2025 to terminate the Plan. Effective June 15, 2025, all affected accrued benefits became 100% vested.

Upon termination, the net assets of the Plan are allocated in accordance with ERISA and related regulations based on applicable statutory priority categories. Certain vested benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), subject to applicable statutory limitations. The extent to which participants receive their accumulated plan benefits depends on the priority of those benefits, the Plan's assets available for distribution, and the level of benefits guaranteed by the PBGC.

In connection with the termination of the Plan, the Plan was amended in 2025 to provide certain eligible participants and beneficiaries a one-time opportunity to elect to receive their accrued benefits in the form of a single lump-sum payment. Lump-sum distributions under this program were made during 2025. The amendment also provides that, to the extent the Plan has assets in excess of its liabilities upon termination, such excess assets will be allocated to eligible participants through pro rata increases in accrued benefits, subject to applicable limitations and nondiscrimination requirements.

The Plan expects to complete its liquidation by December 2026. Remaining liquidation activities include settlement of participant obligations through the final annuity purchase, allocation of available surplus assets to participants, and payment of remaining administrative and professional costs.

In connection with the adoption of the liquidation basis of accounting, the Plan recognized $138,159 of estimated income expected to be earned and $284,516 of estimated costs expected to be incurred through completion of liquidation, resulting in a $146,357 net reduction in net assets. The estimates are based on actual subsequent activity through September 30, 2026 and estimates of remaining liquidation activity, including expected income on the Plan's remaining assets and remaining service-provider costs. Estimated liquidation income and estimated liquidation costs are presented separately in the financial statements.

8. Tax Status

The IRS has determined and informed the Company by a letter dated June 8, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

9. Risks and Uncertainties

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

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

10. Form 5500 Reconciliation

The Form 5500 has certain items that differ from amounts shown in the accompanying financial statements. Net assets available for benefits reported in the financial statements are $146,357 less than net assets reported on the Form 5500 due to estimated income and costs recognized under the liquidation basis of accounting, as described in Note 7. All other differences relate to classification and have no effect on net assets available for benefits.

Territorial Savings Bank Employee Retirement Plan

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

EIN: 95-3972168 Plan Number: 010

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash	Cash & Equivalents	$ 1,020	$ 1,020
	VANGUARD SCOTTSDALE FDS VNG SCOTTSDALE FDS IT TREASRY INSTL	Mutual fund, 709,000.612 shares	17,570,229	17,810,095
	VANGUARD SCOTTSDALE FDS VNG LONG TERM GOVERNMENT BOND INDEX ADMIRAL	Mutual fund, 18,827.507 shares	359,496	353,769
	VANGUARD GROUP PRIME MONEY MARKET INS	Money market fund, 172,159.540 shares	172,160	172,160
			$ 18,102,905	$ 18,337,044

Territorial Savings Bank Employee Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 95-3972168 Plan Number: 010

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 474,660.187 shares on 03/12/2025 at $24.70	$ 11,724,107	$ -	$ -	$ -	$ 11,724,107	$ 11,757,333	$ -
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 163,516.131 shares on 03/12/2025 at $19.12	3,126,428	-	-	-	3,126,428	3,152,591	-
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 180,642.157 shares on 03/13/2025 at $24.77	4,474,506	-	-	-	4,474,506	4,460,055	-
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 61,888.053 shares on 03/13/2025 at $19.28	1,193,202	-	-	-	1,193,202	1,187,013	-
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 55,821.372 shares on 11/05/2025 at $25.08	-	1,400,000	-	-	1,381,321	1,405,582	18,679
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 73,568.050 shares on 11/05/2025 at $19.03	-	1,400,000	-	-	1,404,776	1,411,771	(4,776)
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 56,019.070 shares on 11/13/2025 at $25.17	1,410,000	-	-	-	1,410,000	1,408,319	-
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 92,002.091 shares on 11/13/2025 at $19.13	-	1,760,000	-	-	1,756,773	1,750,800	3,227
Total Single Transactions			$ 21,928,243	$ 4,560,000	$ -	$ -	$ 26,471,113	$ 26,533,464	$ 17,130

Territorial Savings Bank Employee Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 95-3972168 Plan Number: 010

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
16 purchases	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional	$ 19,828,505	$ -	$ -	$ -	$ 19,828,505	$ -	$ -
2 sales	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional	-	2,290,000	-	-	2,258,276	-	31,724
14 purchases	Vanguard	Vanguard Long-Term Government Bond Index Admiral	4,824,303	-	-	-	4,824,303	-	-
4 sales	Vanguard	Vanguard Long-Term Government Bond Index Admiral	-	4,440,000	-	-	4,464,806	-	(24,806)
25 purchases	Vanguard	Vanguard Prime Money Market Fund	2,285,657	-	-	-	2,285,657	-	-
43 sales	Vanguard	Vanguard Prime Money Market Fund	-	2,113,497	-	-	2,113,497	-	-
			-	-	-	-	-	-	-
Total Series Transactions			$ 26,938,465	$ 8,843,497	$ -	$ -	$ 35,775,044	$ -	$ 6,918

*A party in interest as defined by ERISA.

This schedule includes reportable single transactions and series of transactions exceeding 5% of the current value of Plan assets at the beginning of the Plan year.

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0	0	0	0
40 - 44	0	2	0	0	0	0	0	0	0	0
45 - 49	2	5	2	1	0	0	0	0	0	0
50 - 54	0	4	3	0	1	0	0	0	0	0
55 - 59	3	4	5	2	2	0	0	0	0	0
60 - 64	2	5	3	0	3	4	0	0	0	0
65 - 69	1	2	1	1	0	2	1	1	0	0
70 & up	1	3	1	0	2	4	0	1	1	0
Total	9	25	15	4	8	10	1	2	1	0

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the segment rates. The segment rate assumption used for this measurement is prescribed by law and is in line with applicable regulations.

The expected rate of return assumption is based on estimate of long-term future experience, taking into account asset allocation and historical and expected plan experience.

The demographic assumptions that have a significant effect on this measurement, and are chosen by the actuary, are the retirement rates, withdrawal rates, and frequency of optional payment forms. These assumptions are monitored annually through gain/loss analysis. Based on the actuary's gain-loss analysis, including consistency with other assumptions used in the valuation, the actuary believes that these assumptions are reasonable for the purpose of the measurement.

Accounting assumptions and methods selection and rationale

The assumptions for accounting purposes were selected and prescribed by the plan sponsor with the actuary's advice.

The demographic assumptions used for determining accounting liabilities are the same as those used for funding purposes, except for mortality assumptions. The mortality assumption used in this valuation reflects the Society of Actuaries' most recently published tables. Since the other material demographic assumptions are the same as those used for funding purposes, and since funding assumptions are selected by the plan's actuary, then they are reasonable for accounting purposes as well.

The material economic assumption is the discount rate, which is set equal to the expected rate of return on assets. The expected rate of return on assets was selected based on a methodology that considers investment real returns for certain asset classes over historical periods of various durations, in conjugation with the long-term outlook for inflation. This methodology is applied to the actual asset allocation, which is in line with the investment policy guidelines of the plan.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

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

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Prescribed Funding Assumptions and Methods

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

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.07%	4.75%
Second Segment Rate	5.31%	4.87%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.34%	5.06%
Funding Rates – Unconstrained**		
First Segment Rate	5.07%	3.62%
Second Segment Rate	5.33%	4.46%
Third Segment Rate	5.36%	4.52%
Effective Interest Rate	5.31%	4.41%

* Used for minimum funding and benefit restriction purposes; the plan sponsor elected to adopt the new stabilized segments rates in accordance with ARP 2021 starting with plan year 2021.

** Used for maximum tax-deduction purposes and PBGC premiums. The plan elected to use the Alternative Premium Funding Target and has not revoked that election.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service as of December 31, 2008, the effective date of the freeze on all future benefit accruals. The Target Normal Cost is equal to the expected plan administrative expenses to be paid from plan assets during the year.

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under current legislation.

Since the plan's experience is too small to form the basis of reliable assumptions, the assumptions detailed below are based on actuarial judgment and analysis of recent plan experience. For significant assumptions, actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review.

Expenses

Expected plan administrative expenses added to the Target Normal Cost are equal to prior year's administrative expenses on an accrual-accounting basis minus PBGC premium paid, increased for 2% inflation, plus current year's PBGC premium amount.

Current Year:	$125,671
Prior Year:	$123,379

Frequency of optional payment forms

75% assumed to elect single life annuities and 25% assumed to elect 50% the Qualified Joint and Survivor Annuities.

Deferred Vested Commencement

Assumed to commence at age 65.

Marital percentage

83% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Retirements assumed to occur according to the following rates:

Age	Rate
62-71	10%
72 and over	100%

These rates are based on experience and last were last updated in 2021.

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

Age	Withdrawal Rates
25	30%
30	25%
35	20%
40	15%
45	10%
50	5%
55 and over	0%

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	6.75%	5.50%	5.50%
2024 Expected Return	6.75%	5.59%	5.59%
2023 Expected Return	6.75%	5.74%	5.74%

The actuary's expected return assumption is consistent with the expected rate of return on assets selected by the plan sponsor for accounting purposes. This assumption was selected based on a methodology that considers investment real returns for certain asset classes over historical periods of various durations, in conjugation with the long-term outlook for inflation. This methodology is applied to the actual asset allocation, which is in line with the investment policy guidelines of the plan.

Summary of Changes from the January 1, 2024 Valuation

- The funding interest rates were updated as required by PPA. The interest rates are constrained in accordance with relevant legislation.
- The mortality tables used for funding purposes were updated with applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.
- The impact of the changes above is shown in Exhibit 2.10.

Territorial Savings Bank Employee Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 95-3972168 Plan Number: 010

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 474,660.187 shares on 03/12/2025 at $24.70	$ 11,724,107	$ -	$ -	$ -	$ 11,724,107	$ 11,757,333	$ -
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 163,516.131 shares on 03/12/2025 at $19.12	3,126,428	-	-	-	3,126,428	3,152,591	-
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 180,642.157 shares on 03/13/2025 at $24.77	4,474,506	-	-	-	4,474,506	4,460,055	-
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 61,888.053 shares on 03/13/2025 at $19.28	1,193,202	-	-	-	1,193,202	1,187,013	-
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 55,821.372 shares on 11/05/2025 at $25.08	-	1,400,000	-	-	1,381,321	1,405,582	18,679
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 73,568.050 shares on 11/05/2025 at $19.03	-	1,400,000	-	-	1,404,776	1,411,771	(4,776)
	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional; 56,019.070 shares on 11/13/2025 at $25.17	1,410,000	-	-	-	1,410,000	1,408,319	-
	Vanguard	Vanguard Long-Term Government Bond Index Admiral; 92,002.091 shares on 11/13/2025 at $19.13	-	1,760,000	-	-	1,756,773	1,750,800	3,227
Total Single Transactions			$ 21,928,243	$ 4,560,000	$ -	$ -	$ 26,471,113	$ 26,533,464	$ 17,130

Territorial Savings Bank Employee Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 95-3972168 Plan Number: 010

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
16 purchases	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional	$ 19,828,505	$ -	$ -	$ -	$ 19,828,505	$ -	$ -
2 sales	Vanguard	Vanguard Scottsdale Funds - Intermediate-Term Treasury Institutional	-	2,290,000	-	-	2,258,276	-	31,724
14 purchases	Vanguard	Vanguard Long-Term Government Bond Index Admiral	4,824,303	-	-	-	4,824,303	-	-
4 sales	Vanguard	Vanguard Long-Term Government Bond Index Admiral	-	4,440,000	-	-	4,464,806	-	(24,806)
25 purchases	Vanguard	Vanguard Prime Money Market Fund	2,285,657	-	-	-	2,285,657	-	-
43 sales	Vanguard	Vanguard Prime Money Market Fund	-	2,113,497	-	-	2,113,497	-	-
			-	-	-	-	-	-	-
Total Series Transactions			$ 26,938,465	$ 8,843,497	$ -	$ -	$ 35,775,044	$ -	$ 6,918

*A party in interest as defined by ERISA.

This schedule includes reportable single transactions and series of transactions exceeding 5% of the current value of Plan assets at the beginning of the Plan year.

SB Actuary Signature

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
TERRITORIAL SAVINGS BANK EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BANK OF HOPE

D Employer Identification Number (EIN)
95-3972168

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	21,948,056
b Actuarial value	2b	19,933,570

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	105	6,904,986	6,904,986
b For terminated vested participants	44	1,217,290	1,217,290
c For active participants	75	7,298,258	7,299,195
d Total	224	15,420,534	15,421,471

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	5.34%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	125,671
c Target normal cost	6c	125,671

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

Misty Lam — Signature of actuary

10/13/2026 — Date

Misty Lam, EA, MSPA, MAAA — Type or print name of actuary

2606737 — Most recent enrollment number

Gallagher Benefit Services — Firm name

808-258-0315 — Telephone number (including area code)

1050 Queen Street, Suite 100
Honolulu HI 96814 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,842,119
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,842,119
10	Interest on line 9 using prior year's actual return of 16.04%	0	616,276
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 5.06%		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		
12	Other reductions in balances due to elections or deemed elections	0	71,967
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,386,428

Part III Funding Percentages

14	Funding target attainment percentage	14	100.81%
15	Adjusted funding target attainment percentage	15	129.25%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.43%
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 [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	70

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**	125,671
b Excess assets, if applicable, but not greater than line 31a	**31b**	125,671

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

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	37.4773	0.1000	3.7477	232.3592
63	38.5601	0.1000	3.8560	242.9289
64	37.5044	0.1000	3.7504	240.0282
65	36.5338	0.1000	3.6534	237.4695
66	35.6373	0.1000	3.5637	235.2064
67	35.8037	0.1000	3.5804	239.8851
68	31.9202	0.1000	3.1920	217.0572
69	29.4289	0.1000	2.9429	203.0595
70	27.1779	0.1000	2.7178	190.2452
71	26.1439	0.1000	2.6144	185.6220
72	25.1875	1.0000	25.1875	1,813.5017
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	3.0000	1.0000	3.0000	225.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
80	2.0000	1.0000	2.0000	160.0000
Total			**67.8063**	**4,732.3628**
Average				**69.79**
Rounded Weighted Average Retirement Age				**70**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Summary of Plan Provisions

The values shown as of January 1, 2025 do not reflect the plan termination effective as of June 1, 2025

Effective Date

January 1, 1962 (Former Plan)
January 1, 1976 (Current Plan)

Amended Through

Restatement effective January 1, 2010, adopted November 24, 2010.

Amendment No. 1, adopted May 16, 2011, effective January 1, 2010.

Amendment No. 2, adopted December 4, 2014, effective June 26, 2013.

Restatement effective January 1, 2016, adopted January 26, 2016.

Eligibility to Participate

An employee is eligible on the first day of the month coinciding with or next following age 21 and one year of service during which he completed 1,000 or more hours of service. Outside Real Estate Loan Officers were ineligible to participate from May 1, 1999 to September 30, 2001. No employee can commence membership in the plan subsequent to December 31, 2008.

Service

Eligibility Service (Vesting)

A year of Eligibility Service is earned for 1,000 Hours of Service in a calendar year.

Benefit Service

One-twelfth of a year of Benefit Service is earned for each completed month of employment during which an employee was a member and received Compensation, excluding the first year of employment and employment before age 25 if the Member was 25 or over on January 1, 1976, and excluding the first two years of employment if the Member was under 25 on January 1, 1976. Service is also excluded while an employee was eligible to participate in the former plan before January 1, 1976 but declined to do so. No Benefit Service is credited for any period after December 31, 2008.

Normal Retirement

Eligibility

Age 65.

Amount of Pension

The monthly amount is the sum of the past service benefit and the future service benefit, but not less than the Minimum Benefit. However, benefit accruals under the plan ceased as of December 31, 2008.

Past Service Benefit

The greater of (a) or (b):

(a) The amount credited under the plan for Benefit Service to December 31, 1983.

(b) 1% of the first $1,000 plus 1.5% of any excess of the monthly rate of past service compensation multiplied by years of Benefit Service prior to January 1, 1984. Past service compensation is the lesser

of 1/12 of 1983 compensation or the average compensation during the 36 consecutive months which produce the highest such average.

Future Service Benefit

For each year from 1984 to 1988, 1/12 of: (i) 1.5% of compensation while a member in the plan year plus (ii) .5% of any excess of compensation over the Social Security Wage Base. For each year from 1989 on, 1/12 of: (i) 1.5% of compensation while a member in the plan year plus (ii) .3% of any excess of compensation over the Social Security Wage Base. However, the preceding clause (ii) shall not apply for any year during which the Benefit Service accrued to date exceeds 35 years.

Benefit accruals under the plan ceased as of December 31, 2008.

Minimum Benefit

For non-super highly compensated employees, the benefit accrued under the pre-1989 formula through the date the plan document restatement was adopted.

Time and Form of Payment

The normal form of benefit is a life annuity beginning on the first of the month coincident with or next following eligibility for Normal Retirement. The normal form of payment for a married member is a 50% joint and survivor benefit reduced to reflect the fact that, on the average, benefits will be paid for a longer time.

Early Retirement

Eligibility

Age 55 and, for employees who become members of the plan on or after September 1, 2005, completion of 5 years of Eligibility Service.

Amount of Pension

Benefits are the same as for Normal Retirement but are reduced by ½% for each month the benefit commencement date precedes the Normal Retirement Date up to 60 months and by 1/3% for each month in excess of 60 months.

Time and Form of Payment

The normal form of benefit is a life annuity beginning on any first of the month coincident with or next following eligibility for Early Retirement. As for Normal Retirement, the normal form for married members is a 50% joint and survivor benefit. This benefit would be reduced to reflect the fact that, on the average, benefits will be paid for a longer time.

Late Retirement

Eligibility

Any time after eligibility for Normal Retirement.

Amount of Pension

Benefit is the greater of (1) the benefit calculated as of the Late Retirement Date and (2) the benefit on a member's Normal Retirement Date, actuarially increased to reflect the fact that the benefits will be paid for a shorter time.

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Summary of Plan Provisions (continued)

Time and Form of Payment

The normal form of benefit is a life annuity beginning on any first of the month coincident with or next following Late Retirement. The normal form of payment for a married member is a 50% joint and survivor benefit reduced to reflect the fact that, on the average, benefits will be paid for a longer time.

Termination

Eligibility

A member is fully vested upon reaching age 65 or upon the completion of five years of Eligibility Service.

Amount of Pension

Upon termination a vested member may elect to leave or withdraw his accumulated member's contributions.

If he leaves his accumulated contributions in the plan, his termination benefit is the same as that earned under the Normal Retirement Pension.

If he withdraws his accumulated contributions, he will be entitled to a reduced termination benefit.

Time and Form of Payment

The normal form of payment for the termination benefit is a life annuity beginning at normal retirement age. The normal form for a married member is a reduced 50% joint and survivor benefit. A member may elect to receive the termination benefit starting any time after eligibility for early retirement, but the benefit will be reduced to reflect the longer period payment will be made.

Pre-Retirement Spouse's Pension:

Eligibility

Any time after becoming vested or eligible for a pension, provided the member has been married for at least one year and provided plan benefits have not commenced at the time of death.

Amount, Time and Form of Pension

The benefit shall commence on what would have been the member's normal retirement date (or, at the spouse's election, at any time after the date the member would have attained age 55) and continue for the life of the spouse. The spouse receives 1/2 of the reduced 50% Joint & Survivor Pension that would have been in effect had the member terminated on the date of death, survived to the date payments commence, and retired on that date.

Forms of Payment:

Automatic Form

Life Annuity for unmarried member

Reduced 50% Qualified Joint & Survivor for married member

Optional Forms

50%, 66-2/3%, 75% or 100% Contingent Annuitant options.

Social Security Level Income option if retire before earliest Social Security retirement age.

For member prior to normal retirement age: mandatory lump sum of $1,000 or less and optional lump sum of more than $1,000, but not more than $5,000. For member past normal retirement age, surviving spouse, or alternate payee: mandatory lump sum of $5,000 or less.

The member's life annuity is converted into an actuarially equivalent other form of payment using (except for lump sum) the 417(e) Applicable Mortality Table for 2016 and an interest rate of 5.0% per year.

Territorial Savings Bank Employee Retirement Plan
EIN/PN: 95-3972168 / 010

Schedule SB, Part V – Summary of Plan Provisions (continued)

The lump sum form of payment is calculated as the present value of the accrued benefit payable at Normal Retirement Date (or actual retirement date, if later), using the Internal Revenue Code Section 417(e)(3) assumptions and a lookback month for the applicable interest rate for the second full calendar month preceding the plan year.

Employee Contributions

As of January 1, 1976, no employee contributions were required or permitted.

If a member dies prior to retirement without the pre-retirement spouse benefit in effect, a death benefit of the accumulated contributions with interest is payable to the designated beneficiary. Total retirement payments to the member or beneficiary shall be at least the amount of accumulated contributions with interest to the date of retirement.

A terminated member may elect to withdraw his employee contributions with interest and receive a reduced retirement annuity.

Summary of Changes from the January 1, 2024 Valuation

None.

Territorial Savings Bank Employee Retirement Plan

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

EIN: 95-3972168 Plan Number: 010

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash	Cash & Equivalents	$ 1,020	$ 1,020
	VANGUARD SCOTTSDALE FDS VNG SCOTTSDALE FDS IT TREASRY INSTL	Mutual fund, 709,000.612 shares	17,570,229	17,810,095
	VANGUARD SCOTTSDALE FDS VNG LONG TERM GOVERNMENT BOND INDEX ADMIRAL	Mutual fund, 18,827.507 shares	359,496	353,769
	VANGUARD GROUP PRIME MONEY MARKET INS	Money market fund, 172,159.540 shares	172,160	172,160
			$ 18,102,905	$ 18,337,044