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
TRANSAMERICA PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1977

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

EMPLOYEE SERVICES
6400 C ST CW
CEDAR RAPIDS, IA 52499

2b Employer Identification Number (EIN) 42-1484983

2c Plan Sponsor's telephone number 319-355-6905

2d Business code (see instructions) 524140

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.	10/15/2026	JENNIFER PALMIERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	29104
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)**	7374
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7258
b	Retired or separated participants receiving benefits	**6b**	10972
c	Other retired or separated participants entitled to future benefits	**6c**	7814
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	26044
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2124
f	Total. Add lines **6d** and **6e**.	**6f**	28168
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**	178
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	02323-000	7184	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	200551
5	Current value of plan's interest under this contract in separate accounts at year end	5	13275762

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	192375
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8176		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	8176
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	200551
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	200551

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	77369-000	7184	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	407482488

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	50144	537		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	276781
5	Current value of plan's interest under this contract in separate accounts at year end	5	40866024

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	238147
c	Additions: (1) Contributions deposited during the year	7c(1)	2550000		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	9620		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2559620
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2797767
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2520986		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	2520986
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	276781

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	2193271550
b Actuarial value	**2b**	2272962720

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	13274	1197010838	1197010838
b For terminated vested participants	8573	573973046	573973046
c For active participants	7374	490792249	496675526
d Total	29221	2261776133	2267659410

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	33457722
b Expected plan-related expenses	**6b**	7100000
c Target normal cost	**6c**	40557722

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/15/2026
Date

FRANCIS P. CARBERRY, F.S.A., E.A.
Type or print name of actuary

26-05393
Most recent enrollment number

TRANSAMERICA
Firm name

508-903-6017
Telephone number (including area code)

6400 C STREET SW
CEDAR RAPIDS, IA 52499
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	644197886
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	64769777
9	Amount remaining (line 7 minus line 8)	0	579428109
10	Interest on line 9 using prior year's actual return of 0.05 %	0	289714
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		36618626
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		18309
c	Total available at beginning of current plan year to add to prefunding balance		36636935
d	Portion of (c) to be added to prefunding balance		36636935
12	Other reductions in balances due to elections or deemed elections	0	157519566
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	458835192

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	100.23 %
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	81.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/10/2026	50000000	0			
			Totals ► 18(b)	50000000	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	45765560

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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**	61

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**	40557722
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	453531882	46493243
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**	87050965

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	71687693	71687693

36 Additional cash requirement (line 34 minus line 35)	**36**	15363272
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	45765560

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	30402288
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	30402288
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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

KKR PRISMA

13-2857105

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

AEGON USA INVESTMENT MANAGEMENT

42-1310237

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

GROSVENOR CAPITAL MANAGEMENT

36-3795985

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

STATE STREET GLOBAL TRUST COMPANY

81-4017137

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

MERCER INVESTMENT MANAGEMENT

30-0282430

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

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

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

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

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

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

KKR PRISMA

13-2857105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CITIBANK

13-5266470

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	84234	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENT CONSULTING

30-0282430

(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?
51 52	FIDUCIARY	1613010	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 19	NONE	45198	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT FUND A

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-522	P	54141786

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON CASH MANAGEMENT FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-105	P	9765

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

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-829	P	29471632

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

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-831	P	281408867

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORP FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	386859231

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS INDX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-038	C	38166751

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

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-833	P	96592224

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON USA INVEST MGMT CIT

b Name of sponsor of entity listed in (a): MASSACHUSETTS FIDELITY TRUST COMPANY

c EIN-PN 42-0947998-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383100098

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER OPPORTUNISTIC FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 36-7630030-020	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32634341

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACT INT CRET FIXED INC PORT

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 85-2621954-048	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205483049

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG GOV BOND INDEX CLASS A

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

c EIN-PN 90-0337987-182	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268954158

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY

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

c EIN-PN 90-0337987-299	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22920354

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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	944371	10
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	50000000	50000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	519952	452844
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	48159868	52731847
(2) U.S. Government securities	1c(2)	121500740	126223713
(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)	1719	
(5) Partnership/joint venture interests	1c(5)	220615069	190949770
(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)	1265173660	1338117982
(10) Value of interest in pooled separate accounts	1c(10)	491125231	461624273
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	924875	1040625

		(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	2198965485	2221141064
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1766399	1629308
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1766399	1629308
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2197199086	2219511756

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)	50000000	
(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)		50000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3437962	
(B) U.S. Government securities	2b(1)(B)	2247688	
(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)		5685650
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	25810064	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		25810064

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		86989520
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		41160438
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5702425
d Total income. Add all **income** amounts in column (b) and enter total	2d		215348097
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184378351	
(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)		184378351
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1666894	
(6) Bank or trust company trustee/custodial fees	2i(6)	84236	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3002	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6902944	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		8657076
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		193035427
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22312670
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: FORVIS MAZARS LLP **(2)** EIN: 44-0160260

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 590922.

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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 |

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): 13-3689044

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 | 866

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: 4.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 84.0 %
High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 1.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

Transamerica Pension Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

TRANSAMERICA PENSION PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
Years Ended December 31, 2025 and 2024

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Independent Auditor's Report

Plan Administrator
Transamerica Pension Plan
Cedar Rapids, Iowa

Opinion

We have audited the financial statements of Transamerica Pension 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 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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.

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 listed in the table of contents 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

West Des Moines, Iowa
October 13, 2026

Federal Employer Identification Number: 44-0160260

TRANSAMERICA PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(dollars in thousands)	December 31, 2025	2024
Assets		
Cash	**$ -**	$ 944
Investments, at fair value		
U.S. government securities	**126,223**	121,501
Common stocks	**-**	2
Collective trusts	**1,338,117**	1,265,174
Pooled separate accounts	**461,624**	491,125
Short-term investments	**52,732**	48,159
Limited partnerships and other investments	**190,951**	220,614
Derivative assets	**1,041**	925
Total investments	**2,170,688**	2,147,500
Accrued investment income	**445**	468
Receivable from broker	**7**	52
Employer's contribution receivable	**50,000**	50,000
Total assets	**2,221,140**	2,198,964
Liabilities		
Derivative liabilities, at fair value	**598**	774
Accounts payable	**1,031**	992
Total liabilities	**1,629**	1,766
Net assets available for benefits	**$ 2,219,511**	$ 2,197,198

See Notes to Financial Statements

TRANSAMERICA PENSION PLAN
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS

(dollars in thousands)		For the Year Ended December 31, 2025
Additions to net assets attributed to:		
Contributions		
Employer	$	**50,000**
Total contributions		**50,000**
Investment income		
Interest		**5,686**
Other income		**5,702**
Net appreciation in fair value of investments		**153,960**
Total investment income		**165,348**
Total additions		**215,348**
Deductions from net assets attributed to:		
Benefits paid directly to participants		**184,378**
Administrative expenses		**8,657**
Total deductions		**193,035**
Net increase in net assets		**22,313**
Net assets available for benefits at beginning of year		**2,197,198**
Net assets available for benefits at end of year	**$**	**2,219,511**

See Notes to Financial Statements

TRANSAMERICA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
(Dollars in thousands)

1. Description of Plan

The Transamerica Pension Trust ("Trust") funds the Transamerica Pension Plan ("Plan"). The following description of the Plan provides only general information. Participants should refer to the *Summary Plan Description* for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan covering substantially all U.S. employees of affiliates (within the meaning of Sections 414(b) and 414(c) of the Internal Revenue Code (the "Code") of Transamerica Corporation (the "Company"). The Company is an indirect wholly-owned subsidiary of Aegon Ltd., a holding company organized under Bermuda law. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective December 31, 2018, the Plan was amended to also cover the participants in the frozen Pension Plan for U.S. Agents of Transamerica Life Insurance Company.

Plan Amendments

Effective January 1, 2025, the Company adopted provisions of the SECURE 2.0 Act of 2022 ("Secure 2.0") including increasing the mandatory cash out amount to $7 and increasing the required minimum distribution age. There were no amendments to the Plan in 2024.

Eligibility

Each eligible employee shall become a participant in the Plan as of the participation date coinciding with the date on which he or she has both attained age eighteen and is credited with six months of eligibility service.

Vesting and Forfeiture

Full vesting under the Plan occurs when the participant has completed three years of vesting service. If the participant should terminate employment prior to attaining three years of vesting service, the participant loses any benefits the participant earned under the Plan. There are special service groups who may have become 100% vested prior to the completion of the vesting service requirements due to an acquisition or divestiture.

Funding Policy

Under the terms of the Plan, the Company contributes such amounts and at such times as is necessary on an actuarial basis to fund benefits payable under the Plan. The amounts contributed to the Trust shall not be less than the amounts required to be contributed to satisfy minimum funding requirements under ERISA. Any actuarial gains arising under the Plan reduce future contributions to the Plan and do not increase retirement benefits. The Plan satisfied the minimum funding requirements for 2025 and 2024.

On September 8, 2026, the Company made voluntary contributions of $50 million to the Plan for the Plan year ended December 31, 2025. These contributions are reflected as an employer's contribution receivable on the Statements of Net Assets Available for Benefits.

Benefits

The Plan uses a cash balance formula to calculate benefits whereby a participant's accrued benefit is set forth as a notional cash balance account. The Plan credits participant cash balance accounts each pay period with amounts equal to 5% of their eligible earnings, as defined by the Plan. Additionally, the Plan credits interest on participant cash balance accounts monthly based on the balance as of the last day of the prior plan year. The Plan bases the annual interest crediting rate on the five-year U.S. Treasury Constant Maturity Yield for the month of October immediately preceding the Plan year. The Plan credits at a maximum interest crediting rate of 8%. The Plan credits at a minimum interest crediting rate of 4% for benefits accrued under the cash balance formula prior to January 1, 2022. No minimum applies to benefits accrued under the cash balance formula after December 31, 2021.

Prior to January 1, 2011, the Plan based normal retirement benefits upon the highest five complete, consecutive years of eligible compensation and years of credited service. The Plan froze accrued benefits under the traditional benefit formula for service accrued through December 31, 2010. The Plan accrues benefits under the cash balance formula and adds that accrual to the frozen December 31, 2010 benefit, if applicable. Participants who attained age 40 and were credited with 10 or more years of credited service as of December 31, 2010, have grandfathered benefits under the Plan whereby, the Plan will compare the benefits of grandfathered participants calculated under the traditional benefit formula for all service with the combined benefits (frozen and cash balance formula) and pay the higher benefits. As of December 31, 2021, all benefit accruals under the traditional benefit formula were frozen. Effective January 1, 2022, all future benefits will accrue under the cash balance formula.

The Plan provides for normal retirement at age 65 and the option to elect early retirement with reduced benefits at age 55 if the participant has completed 10 years of early retirement service, as defined under the Plan. In addition to the monthly annuity options, all participants who terminate employment on or after January 1, 2010, are eligible to receive benefits in the form of a lump sum payment. Benefits are recorded when paid. The Plan will not pay benefits to participants who are not eligible for retirement sooner than 90 days following termination of employment.

For the participants of the Pension Plan for U.S. Agents of Transamerica Life Insurance Company, which was merged with the Plan effective December 31, 2018, at retirement, a retiree's benefit payment is a 50% fixed and a 50% variable annuity. Adjustments to the variable portion of the annuity are made annually on January 1, based on the annual investment yield of Separate Account Fund A ("Fund A") through the preceding September. A retiree's variable annuity portion may increase or decrease from calendar year to calendar year depending on whether the actual performance of Fund A is higher or lower, respectively, than the expected rate of 7%. Participants may elect to receive a reduced monthly annuity plus a single sum payment in lieu of the full benefit being paid as a monthly annuity.

Administration

The Company is the Plan Administrator of the Plan. The Trust pays all significant administrative expenses of the Plan such as Pension Benefit Guaranty Corporation ("PBGC") premiums, investment consulting fees, and legal fees. The Company pays administrative expenses of the Plan that are payable to affiliates.

Priorities at Plan Termination

The Company has not expressed any intent to terminate the Plan; however, the Company is free to do so at any time. In the event the Plan terminates, the Plan will allocate its available net assets to benefits as prescribed by ERISA, generally in the following order:

a) Certain annuity benefits that former employees or their beneficiaries are receiving or participants eligible for retirement would have been receiving had they retired.
b) Other vested benefits insured by the PBGC, as discussed below.
c) All other vested benefits.
d) All non-vested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability pensions and survivors' pensions, up to a specified maximum monthly benefit of $7 and $7 for plan terminations during 2025 and 2024, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying Financial Statements are prepared in conformity with United States generally accepted accounting principles ("GAAP"). All accruals necessary for fair statement of the Financial Statements have been included.

Use of Estimates

The preparation of Financial Statements in accordance with GAAP requires the Plan Administrator to make estimates and assumptions which affect the reported amounts in the Financial Statements and accompanying notes. Actual results could differ from those estimates.

Investments

The Plan's investments consist of derivatives, U.S. government and government agency securities, collective trusts ("CIT"), common equity securities, Pooled Separate Accounts ("PSA"), mutual funds, short-term investments, and limited partnerships and other investments. PSA, CIT and limited partnerships and other investments are stated at fair value using net asset value ("NAV") per share (or its equivalent) as a practical expedient. Mutual funds are reported at fair value using NAV. Short-term investments are stated at cost which approximates fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. Such estimates do not consider the tax impact of the realization of unrealized gains or losses. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial instrument.

The Separate Account and CIT held by the Plan are pooled or commingled investment vehicles. There are no redemption restrictions on these investments. Underlying investments are valued in the following ways:

Short-term funds are comprised of short-term securities. Securities in the Transamerica Stable Value Fixed Fund are valued initially at cost and thereafter adjusted for amortization (accretion) of any premium (discount).

Stock funds hold domestic and foreign equities. Securities in these funds are priced using the closing price from the applicable exchange.

U.S. bond funds contain domestic fixed-income securities. Securities are priced by a vendor using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. The vendor also monitors market indices and industry and economic events. Prices are reviewed to ensure comfort and can be challenged with the vendor and/or overridden if the portfolio manager believes the price would be more reflective of fair value.

Intermediate and long credit fund comprises corporate bonds, mortgage-related securities, asset-backed securities, US government and agency securities, sovereign or agencies in both developed and emerging foreign markets, supranational entities, and debt obligations issued by state, provincial, county, or city governments or other municipalities. Securities are priced by a vendor using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. The vendor also monitors market indices and industry and economic events. Prices are reviewed to ensure comfort and can be challenged with the vendor and/or overridden if the portfolio manager believes the price would be more reflective of fair value.

Treasury Strip funds are comprised of zero-coupon U.S. Treasury securities and other fixed income securities. Securities in these funds are priced using the closing price from the applicable exchange.

Limited partnerships and other investments of the Plan consist of private equity partnerships and hedge fund investments, which are presented in the Statements of Net Assets Available for Benefits. The limited partnerships pursue multiple investment strategies taking both long and short positions, using arbitrage, buying, and selling undervalued securities, trading options or bonds, and investing in opportunities in various markets where it foresees gain opportunities at reduced risk. Lock-up redemption restrictions have been imposed by the fund managers on some of the hedge funds. The lock-up restrictions identify the minimum period of time the Trust is required to maintain the Plan's investment in the fund. Subsequent to this lock-up period, the Plan may redeem a certain percentage of its units quarterly, referred to as a redemption gate. See Note 3 – Fair Value Measurements and Fair Value Hierarchy for additional information regarding lock-up periods.

The Plan records purchases and sales of securities on a trade-date basis. The Plan records interest income as earned and dividends on the ex-dividend date. Net realized and unrealized appreciation (depreciation) are included within net appreciation (depreciation) in fair value of investments on the Statement of Changes in Net Assets Available for Benefits, which includes the Plan's gains and losses on investments bought and sold as well as held during the year. Income received from limited partnerships and other investments is recorded through other income in the Statement of Changes in Net Assets Available for Benefits.

The Plan has authorized the use of derivatives by its investment managers for efficient portfolio management purposes as part of its investment strategy. The Plan utilizes interest rate futures contracts to hedge the interest rate risk associated with the investment portfolio. Additionally, the Plan enters into put and call option contracts that serve to hedge the risk of equity market declines. Derivatives are recorded in the Statements of Net Assets Available for Benefits at fair value and related changes in fair value and realized gains (losses) are recorded through net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. Due to the limited derivative activity transacted, the Plan has not applied any permissible offsetting between counterparties at December 31, 2025, or earlier; however, the Plan periodically monitors and evaluates positional activity as additional derivative activity is transacted.

Receivable from Broker

Receivable from broker includes cash deposits for margin (inclusive of deposits to cover securities sold short trading activities) and receivables for security transactions that have not yet settled.

Contributions

The Company accrues contributions based on amounts determined in accordance with its funding policy.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including single-sum distributions, which are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present participants or their beneficiaries. The Plan bases benefits for participants who retired or terminated prior to January 1, 2011, on participants' eligible compensation during their highest five complete, consecutive years of compensation. Effective January 1, 2011, the plan provides for future benefit accruals under a cash balance formula, which provides for a hypothetical account to be maintained for each participant. Participants' hypothetical accounts will be credited with contribution credits (based on current eligible compensation, age, and years of service) and interest credits (based on a 5-year Treasury rate but not less than 4%). If a participant was at least age 40 with 10 years of credited service at December 31, 2010, their benefit is the greater of the benefit provided under the cash balance formula and the formula in effect prior to 2011 based on the participants' average eligible compensation during the highest five complete, consecutive years preceding the valuation date. Effective January 1, 2022, the Plan

provides for future benefit accruals for all participants under the cash balance formula with contribution credits (based on 5% of current eligible compensation) and interest credits (based on a 5-year Treasury rate with no minimum). The Plan includes benefits payable under all circumstances, retirement, death, disability, and termination of employment to the extent benefits are deemed attributable to participant credited service rendered to the valuation date. Accumulated plan benefits for former participants of the frozen U.S. Agents of Transamerica Life Insurance Company are based on the benefits accrued under that plan as of August 25, 1992. See Note 4 – Accumulated Plan Benefits for additional information, including actuarial present value of accumulated plan benefits and assumptions used.

Payment of Benefits

Benefit payments are recorded when paid.

Subsequent Events

The Financial Statements are adjusted to reflect events that occurred between the Statements of Net Assets Available for Benefits date and the date when the Financial Statements were issued, provided they give evidence of conditions that existed at the date of the Statements of Net Assets Available for Benefits date. As of October 13, 2026, no such adjustments have been made.

Events that are indicative of conditions that arose after the Statements of Net Assets Available for Benefits date are disclosed, but do not result in an adjustment of the Financial Statements.

Between January 1, 2026, and October 13, 2026, limited partnerships and other entities called commitments in the amount of $2,566. See Note 3 - Fair Value Measurement and Fair Value Hierarchy for the committed amount at December 31, 2025.

Risks and Uncertainties

Concentration of credit risk results when a Plan holds investments in the same business sector. Investments in a similar industry are exposed to risks that could cause similar changes to a high percentage of the Plan's investments due to changes in economic conditions, such as a decline in equity markets, change in interest rates and impacts to earnings of other sectors. The Plan's exposure to a concentration of credit risk in the financial industry is limited by diversification of investments into various financial instruments that minimize the impact of any single issuer.

The Plan is subject to equity price risk in the normal course of pursuing its investment objectives. As a primary risk to the Plan's equity investments, the change in equity prices can significantly impact the performance of the Plan.

The Plan is exposed to interest rate risk when there is an unfavorable change in the value of investments as a result of adverse movements in market interest rates. As interest rates rise, the market value of fixed income securities tends to decrease. Conversely, as interest rates fall, the market value of fixed income securities tends to increase. The risk will be greater for long-term securities than for short-term securities.

The capital markets may encounter a reduction in liquidity for many fixed income securities. As a consequence, some of the Plan's investments may become less liquid. These conditions may have an adverse impact on liquidity and valuations of the Plan's investments. Markets for relatively illiquid investments can be more volatile than markets for more liquid investments. If the Plan were required to liquidate all or a portion of its portfolio during a constrained time period as a result of market conditions, it may realize less value than the value at which it previously recorded investments.

The values of securities and derivatives traded by the Plan can be highly volatile. Price movements are influenced by, among other factors: interest rate; changing supply and demand relationships; prepayment speeds, mortgage defaulted rates, trade, fiscal, monetary and exchange control programs and policies of governments; and national and

international political and economic events and policies. The price volatility of derivative contracts may diverge, whereby long and short prices move in a directionally opposite manner at different speeds.

In the normal course of its business, the Plan trades various financial instruments and may enter into various investment activities with off-balance sheet risk. This includes corporate bonds sold short which contain varying degrees of off-balance sheet risk where the maximum potential loss on a particular investment is greater than the value of the asset or liability recognized in the Statements of Net Assets Available for Benefits.

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

Current Accounting Guidance

There were no new pronouncements effective for 2025 that are applicable to the Plan.

3. Fair Value Measurements and Fair Value Hierarchy

Accounting Standards Codification ("ASC") 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value, and enhances disclosure requirements for fair value measurements.

In accordance with ASC 820, the Plan has categorized its financial instruments into a three-level hierarchy, which is based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument.

Financial assets or liabilities recorded at fair value on the Statements of Net Assets Available for Benefits are categorized as follows:

a) *Level 1*. Unadjusted quoted prices for identical assets or liabilities in an active market.

b) *Level 2*. Quoted prices in markets that are not active or inputs that are observable either directly or indirectly for substantially the full term of the asset. Level 2 inputs include the following:

   i. Quoted prices for similar assets or liabilities in active markets
   ii. Quoted prices for identical or similar assets or liabilities in non-active markets
   iii. Inputs other than quoted market prices that are observable
   iv. Inputs that are derived principally from or corroborated by observable market data through correlation or other means

c) *Level 3.* Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3. The circumstances for using unobservable measurements include those in which there is little, if any, market activity for the assets or liabilities. Therefore, the Plan must make assumptions about inputs that a hypothetical market participant would use to value the assets or liabilities.

The Plan recognizes transfers between levels at the beginning of the year.

The following table presents the Plan's hierarchy for its assets and liabilities measured at fair value on a recurring basis at December 31, 2025 and 2024:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Derivatives (d)	$ **1,041**	$ -	$ -	$ **1,041**
U.S. government securities (a)	**126,223**	-	-	**126,223**
Short-term investments (c)	**52,732**	-	-	**52,732**
Investments measured at NAV (f)	-	-	-	**1,990,692**
Total assets	$ **179,996**	$ -	$ -	$ **2,170,688**
Liabilities				
Derivative liabilities (d)	$ **598**	$ -	$ -	$ **598**
Total liabilities	$ **598**	$ -	$ -	$ **598**

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Derivatives (d)	$ 925	$ -	$ -	$ 925
U.S. government securities (a)	121,501	-	-	121,501
Common stocks (b)	-	-	2	2
Short-term investments (c)	48,159	-	-	48,159
Investments measured at NAV (f)	-	-	-	1,976,913
Total assets	$ 170,585	$ -	$ 2	$ 2,147,500
Liabilities				
Derivative liabilities (d)	$ 774	$ -	$ -	$ 774
Total liabilities	$ 774	$ -	$ -	$ 774

(a) Securities are classified as Level 1 if the fair value is determined by observable inputs that reflect quoted prices for identical assets in active markets that the Plan has the ability to access at the measurement date. Level 1 securities include highly liquid U.S. Treasury and U.S. government agency securities. Securities are classified as Level 2 if the fair value is determined by observable inputs, other than quoted prices included in Level 1, for the asset or prices for similar assets or liabilities. Securities are classified as Level 3 if the valuations are derived from techniques in which one or more of the significant inputs are unobservable. Level 3 consists of securities whose fair value is estimated based on non-binding broker quotes or is internally calculated using significant unobservable inputs.

(b) Common stock which is valued based on exchange listed price quotations for identical securities in active markets is considered Level 1. Common stock is classified as Level 2 if the fair value is determined by observable inputs, other than quoted prices included in Level 1, for asset or prices for similar assets or liabilities. Common stock which is internally calculated using significant unobservable inputs is considered Level 3.

(c) Short-term investments consist primarily of money market funds. The Plan typically uses amortized cost to measure the fair value of these funds, as amortized cost is a close approximation of the fair value arising from obtaining a price from an external source.

(d) Level 1 derivatives may include futures and options that are marked to market daily and valued at closing market prices on the valuation date.

(e) Mutual funds are valued based on NAV provided by the fund managers, whose NAVs are quoted in an active market and therefore considered Level 1.

(f) Limited Partnerships, PSA and CIT are comprised of investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient and have not been classified in the fair value hierarchy in accordance with Subtopic 820-10. NAV is estimated using NAV per unit or NAV of the Plan's interest in partners' capital, is not quoted in an active market. Unfunded commitments or lockup periods are noted in the table below. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

	2025	2024	2025	2024		
	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
Limited Partnership - Private Equity (a) (c)	**$ 173,369**	$ 202,143	**$ 36,793**	$ 43,901	None	None
Limited Partnership - Hedge Funds (b) (c)	**17,582**	18,471	**-**	-	Daily	3 to 5 days
					Monthly	15 to 90 days
					Quarterly	45 to 180 days
					Semiannually	90 days
					Annually	5 to 90 days
Pooled Separate Accounts (d)	**461,624**	491,125	**-**	-	Daily	None
Common Collective Trusts (d)	**1,338,117**	1,265,174	**-**	-	Daily	None
Total Investments measured at NAV	**$ 1,990,692**	$ 1,976,913	**$ 36,793**	$ 43,901		

(a) Private Equity funds invest in opportunities in various private markets including leveraged buyouts, venture capital, distressed debt and other related investment strategies.

(b) Hedge funds pursue multiple investment strategies taking both long and short positions, using arbitrage, buying, and selling undervalued securities, trading options or bonds, investing in emerging market securities and investing in opportunities in various markets where it foresees gain opportunities.

(c) Limited partnerships are valued based on NAV of the Plan's interest in partners' capital. Hedge funds may have restrictions on liquidity and transferability that may impact the determination of fair value. The Plan currently has investments in hedge funds of $17,582 with a lock-up period of 1 year. As a result of the restrictions associated with interests in the hedge funds, there is generally no secondary market for trading interests in such funds. Therefore, the fund's NAV serves as the entry price for subscriptions and depending on the facts and circumstances, the exit price for redemptions.

(d) Interest in PSA and CIT funds represents interest in pooled investment vehicles issued by insurance companies, affiliated insurance companies or financial institutions. The fair value of the investment in this category has been estimated using the NAV per unit.

There were no transfers from Level 1 to Level 2 or from Level 2 to Level 1 during 2025 and 2024.

The following table provides a summary of the change in fair value of the Plan's Level 3 assets at December 31, 2025, and 2024:

2025	**Common stock**	**Total**
Balance at January 1	**$ 2**	**$ 2**
Actual return on plan assets [(a)]	**(2)**	**(2)**
Balance at end of the period	**$ -**	**$ -**

(a) Recorded as a component of net appreciation or depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. The amount of total gains (losses) included in changes in net assets attributable to the change in unrealized gains (losses) relating to assets held at the reporting date are as follows:

	$ (2)	**$ (2)**

2024	**Common stock**	**Total**
Balance at January 1	$ 2	$ 2
Actual return on plan assets [(a)]	-	-
Balance at end of the period	$ 2	$ 2

(a) Recorded as a component of net appreciation or depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits. The amount of total gains (losses) included in changes in net assets attributable to the change in unrealized gains (losses) relating to assets held at the reporting date are as follows:

	$ -	$ -

There were no transfers in or out of Level 3 during 2025 and 2024.

The Plan held no Level 3 assets at December 31, 2025. The following table provides a summary of the quantitative inputs and assumptions of the Plan's Level 3 assets at December 31, 2024:

Description	December 31, 2024 Fair Value	Valuation Techniques	Unobservable Inputs	Range (Weighted Average)
Assets				
Common Stock	$ 2	Internally Calculated	Credit spread/ illiquidity premium	Observations of bid-ask spread for similar illiquid securities
Total Assets	$ 2			

The following table presents the notional and fair value amounts of hedging instruments at December 31, 2025, and 2024:

	Notional		Fair Value	
	December 31,		December 31,	
Derivative Type	**2025**	**2024**	**2025**	**2024**
Assets				
Bond futures	**$ 327,450**	$ 251,368	**$ 1,041**	$ 925
Total assets	**$ 327,450**	$ 251,368	**$ 1,041**	$ 925
Liabilities				
Bond futures	**$ 378,848**	$ 400,281	**$ 598**	$ 774
Total liabilities	**$ 378,848**	$ 400,281	**$ 598**	$ 774

The notional amounts disclosed above provide information related to the volume of the Plan's derivative activities. The notional amount is not directly exchanged with the clearinghouse, rather used to calculate required payments between counterparties.

The following table sets forth the Plan's derivatives by certain risk type as of December 31, 2025, and gains/(losses) related to derivative activities for the year ended December 31, 2025:

Primary Underlying Risk	Long Exposure Notional Amounts (a)	Short Exposure Notional Amounts (a)	Net Realized Gain / (Loss) on Trading Activities	Net Unrealized Appreciation / (Depreciation) on Trading Activities
Interest rate risk				
Bond futures	**$ 403,268,016**	**$ 292,922,209**	**$ 15,204**	**$ 291**
Total	**$ 403,268,016**	**$ 292,922,209**	**$ 15,204**	**$ 291**

(a) Notional amounts are reported as a whole number and as an average for the year ended December 31, 2025. The average is calculated based on quarterly values. For any positions not held during the entire period, the average is based on the point in times that the position was held.

At December 31, 2025, and 2024, cash of $10,028 and $6,861 were pledged as collateral for open exchange traded futures contract, respectively.

The following table provides details relating to the effect, or potential effect, of netting and collateral arrangements, including the right to offset, associated with the Plan's recognized financial assets, and recognized financial liabilities at December 31, 2025, and 2024:

2025	Gross Amounts of Recognized Assets & Liabilities	Gross Amounts Offset in the Statement of Net Assets Available for Benefits	Net Amounts Presented in the Statement of Net Assets Available for Benefits	Cash Collateral Posted / (Received)	Net Exposure
Assets:					
Bond futures	**$ 1,041**	**$ -**	**$ 1,041**	**$ -**	**$ 1,041**
Total assets	**$ 1,041**	**$ -**	**$ 1,041**	**$ -**	**$ 1,041**
Liabilities:					
Bond futures	**$ 598**	**$ -**	**$ 598**	**$ -**	**$ 598**
Total liabilities	**$ 598**	**$ -**	**$ 598**	**$ -**	**$ 598**

2024	Gross Amounts of Recognized Assets & Liabilities	Gross Amounts Offset in the Statement of Net Assets Available for Benefits	Net Amounts Presented in the Statement of Net Assets Available for Benefits	Cash Collateral Posted / (Received)	Net Exposure
Assets:					
Bond futures	$ 925	$ -	$ 925	$ -	$ 925
Total assets	$ 925	$ -	$ 925	$ -	$ 925
Liabilities:					
Bond futures	$ 774	$ -	$ 774	$ -	$ 774
Total liabilities	$ 774	$ -	$ 774	$ -	$ 774

4. Accumulated Plan Benefits

Transamerica Retirement Solutions, LLC ("TRS"), an affiliate of the Company, provides actuarial services to the Plan. TRS estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits and the change in actuarial present value of accumulated plan benefits are as follows:

	December 31,	
	2025	**2024**
Vested benefits		
Participants currently receiving benefits	**$ 1,154,603**	$ 1,194,866
Other participants	**1,016,064**	1,034,055
	2,170,667	2,228,921
Nonvested benefits	**5,073**	5,917
Total actuarial present value of accumulated plan benefits	**$ 2,175,740**	$ 2,234,838

	Year Ended December 31, 2025
Actuarial present value of accumulated plan benefits at beginning of year	**$ 2,234,838**
Increase (decrease) during the year attributable to:	
Additional benefits accumulated	**32,581**
Interest accumulated	**124,992**
Benefits paid	**(184,378)**
Assumption changes	**(32,293)**
Actuarial present value of accumulated plan benefits at end of year	**$ 2,175,740**

Changes in the actuarial assumptions resulted in a $32.3 million decrease in the actuarial present value of accumulated plan benefits. The decrease was the result of a $4.4 million loss related to changes in the lump sum conversion interest rate basis, a $3.2 million gain related to changes in the assumed cash balance interest crediting rate, a $6.7 million loss related to changes in the lump sum incidence assumption, and a $40.2 million gain due to the change in the discount rate from 5.83% to 6.11% (net of administrative expenses).

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026, and 2025. Had the valuations been performed as of December 31, 2025, and 2024, there would be no material differences. As long as the same participant information, actuarial methods and actuarial assumptions are used, a one day difference in the valuation date will not produce actuarial results that are materially different.

Significant assumptions underlying the actuarial computations for the years ended December 31, 2025, and 2024 are as follows:

Discount rate	2025 - 6.31%; 2024 - 6.15%
Retirement Age	Based on rates of retirement for the Plan as follows:

Age	Rate	Age	Rate	Age	Rate	Age	Rate
55	0.10	60	0.10	65	0.50	70	0.25
56	0.10	61	0.15	66	0.50	71	0.25
57	0.10	62	0.25	67	0.40	72	0.25
58	0.10	63	0.25	68	0.40	73	1.00
59	0.10	64	0.40	69	0.40		

Mortality	2025 - PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for Annuitants projected with Scale MP-2021
	2024 - PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for Annuitants projected with Scale MP-2021

These actuarial assumptions presume that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS"), dated March 8, 2021, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the Trust is exempt from taxation. Once qualified, the Plan must operate in conformity with the Code to maintain its qualification. The Plan Administrator believes it operates the Plan in conformity with the Code to maintain its qualification. The Plan has been amended subsequent to receiving the favorable determination letter. However, the Plan Administrator believes that the Plan, as amended and restated, remains qualified and the related trust remains tax-exempt.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The Financial Statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2025, and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

6. Transactions with Related Parties and Parties in Interest

Subsidiary or affiliated companies of the Company sponsor or provide investment advisory services to Separate Accounts or other assets of the Plan. The fair values of all investments sponsored or for which affiliated companies provide advisory services at December 31, 2025 and 2024, were $1,657,250 and $1,652,304, respectively.

At December 31, 2025 and 2024, the Plan had invested $383,100 and $324,773 in Aegon CIT, $461,624 and $491,125 in Transamerica Separate Accounts and $14,182 and $14,465 in short-term investments. During the year ended December 31, 2025, there were $68,000 of purchases and $32,000 of sales of Aegon CIT, $0 of purchases and $70,661 of sales of Transamerica Separate Accounts and $184,889 of purchases and $185,407 of sales in short-term investments.

The net appreciation/(depreciation) in fair value of investments reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 for Aegon CIT, Transamerica Separate Accounts, and short-term investments were $22,327, $41,160 and $18, respectively. Interest reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 for short-term investments was $217.

TRS issues benefit payments for the Plan in addition to providing actuarial and administrative services. The Plan does not pay for the services provided by the Company, its affiliates, or TRS.

7. Commitments and Contingencies

In accordance with the provisions of GAAP, the Plan establishes accruals for contingencies, including any litigation-related liability, when probable that a loss has been incurred and the amount of loss can be reasonably estimated. Periodically, the Plan Administrator, along with legal counsel, evaluate any outstanding legal proceedings to assess whether an accrual is required and establish one, if necessary, based on management's best estimate of loss. If it is at least reasonably possible that a material loss will be incurred in connection with any legal or regulatory proceedings, the Plan discloses an estimate of the possible loss or range of loss, if such an estimate can be made, or discloses that an estimate cannot be made.

Based on available information, it is the opinion of the Plan Administrator, along with legal counsel, that there is no outstanding litigation against the Plan at December 31, 2025. As a result, no litigation related accrual has been established. Based on this assessment performed at December 31, 2025, no such disclosures were considered necessary. Legal and regulatory proceedings are subject to inherent uncertainties, and future events could change management's assessment of the probability or estimated amount of potential losses from pending or threatened proceedings therefore there is no assurance that the Plan will not need to establish an accrual for a litigation-related liability in the future.

In connection with certain investment transactions, such as private equity partnerships and other limited partnerships, the Plan enters into an agreement to provide capital to an investee up to a commitment amount over a period of time. These agreements have defined commitment periods during which capital can be requested by the investee. When capital is provided by the Plan to the investee, it reduces the remaining commitment due from the Plan to the investee. This remaining commitment represents a contractual obligation from the Plan to the investee and is referred to as a callable commitment. See Note 3 – Fair Value Measurement and Fair Value Hierarchy for callable commitments at December 31, 2025.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
U.S. government securities			
UNITED STATES TREASURY	$13,055 principal amount, 1.125%, due August 15, 2040	$ 8,032	$ 8,212
UNITED STATES TREASURY	$12,580 principal amount, 1.375%, due November 15, 2040	8,012	8,197
UNITED STATES TREASURY	$18,815 principal amount, 2.0%, due November 15, 2041	12,756	13,152
UNITED STATES TREASURY	$14,490 principal amount, 0.625%, due May 15, 2030	12,378	12,726
UNITED STATES TREASURY	$1,095 principal amount, 0.50%, due May 31, 2027	1,038	1,050
UNITED STATES TREASURY	$2,445 principal amount, 0.625%, due August 15, 2030	2,033	2,129
UNITED STATES TREASURY	$2,970 principal amount, 1.375%, due November 15, 2031	2,501	2,591
UNITED STATES TREASURY	$5,865 principal amount, 1.875%, due February 15, 2032	5,108	5,238
UNITED STATES TREASURY	$7,105 principal amount, 2.875%, due May 15, 2032	6,514	6,703
UNITED STATES TREASURY	$4,880 principal amount, 4.0%, due October 31, 2029	4,881	4,945
UNITED STATES TREASURY	$2,005 principal amount, 3.875%, due November 30, 2029	1,944	2,022
UNITED STATES TREASURY	$10,725 principal amount, 3.875%, due December 31, 2029	10,394	10,819
UNITED STATES TREASURY	$4,195 principal amount, 4.0%, due February 28, 2030	4,192	4,252
UNITED STATES TREASURY	$4,650 principal amount, 4.50%, due December 31, 2031	4,815	4,818
UNITED STATES TREASURY	$5,860 principal amount, 0.0%, due August 15, 2031	4,734	4,701
UNITED STATES TREASURY	$8,310 principal amount, 0.0%, due August 15, 2034	5,574	5,773
UNITED STATES TREASURY	$8,530 principal amount, 0.0%, due February 15, 2035	5,582	5,776
UNITED STATES TREASURY	$9,000 principal amount, 0.0%, due February 15, 2036	5,590	5,791
UNITED STATES TREASURY	$8,205 principal amount, 0.0%, due May 15, 2034	5,574	5,777
UNITED STATES TREASURY	$8,640 principal amount, 0.0%, due May 15, 2035	5,584	5,774
UNITED STATES TREASURY	$9,110 principal amount, 0.0%, due May 15, 2036	5,593	5,777
Total U.S. government securities		**$ 122,829**	**$ 126,223**

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Collective trusts			
AEGON INTERMEDIATE CREDIT BOND CIT (1)	6,982,701 units	$ 75,951	$ 90,496
AEGON LONG CREDIT BOND CIT (1)	20,727,433 units	267,537	262,824
AEGON LONG TREASURY STRIPS CIT (1)	3,722,556 units	52,637	29,780
MERCER ACTIVE INTERMEDIATE CREDIT (1)	18,412,460 units	174,100	205,483
MERCER ACTIVE LONG CORP INV PORTFOLIO (1)	20,544,834 units	353,356	386,859
MERCER OPPORTUNISTIC FIXED INCO (1)	2,419,151 units	29,804	32,634
SSGA GLOBAL ALL CAP EQUITY	894,104 units	17,999	22,920
SSGA LONG GOVT BOND CIT	16,318,054 units	270,136	268,954
SSGA 20+ YEAR US TREASURY STRIPS	6,234,360 units	51,346	38,167
Total collective trusts		**$ 1,292,866**	**$ 1,338,117**
Pooled Separate Accounts			
AEGON CASH MANAGEMENT (1)(2)	198 units	$ 7	$ 10
AEGON INTRMEDIATE CRDT BND FND (1)(2)	7,453,104 units	74,531	96,592
AEGON LONG CREDIT BOND CIT (1)(2)	23,524,944 units	235,249	281,409
AEGON LONG TREASURY STRIPS CIT (1)(2)	3,975,033 units	39,750	29,471
TRANSAMERICA SEPARATE ACCT A (1)(2)	139 units	16,391	54,142
Total Pooled Separate Accounts		**$ 365,928**	**$ 461,624**
Short-term securities			
GOVERNMENT MONEY MARKET - TRS (1)	13,704,828 units	$ 13,705	$ 13,705
JPMORGAN US GVT MM - MM	15,662,702 units	15,663	15,663
JPMORGAN US GVT MM - NISA	22,450,338 units	22,450	22,450
JPMORGAN US GVT MM - PRISMA	436,647 units	437	437
TRANSAMERICA SV FIXED OPT I (1)	15,071 units	156	200
TRANSAMERICA SV FIXED OPT II (1)	23,727 units	275	277
Total short-term securities		**$ 52,686**	**$ 52,732**
Derivatives			
NISA COMPLETION ACCOUNT	2,775 units	$ -	$ 1,041
Total derivatives		**$ -**	**$ 1,041**

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
AG NET LEASE REALTY FUND III, L.P.		$ 6,963	$ 5,434
AG PRIVATE EQUITY PARTNERS II, L.P.		-	41
AMPERSAND CF LP		472	1,352
APOLLO INVESTMENT FUND IX, L.P. (AND AIVS)		3,147	3,854
APOLLO INVESTMENT FUND VIII, L.P. (AND AIVS)		7,504	3,837
ARSENAL CAPITAL PARTNERS IV, LP		2,110	2,078
ARSENAL CAPITAL PARTNERS V, LP		2,569	3,037
ARSENAL CAPITAL PARTNERS VI LP		1,264	1,163
ASF PATRIOT CO-INVEST L.P.		228	1,360
ASF VII INFRASTRUCTURE L.P.		321	2,098
AUDAX PRIVATE EQUITY FUND V-A, L.P.		2,819	2,857
AUDAX PRIVATE EQUITY FUND VI-A, L.P.		2,420	3,246
BLACKSTONE CAPITAL PARTNERS VII, L.P.		4,431	4,965
BLACKSTONE CAPITAL PARTNERS VIII, L.P.		2,654	3,154
BRIGHTSTAR CAPITAL PARTNERS FUND II, LP		1,177	2,084
BROOKEFIELD PRIVATE EQUITY SOLUTIONS SCSP		2,875	3,720
CARLYLE PARTNERS V, L.P. (AND AIVS)		2,344	199
CARLYLE PARTNERS VI, L.P. (AND AIVS)		4,684	2,367
CHARLESBANK CREDIT OPPORTUNITIES FUND II, LP		1,516	1,901
DAWSON EQUITY FUND LP		2,573	2,838
DAWSON GP FINANCE LP		1,190	1,474
DAWSON PORTFOLIO FINANCE III LP		872	1,089
DAWSON PORTFOLIO FINANCE IV LP		870	1,130
DAWSON PORTFOLIO FINANCE V LP		993	1,259
FFL PARALLEL FUND V, L.P.		1,960	2,698
FRANCISCO PARTNERS AGILITY II-A, L.P.		1,292	1,931
FRANCISCO PARTNERS V-B, L.P.		2,303	4,078
FRANCISCO PARTNERS VI, L.P.		1,809	2,578
GREEN EQUITY INVESTORS VII, L.P.		5,229	6,713
HARBOURVEST CO-INVESTMENT OPPORTUNITIES FUND L.P.		1,596	2,698
HARBOURVEST PARTNERS CO-INVESTMENT FUND V L.P. (AN		1,407	2,519
ICG STRATEGIC EQUITY FUND III LP		843	2,235
ICG STRATEGIC EQUITY FUND IV LP		1,798	2,337
KH AGGREGATOR LP		325	914

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
KKR AMERICAS FUND XII L.P.		7,865	12,222
KKR NORTH AMERICA FUND XIII SCSP		1,335	1,773
LITTLEJOHN FUND VI, L.P.		2,460	4,168
LOVELL MINNICK EQUITY PARTNERS IV LP		12,908	9,935
MERIT MEZZANINE FUND V, L.P.		7,699	4,105
MERIT MEZZANINE FUND VI, L.P.		4,396	4,680
METALMARK CAPITAL PARTNERS TE II, L.P.		10,513	8,523
MIDOCEAN PARTNERS V, L.P.		48	3,163
MIDOCEAN PARTNERS VI, L.P.		1,324	1,130
OAKTREE PRINCIPAL FUND V, L.P.		55	1,451
PLEXUS EQUITY FUND-A L.P.		1,800	2,390
RAPID HOLDINGS I LP		1,000	5
SILVERSTONE II, LLC		1,963	3,313
STEPSTONE AEGON OPPORTUNITIES FUND, L.P.		10,550	9,722
STEPSTONE SECONDARY OPPORTUNITIES FUND IV, L.P.		895	1,421
STRATEGIC PARTNERS FUND VII, L.P.		-	4,169
THE RESOLUTE FUND IV, L.P. (AND AIVS)		1,462	3,639
THE RESOLUTE FUND V, L.P. (AND AIVS)		1,778	3,022
THE RESOLUTE III CONTINUATION FUND, L.P.		5,118	5,132
TPG PARTNERS VI, L.P. (AND AIVS)		4,200	92
TPG PARTNERS VII, L.P. (AND AIVS)		3,270	1,650
TRF IV CFS CONTINUATION FUND, L.P.		434	537
YUKON CAPITAL PARTNERS II, L.P.		2,351	1,889
BALCERA FUND LTD	10,115 units	10,994	16,690
CENTERBRIDGE CREDIT PARTNERS	2 units	1	2
COATUE LIQUIDATING ACCOUNT 01/23	960 units	96	104
COATUE LIQUIDATING ACCOUNT 04/22	1,658 units	166	107
MLO PRIVATE INVESTMENT LTD 1	27 units	27	72
QVT AXXOCIATES LP	17 units	60	19

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO.002
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, investment	Cost	Current Value
Limited partnerships and other investments			
RA CAPITAL HEALTHCARE INTERNAT	689 units	443	519
TPG AXON CAPITAL MANAGEMENT LP CL S SER 2	7 units	6	5
TPG AXON CAPITAL MANAGEMENT LP CL S SER 3	47 units	97	56
TPG AXON CAPITAL MANAGEMENT LP CL S SER 7	10 units	16	8
Total limited partnerships and other investments		**$ 169,888**	**$ 190,951**
Total investments		**$ 2,004,197**	**$ 2,170,688**

(1) Indicates party in interest to the Plan.
(2) The investment is held by an insurance company in accordance with Section 408(b)(5) or Section 408(b)(8) of ERISA.

TRANSAMERICA PENSION PLAN
EIN 42-1484983 PLAN NO. 002
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2025
(Dollars in thousands)

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain or Loss
Category (iii) - Any transactions involving securities of the same issue which, when aggregated, exceed 5% of plan assets at December 31, 2025						
JP Morgan US Govt MMKT Fund	Purchase of shares of money market fund	$ 302,477	$	$ 302,477	$ 302,477	$ -
JP Morgan US Govt MMKT Fund	Sale of shares of money market fund		297,844	297,884	297,884	-
Government Money Market*	Purchase of shares of money market fund	182,515		182,515	182,515	-
Government Money Market*	Sale of shares of money market fund		183,061	183,061	183,061	-
Total		**$ 484,992**	**$ 480,905**	**$ 965,937**	**$ 965,937**	**$ -**

* Indicates parties-in-interest to the Plan

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

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

.....Completed Years of Credited Service .....

Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 To 29	30 to 34	35 to 39	40 +	Total
0 – 24	34	90	1	0	0	0	0	0	0	0	125
Avg. Comp.	46,873	75,244									
Avg. Cash Bal.	404	4,758									
25 – 29	42	244	118	0	0	0	0	0	0	0	404
	64,495	85,491	114,162								
	698	7,267	20,738								
30 – 34	54	281	270	76	0	0	0	0	0	0	681
	93,403	95,461	107,826	131,018							
	923	7,729	21,907	38,563							
35 – 39	45	287	285	164	72	1	0	0	0	0	854
	98,677	108,601	117,286	135,369	157,656						
	1,096	9,238	25,763	44,763	67,603						
40 – 44	47	301	243	179	184	54	3	0	0	0	1,011
	126,452	127,056	126,726	135,331	134,660	157,602					
	1,244	11,476	30,190	48,795	64,739	87,974					
45 – 49	39	256	231	156	165	157	72	0	0	0	1,076
	100,424	133,164	137,760	149,173	139,892	145,558	169,512				
	1,098	12,028	35,936	61,817	74,386	91,060	116,633				
50 – 54	38	247	234	138	145	189	127	57	2	0	1,177
	114,292	141,751	136,649	134,309	154,094	147,743	149,018	183,461			
	1,433	13,626	39,197	61,876	95,412	101,227	114,700	146,331			
55 – 59	32	229	209	104	122	110	105	77	22	1	1,011
	110,054	127,507	124,510	148,204	143,912	142,735	156,843	168,380	174,121		
	1,331	12,481	37,137	72,802	96,254	106,169	128,528	149,039	159,566		
60 – 64	23	117	168	92	83	92	65	44	18	11	713
	99,746	115,091	118,289	119,155	145,081	132,204	152,394	153,867			
	1,293	11,752	39,223	68,491	104,693	102,664	131,091	150,433			
65 – 69	5	40	83	42	23	36	14	4	2	1	250
		80,524	110,753	126,549	133,909	157,368					
		7,184	37,056	79,176	117,431	145,807					
70 & Up	2	13	25	16	6	7	1	2	0	0	72
			84,141								
			34,510								
Totals	361	2,105	1,867	967	800	646	387	184	44	13	7,374

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).
PBGC Interest Rates	Based on the standard premium funding target interest rates in accordance with ERISA Section 4006.4(b)(2). Segment Rates for 2025: 4.65%, 5.28% and 5.63% (previously, 5.01%, 5.13% and 5.15%). Effective Rate for 2025: 5.29%. This method was first elected for the 2022 premium year.
Expected Return on Assets/ ASC 960-20 Interest Rate	Gross: 6.15% (previously, 5.54%) / Net of administrative expenses: 5.83% (previously, 5.30%)

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year. Accounting (ASC 960-20): PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables apply following the death of the participant.
Salary Increases	4.50% next year and 4.00% all subsequent years.
Lump Sum Conversion	The segmented interest rates equal to the valuation segmented rates and the 417(e) applicable mortality table for the valuation year. 5.59% for ASC 960-20 purposes (previously, 5.00%).

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Cash Balance Annuity Conversion

The segmented interest rates equal to the valuation segmented rates less 100 basis points and the 417(e) applicable mortality table for the valuation year. 5.59% (previously, 5.00%) minus 100 basis points for ASC 960-20 purposes.

Cash Balance Interest Crediting Rate

4.09% per year (previously, 4.00% per year for the frozen cash balance account as of 12/31/2021 and 3.50% per year for the cash balance account post 12/31/2021).

Termination Rates

Termination rates are as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Retirement Rates

Retirement rates are as follows from active employment:

Age	Rate (%)
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

Age	Rate (%)
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

D ACTUARIAL ASSUMPTIONS *(cont'd)*

IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$280,000 for 2025 (previously, $275,000).
Compensation Limit	$350,000 for 2025 (previously, $345,000).
Form of Payment	It is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent.
U.S. Agents Plan	Life annuity with 60 months guaranteed.
Marital Assumption	It is assumed that 100% (80% for Agents Plan) of all active participants are married. Husbands are assumed to be three years older than their wives.
Conversion Basis for Optional Payment Forms	8.00% and 1983 Group Annuity Mortality table, male rates with two-year setback
Data Assumptions	An average Term Vested benefit was used for participants that are vested but the vested benefit information is not available at the time of valuation. Cash Balance Accounts were rolled forward from the prior valuation for certain participants that were rehired or where a Cash Balance value was not available at the time of valuation.
Plan Expenses	$7,100,000 (previously, $3,200,000).

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: TRANSAMERICA CORPORATION

Plan Name: TRANSAMERICA PENSION PLAN

Plan Year: January 1, 2025 to December 31, 2025

EIN: 42-1484983 Plan No.: 002

Item 4i- Schedule of Assets Held at End of Year
Pages 22-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 27 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

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
TRANSAMERICA PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
42-1484983

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	2193271550
b Actuarial value	**2b**	2272962720

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	13274	1197010838	1197010838
b For terminated vested participants	8573	573973046	573973046
c For active participants	7374	490792249	496675526
d Total	29221	2261776133	2267659410

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	33457722
b Expected plan-related expenses	**6b**	7100000
c Target normal cost	**6c**	40557722

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

Francis P. Carberry — Signature of actuary

9/15/2026 — Date

FRANCIS P. CARBERRY, F.S.A., E.A. — Type or print name of actuary

26-05393 — Most recent enrollment number

TRANSAMERICA — Firm name

(508) 903-6017 — Telephone number (including area code)

6400 C Street SW

CEDAR RAPIDS, IA 52499 — 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	644197886
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	64769777
9	Amount remaining (line 7 minus line 8)	0	579428109
10	Interest on line 9 using prior year's actual return of 0.05 %	0	289714
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		36618626
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.03 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		18309
	c Total available at beginning of current plan year to add to prefunding balance		36636935
	d Portion of (c) to be added to prefunding balance		36636935
12	Other reductions in balances due to elections or deemed elections	0	157519566
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	458835192

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	100.23 %
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	81.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09-10-2026	50000000	0			
			Totals ► 18(b)	50000000	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	45765560

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 61

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**	40557722
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	453531882	46493243
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**	87050965

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	71687693	71687693

36 Additional cash requirement (line 34 minus line 35)	**36**	15363272
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	45765560

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	30402288
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	30402288
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

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	0.1	1,000	100	5,500
56	0.1	900	90	5,040
57	0.1	810	81	4,617
58	0.1	729	73	4,228
59	0.1	656	66	3,871
60	0.1	590	59	3,543
61	0.15	531	80	4,863
62	0.25	452	113	7,002
63	0.25	339	85	5,336
64	0.4	254	102	6,505
65	0.5	152	76	4,955
66	0.5	76	38	2,516
67	0.4	38	15	1,021
68	0.4	23	9	622
69	0.4	14	5	379
70	0.25	8	2	144
71	0.25	6	2	110
72	0.25	5	1	83
73	1	3	3	254

60,589
÷1,000

Weighted Average Retirement Age
(Rounded for Schedule SB line 22) **61**

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

The expense load assumption was changed to $7,100,000 (previously, $3,200,000).

The expected return on assets was changed to 6.15% for Actuarial Value of Asset calculation purposes (previously, 5.54%).

The cash balance interest crediting rate is 4.09% per year (previously, 4.00% per year for the frozen cash balance account as of 12/31/2021 and 3.50% per year for the cash balance account post 12/31/2021).

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

.....Completed Years of Credited Service .....

Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 To 29	30 to 34	35 to 39	40 +	Total
0 – 24	34	90	1	0	0	0	0	0	0	0	125
Avg. Comp.	46,873	75,244									
Avg. Cash Bal.	404	4,758									
25 – 29	42	244	118	0	0	0	0	0	0	0	404
	64,495	85,491	114,162								
	698	7,267	20,738								
30 – 34	54	281	270	76	0	0	0	0	0	0	681
	93,403	95,461	107,826	131,018							
	923	7,729	21,907	38,563							
35 – 39	45	287	285	164	72	1	0	0	0	0	854
	98,677	108,601	117,286	135,369	157,656						
	1,096	9,238	25,763	44,763	67,603						
40 – 44	47	301	243	179	184	54	3	0	0	0	1,011
	126,452	127,056	126,726	135,331	134,660	157,602					
	1,244	11,476	30,190	48,795	64,739	87,974					
45 – 49	39	256	231	156	165	157	72	0	0	0	1,076
	100,424	133,164	137,760	149,173	139,892	145,558	169,512				
	1,098	12,028	35,936	61,817	74,386	91,060	116,633				
50 – 54	38	247	234	138	145	189	127	57	2	0	1,177
	114,292	141,751	136,649	134,309	154,094	147,743	149,018	183,461			
	1,433	13,626	39,197	61,876	95,412	101,227	114,700	146,331			
55 – 59	32	229	209	104	122	110	105	77	22	1	1,011
	110,054	127,507	124,510	148,204	143,912	142,735	156,843	168,380	174,121		
	1,331	12,481	37,137	72,802	96,254	106,169	128,528	149,039	159,566		
60 – 64	23	117	168	92	83	92	65	44	18	11	713
	99,746	115,091	118,289	119,155	145,081	132,204	152,394	153,867			
	1,293	11,752	39,223	68,491	104,693	102,664	131,091	150,433			
65 – 69	5	40	83	42	23	36	14	4	2	1	250
		80,524	110,753	126,549	133,909	157,368					
		7,184	37,056	79,176	117,431	145,807					
70 & Up	2	13	25	16	6	7	1	2	0	0	72
			84,141								
			34,510								
Totals	361	2,105	1,867	967	800	646	387	184	44	13	7,374

Attachment to 2025 Form 5500 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	64,874,127	67,834,856	129,843,455	262,552,438
2026	56,644,419	54,479,752	125,360,376	236,484,547
2027	51,237,731	51,417,132	120,716,205	223,371,068
2028	46,360,806	50,120,175	115,968,257	212,449,238
2029	42,223,301	47,115,793	111,098,833	200,437,927
2030	39,327,557	43,480,416	106,131,693	188,939,666
2031	36,996,505	42,564,672	101,060,067	180,621,244
2032	34,673,875	39,549,837	95,913,074	170,136,786
2033	31,786,389	37,081,219	90,728,384	159,595,992
2034	29,256,290	35,333,141	85,464,591	150,054,022
2035	27,003,813	33,165,038	80,179,680	140,348,531
2036	24,454,785	31,502,983	74,896,276	130,854,044
2037	22,146,455	30,607,479	69,633,618	122,387,552
2038	20,339,099	29,439,861	64,397,204	114,176,164
2039	18,975,271	28,210,817	59,208,324	106,394,412
2040	17,652,233	27,036,416	54,151,232	98,839,881
2041	16,481,688	25,762,819	49,222,267	91,466,774
2042	15,326,650	24,472,280	44,445,865	84,244,795
2043	14,326,305	23,217,647	39,852,414	77,396,366
2044	13,614,538	22,078,878	35,470,596	71,164,012
2045	12,884,290	21,057,703	31,326,630	65,268,623
2046	12,217,636	20,104,149	27,443,331	59,765,116
2047	11,708,668	18,900,851	23,839,100	54,448,619
2048	11,240,859	17,785,643	20,527,486	49,553,988
2049	10,684,925	16,632,100	17,516,504	44,833,529
2050	10,225,516	15,486,922	14,808,520	40,520,958
2051	9,779,851	14,373,145	12,400,210	36,553,206
2052	9,328,775	13,243,463	10,282,802	32,855,040
2053	8,911,289	12,182,376	8,442,902	29,536,567
2054	8,512,531	11,159,280	6,863,176	26,534,987
2055	8,155,248	10,154,706	5,523,261	23,833,215
2056	7,770,209	9,128,387	4,400,731	21,299,327
2057	7,395,753	8,175,076	3,472,016	19,042,845
2058	7,048,516	7,325,475	2,713,260	17,087,251
2059	6,714,031	6,560,981	2,101,133	15,376,145
2060	6,360,731	5,813,241	1,613,457	13,787,429
2061	6,016,287	5,142,092	1,229,699	12,388,078
2062	5,688,854	4,496,181	931,350	11,116,385
2063	5,354,879	3,913,039	702,089	9,970,007
2064	5,020,336	3,416,486	527,844	8,964,666
2065	4,694,747	2,985,765	396,759	8,077,271
2066	4,375,899	2,593,797	299,026	7,268,722
2067	4,063,611	2,257,619	226,696	6,547,926
2068	3,765,220	1,962,939	173,450	5,901,609
2069	3,479,254	1,707,651	134,348	5,321,253
2070	3,207,466	1,483,235	105,596	4,796,297
2071	2,948,655	1,285,217	84,343	4,318,215
2072	2,703,154	1,116,025	68,475	3,887,654
2073	2,470,983	971,589	56,449	3,499,021
2074	2,251,739	843,037	47,165	3,141,941

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: TRANSAMERICA PENSION PLAN
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(a) Year	(b) Type	(c) Present Value	(d) Years Left	(e) Payment
2021	Shortfall	77,384,883	11	8,970,678
2022	Shortfall	(77,799,874)	12	(8,463,455)
2023	Shortfall	374,272,688	13	38,466,118
2024	Shortfall	20,632,131	14	2,014,795
2025	Shortfall	59,042,054	15	5,505,107
Total		$ 453,531,882		$ 46,493,243

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

Plan Name: TRANSAMERICA PENSION PLAN
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A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

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Part V – Statement of Actuarial Assumptions/Methods

Plan Name: TRANSAMERICA PENSION PLAN
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C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).
PBGC Interest Rates	Based on the standard premium funding target interest rates in accordance with ERISA Section 4006.4(b)(2). Segment Rates for 2025: 4.65%, 5.28% and 5.63% (previously, 5.01%, 5.13% and 5.15%). Effective Rate for 2025: 5.29%. This method was first elected for the 2022 premium year.
Expected Return on Assets/ ASC 960-20 Interest Rate	Gross: 6.15% (previously, 5.54%) / Net of administrative expenses: 5.83% (previously, 5.30%)

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year. Accounting (ASC 960-20): PRI-2012 90% White Collar and 10% Blue Collar Employee Tables with Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables apply following the death of the participant.
Salary Increases	4.50% next year and 4.00% all subsequent years.
Lump Sum Conversion	The segmented interest rates equal to the valuation segmented rates and the 417(e) applicable mortality table for the valuation year. 5.59% for ASC 960-20 purposes (previously, 5.00%).

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Part V – Statement of Actuarial Assumptions/Methods

Plan Name: TRANSAMERICA PENSION PLAN
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D ACTUARIAL ASSUMPTIONS *(cont'd)*

Cash Balance Annuity Conversion

The segmented interest rates equal to the valuation segmented rates less 100 basis points and the 417(e) applicable mortality table for the valuation year. 5.59% (previously, 5.00%) minus 100 basis points for ASC 960-20 purposes.

Cash Balance Interest Crediting Rate

4.09% per year (previously, 4.00% per year for the frozen cash balance account as of 12/31/2021 and 3.50% per year for the cash balance account post 12/31/2021).

Termination Rates

Termination rates are as follows:

<4 years of service	20%
4-9	13%
10-14	9%
15+	6%

Retirement Rates

Retirement rates are as follows from active employment:

Age	Rate (%)
55-60	10%
61	15%
62-63	25%
64	40%
65-66	50%
67-69	40%
70-72	25%
73	100%

Terminated vested participants are assumed to retire as follows:

Age	Rate (%)
55-61	10%
62-63	15%
64	33%
65	50%
66-69	25%
70-72	33%
73	100%

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Part V – Statement of Actuarial Assumptions/Methods

Plan Name: TRANSAMERICA PENSION PLAN
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D ACTUARIAL ASSUMPTIONS *(cont'd)*

IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$280,000 for 2025 (previously, $275,000).
Compensation Limit	$350,000 for 2025 (previously, $345,000).
Form of Payment	It is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity for active participants. Lump sum payment assumed for preretirement death benefit. For vested terminated participants eligible for a lump sum, it is assumed that 80% of benefits are paid as a lump sum and 20% of benefits are paid as an annuity. For those assumed to elect an annuity: 50% single life annuity, 30% 50% Joint and Contingent and 20% 100% Joint and Contingent.
U.S. Agents Plan	Life annuity with 60 months guaranteed.
Marital Assumption	It is assumed that 100% (80% for Agents Plan) of all active participants are married. Husbands are assumed to be three years older than their wives.
Conversion Basis for Optional Payment Forms	8.00% and 1983 Group Annuity Mortality table, male rates with two-year setback
Data Assumptions	An average Term Vested benefit was used for participants that are vested but the vested benefit information is not available at the time of valuation. Cash Balance Accounts were rolled forward from the prior valuation for certain participants that were rehired or where a Cash Balance value was not available at the time of valuation.
Plan Expenses	$7,100,000 (previously, $3,200,000).

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
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Effective Date	Amended and restated January 1, 2022.
Participation Date	First day of the month coincident with or following age 18 and six months of service.
U.S. Agents Plan	Prior to August 24, 1992, the plan covered U.S. Agents of Transamerica Life Insurance Company. The U.S. Agents Plan was frozen on August 24, 1992 and no one entered the Plan after that date.
Vesting Service	One year for each 1,000-hour calendar year of employment.
AEGON Credited Service	One year for every 1,000-hour plan year. Proportional credit of hours divided by 2,000, if less than 1,000 hours completed. No credit prior to participation date for certain acquisitions. For CG grandfathered, PLHI or CG Rehired participants, this is credited service as accrued from January 1, 2000 forward. For TA participants, this is credited service as accrued from January 1, 2001, forward.
CG Credited Service	Credited service under the CG Retirement Plan as of the participant's anniversary date in 1999 plus one year if participant worked 1,000 or more hours in 1999.
TA Credited Service	Benefit service under the prior Transamerica pension plan as of December 31, 2000, but excluding service before age 21 and service in excess of 25 years.
Future Benefit Service Credit	For participants in the U.S. Agents Plan prior to January 1, 1989, Future Benefit Service Credit was the sum of 0.9% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.8% of such commissions in excess of $7,800.
Cash Balance Grandfathered Participants	Participants as of December 31, 2010 at least age 40 and attained at least ten years of AEGON credited service.

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Pensionable Pay	W-2 earnings plus Section 125 and 401(k) employee deferrals less special forms of compensation.
AEGON Average Earnings	The average of the highest five consecutive complete calendar years of pensionable pay during the period ending on the earlier of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
CG Average Earnings	The greater of average earnings under the CG Retirement Plan as of December 31, 1999, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
TA Average Earnings	The greater of average annual earnings under the Transamerica pension plan as of December 31, 2000, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
CG Three-Year Average Earnings	The average of the last 3 consecutive calendar years of pensionable pay as of the participant's termination date or retirement date, with each year's earnings limited to the Social Security Taxable Wage Base in effect for that year. This average cannot exceed the lesser of Covered Compensation or CG Average Earnings. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65 and the earlier of five years of plan participation or three years of vesting service.
U.S. Agents Plan	First of the month coinciding with or immediately following the later of the attainment of age 65 or the completion of at least 5 years of participation but not later than age 70.
Prior Cash Balance Account	The Prior Cash Balance Account for each participant consists of the Annual Pay Credits frozen as of December 31, 2021 and Interest Credits.

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Cash Balance Account

The Cash Balance Account for each participant consists of the Annual Pay Credits beginning January 1, 2022 and Interest Credits.

Annual Pay Credits

Prior Cash Balance Account

Beginning as of January 1, 2011, a participant shall receive the following percent of Pensionable Pay:

Credited Service Plus Attained Age at End of Prior Plan Year	Pay Credit Percent
Less than 35	3%
35 – 44	4%
45 – 54	5%
55 – 64	6%
65 – 74	7%
75 and above	8%

Annual pay credits for the prior cash balance account are frozen as of December 31, 2021.

Cash Balance Account

Beginning as of January 1, 2022 a participant shall receive a flat 5% of Pensionable Pay.

Interest Credits

Prior Cash Balance Account

The participant's Cash Balance Account will receive an interest credit each year until benefits commence.

The interest rate for a plan year is the greater of:

1. 4%, or
2. Five-year Treasury Constant Maturity rate for October of the preceding year, but not greater than 8%.

Cash Balance Account

The Five-year Treasury Constant Maturity rate for October of the preceding year, but not less than 0% or greater than 8%.

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Pension Accruals on or After January 1, 2022	Effective as of January 1, 2022, for Cash Balance Grandfathered Participants, the Pension Benefit is the greater of: 1. The applicable pre-January 1, 2011 formula (e.g. AEGON, CG, TA) using service and pay through December 31, 2021 plus the actuarial equivalent of the Cash Balance Account. 2. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, plus the actuarial equivalent of the Cash Balance Account and the Prior Cash Balance Account. Effective as of January 1, 2022 for all other participants, the Pension Benefit is the sum of: 1. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, and 2. The actuarial equivalent annuity of the Cash Balance Account and the Prior Cash Balance Account.
Pension Benefit for Other Than CG, PLHI, TA Participants	The sum of (1) and (2): 1. The sum of 1.2% of AEGON Average Earnings multiplied by AEGON Credited Service (maximum 25 years) and 0.6% of AEGON Average Earnings multiplied by AEGON Credited Service in excess of 25 years 2. The sum of 0.6% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service (maximum 25 years) and 0.3% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service in excess of 25 years

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Pension Benefit for CG Participants

The sum of CG Grandfathered Benefit and AEGON Plan Benefit:

CG Grandfathered Benefit

[(1) less (2)] multiplied by (3):

1. 1.75% of CG Average Earnings multiplied by CG Credited Service projected to normal retirement date

2. The lesser of (a) or (b):

    a. 50% of 1.75% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date, this amount reduced by any CG benefit attributable to employee contributions
    b. 0.35% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date (maximum 35 years)

3. CG Credited Service divided by CG Credited Service projected to normal retirement date

Pension Benefit for CG Participants *(cont'd)*

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service

2. 0.6% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

3. 0.6% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service

4. 0.3% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

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Pension Benefit for PLHI Participants

Equivalent to the above AEGON Plan Benefit using AEGON Credited Service and AEGON Average Earnings from January 1, 2000, forward.

Pension Benefit for TA Participants

Sum of TA Grandfathered Benefit and AEGON Plan Benefit:

TA Grandfathered Benefit

The sum of (1) and (2):

1. 1.6% of TA Average Earnings multiplied by TA Credited Service
2. 0.4% of TA Average Earnings in excess of Covered Compensation multiplied by TA Credited service

Pension Benefit for TA Participants *(cont'd)*

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
2. 0.6% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
4. 0.3% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years

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Pension Benefit for U.S. Agents Plan

Prior to August 25, 1992, a participant accrued a monthly pension benefit equal to the sum of (1) through (3), as applicable:

1. Prior Service Benefit: One-twelfth of 0.9% times the number of years of Prior Benefit Service up to a maximum of 15 years times the Participant's Prior Service Average Commissions.

2. 1973/1974 Service Benefit: One-twelfth of 0.9% of the Participant's Commissions earned during his 1973/1974 Benefit Service, not to exceed $37.50 in either year.

3. Future Service Benefit: The amount of monthly Future Service Benefit shall be the sum of one-half the Future Service Benefit Credit earned that Plan Year and the amount of accrued Variable Future Service Benefit at the end of the previous Plan Year, where Future Service Benefit Credit is the sum of 1.1% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.6% of such commissions in excess of $7,800 after December 31, 1988.

Effective August 25, 1992, the accrual of benefits under the Plan ceased. The benefits accrued through August 24, 1992 will continue to be funded under the Plan.

The amount of normal retirement annuity payable to any participant who remains in employment until his Normal Retirement Date will be equal to the amount of his Accrued Benefit as of August 24, 1992.

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Variable Annuity Factor
(U.S. Agents Plan)

The Variable Annuity Factor for a given Plan Year means the ratio of (1) over the applicable factor for retired Participants under (2) below, where:

1. Equals one (1), plus the annualized investment performance rate of Transamerica's Separate Account Fund A, for the period from October 1 of the preceding Plan Year to September 30 of the current Plan Year, as determined under the Pension Contract. Such annualized investment performance rate will reflect all dividend and interest income and both realized and unrealized capital changes: and
2. a. equals 1.07, with respect to Plan Year subsequent to December 31, 1984; and

   b. equals 1.08, with respect to Plan Year 1984; and

   c. equals the applicable factor; with respect to each Plan Year period to January 1, 1984, as determined under the provisions of the Plan as then in effect.

Early Retirement

Effective as of January 1, 2011, active participants may commence upon termination. The annuity attributable to the Cash Balance Account and/or Prior Cash Balance Account is based on the applicable actuarial equivalence definition. Except as otherwise noted below, the non-cash balance annuity will be reduced based on applicable actuarial equivalence definition.

TA Window participants: Termination before July 21, 2004, and retirement before NRD and on or after the earlier of (1) and (2):

1. Attainment of age 55 and completing ten years of service

2. Attainment of age 55 and sum of age, service, and years after termination of at least 70 points.

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Early Retirement *(cont'd)*

Monthly pension benefit determined as of early retirement date determined as follows:

1. Participants of either the Life Investors or the Monumental Field Employees Plan on December 31, 1988, who have completed 15 or more years of service: The nonintegrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 1 plus the integrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 2.

2. Completed 15 or more years of service and does not meet the qualifications of (1) above: The monthly pension benefit multiplied by the appropriate factor contained in Table 2.

3. Completed 10, but fewer than 15, years of service: Monthly pension benefit multiplied by the appropriate factor contained in Table 3.

4. Former CG or PLHI participants: CG grandfathered benefit multiplied by the appropriate factor contained in Table 4 plus AEGON plan benefit multiplied by the appropriate factor contained in Table 2 if the participant has completed 15 or more years of service, or Table 3 if the participant has completed 10 but fewer than 15 years of service.

5. TA Window participants who completed 15 or more years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.

6. TA Window participants who completed fewer than 15 years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3.

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Early Retirement *(cont'd)*

7. TA 1995 Grandfathered participants (TA Grandfathered who, as of January 1, 1995, were at least age 50 with at least 10 years of eligibility service or whose combination of age and eligibility service was at least 65) who retire on or after age 55 with the sum of age and service at least 75 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2 (Table 3 if fewer than 15 years of service).

8. Other TA participants who completed 15 or more years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.

9. Other TA participants who completed 10, but fewer than 15, years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3

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Early Retirement *(cont'd)*

Age	Table 1	Table 2	Table 3	Table 5	Table 6	Table 7
55	50.0%	50.0%	36.7%	79.0%	56.0%	38.0%
56	55.0	53.0	40.3	82.0	62.0	42.0
57	60.0	56.0	44.3	85.0	68.0	46.0
58	67.0	60.0	48.7	88.0	74.0	50.0
59	74.0	64.0	53.7	91.0	80.0	55.0
60	81.0	70.0	59.3	94.0	86.0	61.0
61	90.0	76.0	65.5	97.0	90.0	67.0
62	100.0	82.0	72.6	100.0	94.0	74.0
63	100.0	88.0	80.6	100.0	96.0	82.0
64	100.0	94.0	89.7	100.0	98.0	90.0
65	100.0	100.0	100.0	100.0	100.0	100.0

Table 4 — Attained Age at Benefit Commencement minus Credited Service equals

Age	30 or less	31	32	33	34	35 or more
55	80.0%	73.0%	67.0%	63.0%	60.0%	57.0%
56	87.0	80.0	73.0	67.0	63.0	60.0
57	93.0	87.0	80.0	73.0	67.0	63.0
58	100.0	93.0	87.0	80.0	73.0	67.0
59	100.0	100.0	93.0	87.0	80.0	73.0
60	100.0	100.0	100.0	93.0	87.0	80.0
61	100.0	100.0	100.0	100.0	93.0	87.0
62	100.0	100.0	100.0	100.0	100.0	93.0
63	100.0	100.0	100.0	100.0	100.0	100.0
64	100.0	100.0	100.0	100.0	100.0	100.0
65	100.0	100.0	100.0	100.0	100.0	100.0

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Early Retirement (U.S. Agents Plan)	If an employee has attained age 55 and completed 5 or more years of Credited Service, early retirement may be elected. The amount of monthly pension will be his accrued benefit as of the Early Retirement Date, reduced by 5/9% for each of the first 60 months that early retirement precedes the Normal Retirement Date, and by 5/18% for each additional month.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date. Suspension of benefits notices are provided to active participants who remain employed past normal retirement date. Terminated participants who have not commenced receive an actuarially increased benefit under the traditional formula for periods after normal retirement prior to the required beginning date.
Disability Retirement	Monthly pension benefit determined as of termination date, reduced under the same conditions as early retirement.
U.S. Agents Plan	If a Participant is totally disabled, and is receiving Social Security Benefits, and has not attained his earliest retirement date, his disability benefit will be his frozen accrued benefit as of August 24, 1992.
Deferred Vested	Termination after completing three years of vesting service. TA participants who were participating in the Transamerica pension plan on July 21, 1999, became fully vested on that date. Terminations in 2018 were fully vested based on a determination that there was a partial plan termination. Pension benefit determined as of termination date. After 1988, generally, a participant in the U.S. Agents Plan is 100% vested in his accrued benefit upon contract termination and entitled to receive a deferred benefit payable at his Normal Retirement Date.

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Preretirement Death Benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Effective as of January 1, 2011, surviving beneficiaries of Cash Balance Grandfathered participants shall receive the greater of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account plus the lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment as of the date of death, or
2. The lump sum equivalent of 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Effective as of January 1, 2011, for all other surviving beneficiaries the sum of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account, and
2. The lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Preretirement death benefit, or single life annuity equivalent, is payable to surviving spouse or other named beneficiary. If no surviving spouse or named beneficiary, lump sum equivalent is payable to participant's estate.

U.S. Agents Plan

1. If an agent dies prior to retirement and he is unmarried or not eligible for a spouse's benefit, his beneficiary will receive a lump sum death benefit equal to his Benefit Conversion Value.
2. If an agent dies prior to retirement and is married and eligible for a spouse's benefit, the amount of monthly spouse's benefit is a life annuity pension equal to the sum of (a) and (b) (adjusted for the age of the spouse, if more than 3 years younger) but not less than (c) where;

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U.S. Agents Plan (cont'd)	a. If the agent has 10 years of Credited Service and his age plus Credited Service is at least 55, the sum of the Prior Service Benefit and 1973/1974 Service Benefit is multiplied by 5% per year after 9 years up to 50%. b. If the agent has 10 years of Future Benefit Service and his age plus years of Credited Service is at least 55, the monthly benefit will equal 75% of the participant's accrued Future Service Benefit. Otherwise, the monthly benefit will be provided by the Participant's Benefit Conversion Value. c. If the Agent was eligible for an Early Retirement Benefit, the monthly benefit is the benefit that would have been payable to the spouse under the Automatic Joint and 50% Contingent Pension form.
Forms of Payment	Life annuity. If participant is married, benefits are paid in the form of an actuarially equivalent 50% joint and contingent annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are an actuarially equivalent lump sum payment (only if monthly benefit is less than $500 if terminated prior to January 1, 2010), 100%, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, five-, ten- or fifteen-year certain and life annuities. Retirement survivor benefits are payable only as described above.
U.S. Agents Plan	Normal form is the life annuity with 60 months guaranteed (non-married) and actuarially equivalent 50% joint and contingent (married). Optional forms are a single sum payment of benefit conversion value (Future Service Benefit) with reduced pension, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, life annuity, ten- or fifteen-year certain and life annuities.

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Actuarial Equivalence	Annuity forms: 1983 Group Annuity Mortality (males), set back 2 years, 8%. Non-cash balance annuity to lump sum: 417(e). Cash balance to annuity: 417(e) less 100 basis points.
U.S. Agents Plan	1971 Group Annuity Mortality Table (male), set back 1 year for participants and 5 years for beneficiaries, 7% interest for annuity forms, 417(e) for lump sums.
Benefit Not Included	None to our knowledge.
Summary of Changes on Participant Eligibility or Benefit Provisions Since Last Valuation	None

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age X Number Retiring
55	0.1	1,000	100	5,500
56	0.1	900	90	5,040
57	0.1	810	81	4,617
58	0.1	729	73	4,228
59	0.1	656	66	3,871
60	0.1	590	59	3,543
61	0.15	531	80	4,863
62	0.25	452	113	7,002
63	0.25	339	85	5,336
64	0.4	254	102	6,505
65	0.5	152	76	4,955
66	0.5	76	38	2,516
67	0.4	38	15	1,021
68	0.4	23	9	622
69	0.4	14	5	379
70	0.25	8	2	144
71	0.25	6	2	110
72	0.25	5	1	83
73	1	3	3	254

60,589
÷1,000

Weighted Average Retirement Age
(Rounded for Schedule SB line 22) **61**

Attachment to 2025 Form 5500 Schedule SB,
Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	64,874,127	67,834,856	129,843,455	262,552,438
2026	56,644,419	54,479,752	125,360,376	236,484,547
2027	51,237,731	51,417,132	120,716,205	223,371,068
2028	46,360,806	50,120,175	115,968,257	212,449,238
2029	42,223,301	47,115,793	111,098,833	200,437,927
2030	39,327,557	43,480,416	106,131,693	188,939,666
2031	36,996,505	42,564,672	101,060,067	180,621,244
2032	34,673,875	39,549,837	95,913,074	170,136,786
2033	31,786,389	37,081,219	90,728,384	159,595,992
2034	29,256,290	35,333,141	85,464,591	150,054,022
2035	27,003,813	33,165,038	80,179,680	140,348,531
2036	24,454,785	31,502,983	74,896,276	130,854,044
2037	22,146,455	30,607,479	69,633,618	122,387,552
2038	20,339,099	29,439,861	64,397,204	114,176,164
2039	18,975,271	28,210,817	59,208,324	106,394,412
2040	17,652,233	27,036,416	54,151,232	98,839,881
2041	16,481,688	25,762,819	49,222,267	91,466,774
2042	15,326,650	24,472,280	44,445,865	84,244,795
2043	14,326,305	23,217,647	39,852,414	77,396,366
2044	13,614,538	22,078,878	35,470,596	71,164,012
2045	12,884,290	21,057,703	31,326,630	65,268,623
2046	12,217,636	20,104,149	27,443,331	59,765,116
2047	11,708,668	18,900,851	23,839,100	54,448,619
2048	11,240,859	17,785,643	20,527,486	49,553,988
2049	10,684,925	16,632,100	17,516,504	44,833,529
2050	10,225,516	15,486,922	14,808,520	40,520,958
2051	9,779,851	14,373,145	12,400,210	36,553,206
2052	9,328,775	13,243,463	10,282,802	32,855,040
2053	8,911,289	12,182,376	8,442,902	29,536,567
2054	8,512,531	11,159,280	6,863,176	26,534,987
2055	8,155,248	10,154,706	5,523,261	23,833,215
2056	7,770,209	9,128,387	4,400,731	21,299,327
2057	7,395,753	8,175,076	3,472,016	19,042,845
2058	7,048,516	7,325,475	2,713,260	17,087,251
2059	6,714,031	6,560,981	2,101,133	15,376,145
2060	6,360,731	5,813,241	1,613,457	13,787,429
2061	6,016,287	5,142,092	1,229,699	12,388,078
2062	5,688,854	4,496,181	931,350	11,116,385
2063	5,354,879	3,913,039	702,089	9,970,007
2064	5,020,336	3,416,486	527,844	8,964,666
2065	4,694,747	2,985,765	396,759	8,077,271
2066	4,375,899	2,593,797	299,026	7,268,722
2067	4,063,611	2,257,619	226,696	6,547,926
2068	3,765,220	1,962,939	173,450	5,901,609
2069	3,479,254	1,707,651	134,348	5,321,253
2070	3,207,466	1,483,235	105,596	4,796,297
2071	2,948,655	1,285,217	84,343	4,318,215
2072	2,703,154	1,116,025	68,475	3,887,654
2073	2,470,983	971,589	56,449	3,499,021
2074	2,251,739	843,037	47,165	3,141,941

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Effective Date	Amended and restated January 1, 2022.
Participation Date	First day of the month coincident with or following age 18 and six months of service.
U.S. Agents Plan	Prior to August 24, 1992, the plan covered U.S. Agents of Transamerica Life Insurance Company. The U.S. Agents Plan was frozen on August 24, 1992 and no one entered the Plan after that date.
Vesting Service	One year for each 1,000-hour calendar year of employment.
AEGON Credited Service	One year for every 1,000-hour plan year. Proportional credit of hours divided by 2,000, if less than 1,000 hours completed. No credit prior to participation date for certain acquisitions. For CG grandfathered, PLHI or CG Rehired participants, this is credited service as accrued from January 1, 2000 forward. For TA participants, this is credited service as accrued from January 1, 2001, forward.
CG Credited Service	Credited service under the CG Retirement Plan as of the participant's anniversary date in 1999 plus one year if participant worked 1,000 or more hours in 1999.
TA Credited Service	Benefit service under the prior Transamerica pension plan as of December 31, 2000, but excluding service before age 21 and service in excess of 25 years.
Future Benefit Service Credit	For participants in the U.S. Agents Plan prior to January 1, 1989, Future Benefit Service Credit was the sum of 0.9% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.8% of such commissions in excess of $7,800.
Cash Balance Grandfathered Participants	Participants as of December 31, 2010 at least age 40 and attained at least ten years of AEGON credited service.

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
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Pensionable Pay	W-2 earnings plus Section 125 and 401(k) employee deferrals less special forms of compensation.
AEGON Average Earnings	The average of the highest five consecutive complete calendar years of pensionable pay during the period ending on the earlier of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
CG Average Earnings	The greater of average earnings under the CG Retirement Plan as of December 31, 1999, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
TA Average Earnings	The greater of average annual earnings under the Transamerica pension plan as of December 31, 2000, or AEGON Average Earnings under the Transamerica Pension Plan as of the participant's termination date or retirement date. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
CG Three-Year Average Earnings	The average of the last 3 consecutive calendar years of pensionable pay as of the participant's termination date or retirement date, with each year's earnings limited to the Social Security Taxable Wage Base in effect for that year. This average cannot exceed the lesser of Covered Compensation or CG Average Earnings. Final average earnings are frozen as of December 31, 2021 for all Cash Balance Grandfathered participants.
Normal Retirement Date	First of month coinciding with or next following the attainment of age 65 and the earlier of five years of plan participation or three years of vesting service.
U.S. Agents Plan	First of the month coinciding with or immediately following the later of the attainment of age 65 or the completion of at least 5 years of participation but not later than age 70.
Prior Cash Balance Account	The Prior Cash Balance Account for each participant consists of the Annual Pay Credits frozen as of December 31, 2021 and Interest Credits.

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

Plan Name: TRANSAMERICA PENSION PLAN
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Cash Balance Account

The Cash Balance Account for each participant consists of the Annual Pay Credits beginning January 1, 2022 and Interest Credits.

Annual Pay Credits

Prior Cash Balance Account

Beginning as of January 1, 2011, a participant shall receive the following percent of Pensionable Pay:

Credited Service Plus Attained Age at End of Prior Plan Year	Pay Credit Percent
Less than 35	3%
35 – 44	4%
45 – 54	5%
55 – 64	6%
65 – 74	7%
75 and above	8%

Annual pay credits for the prior cash balance account are frozen as of December 31, 2021.

Cash Balance Account

Beginning as of January 1, 2022 a participant shall receive a flat 5% of Pensionable Pay.

Interest Credits

Prior Cash Balance Account

The participant's Cash Balance Account will receive an interest credit each year until benefits commence.

The interest rate for a plan year is the greater of:

1. 4%, or
2. Five-year Treasury Constant Maturity rate for October of the preceding year, but not greater than 8%.

Cash Balance Account

The Five-year Treasury Constant Maturity rate for October of the preceding year, but not less than 0% or greater than 8%.

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Pension Accruals on or After January 1, 2022	Effective as of January 1, 2022, for Cash Balance Grandfathered Participants, the Pension Benefit is the greater of: 1. The applicable pre-January 1, 2011 formula (e.g. AEGON, CG, TA) using service and pay through December 31, 2021 plus the actuarial equivalent of the Cash Balance Account. 2. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, plus the actuarial equivalent of the Cash Balance Account and the Prior Cash Balance Account. Effective as of January 1, 2022 for all other participants, the Pension Benefit is the sum of: 1. The applicable pre-January 1, 2011 formula using service and pay through December 31, 2010, and 2. The actuarial equivalent annuity of the Cash Balance Account and the Prior Cash Balance Account.
Pension Benefit for Other Than CG, PLHI, TA Participants	The sum of (1) and (2): 1. The sum of 1.2% of AEGON Average Earnings multiplied by AEGON Credited Service (maximum 25 years) and 0.6% of AEGON Average Earnings multiplied by AEGON Credited Service in excess of 25 years 2. The sum of 0.6% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service (maximum 25 years) and 0.3% of AEGON Average Earnings in excess of Covered Compensation multiplied by AEGON Credited Service in excess of 25 years

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Pension Benefit for CG Participants

The sum of CG Grandfathered Benefit and AEGON Plan Benefit:

CG Grandfathered Benefit

[(1) less (2)] multiplied by (3):

1. 1.75% of CG Average Earnings multiplied by CG Credited Service projected to normal retirement date

2. The lesser of (a) or (b):

    a. 50% of 1.75% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date, this amount reduced by any CG benefit attributable to employee contributions
    b. 0.35% of CG Three-Year Average Earnings multiplied by CG Credited Service projected to normal retirement date (maximum 35 years)

3. CG Credited Service divided by CG Credited Service projected to normal retirement date

Pension Benefit for CG Participants *(cont'd)*

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service

2. 0.6% of CG Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

3. 0.6% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus CG Credited Service

4. 0.3% of CG Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of CG Credited Service plus AEGON Credited Service minus 25 years

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

Plan Name: TRANSAMERICA PENSION PLAN
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Pension Benefit for PLHI Participants

Equivalent to the above AEGON Plan Benefit using AEGON Credited Service and AEGON Average Earnings from January 1, 2000, forward.

Pension Benefit for TA Participants

Sum of TA Grandfathered Benefit and AEGON Plan Benefit:

TA Grandfathered Benefit

The sum of (1) and (2):

1. 1.6% of TA Average Earnings multiplied by TA Credited Service
2. 0.4% of TA Average Earnings in excess of Covered Compensation multiplied by TA Credited service

Pension Benefit for TA Participants *(cont'd)*

AEGON Plan Benefit

The sum of (1) through (4):

1. 1.2% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
2. 0.6% of TA Average Earnings multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years
3. 0.6% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or 25 minus TA Credited Service
4. 0.3% of TA Average Earnings in excess of Covered Compensation multiplied by the lesser of AEGON Credited Service or the sum of TA Credited Service plus AEGON Credited Service minus 25 years

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Pension Benefit for U.S. Agents Plan

Prior to August 25, 1992, a participant accrued a monthly pension benefit equal to the sum of (1) through (3), as applicable:

1. Prior Service Benefit: One-twelfth of 0.9% times the number of years of Prior Benefit Service up to a maximum of 15 years times the Participant's Prior Service Average Commissions.

2. 1973/1974 Service Benefit: One-twelfth of 0.9% of the Participant's Commissions earned during his 1973/1974 Benefit Service, not to exceed $37.50 in either year.

3. Future Service Benefit: The amount of monthly Future Service Benefit shall be the sum of one-half the Future Service Benefit Credit earned that Plan Year and the amount of accrued Variable Future Service Benefit at the end of the previous Plan Year, where Future Service Benefit Credit is the sum of 1.1% of commissions earned during the accounting months corresponding to the period of Future Benefit Service in that Plan Year and 0.6% of such commissions in excess of $7,800 after December 31, 1988.

Effective August 25, 1992, the accrual of benefits under the Plan ceased. The benefits accrued through August 24, 1992 will continue to be funded under the Plan.

The amount of normal retirement annuity payable to any participant who remains in employment until his Normal Retirement Date will be equal to the amount of his Accrued Benefit as of August 24, 1992.

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Variable Annuity Factor
(U.S. Agents Plan)

The Variable Annuity Factor for a given Plan Year means the ratio of (1) over the applicable factor for retired Participants under (2) below, where:

1. Equals one (1), plus the annualized investment performance rate of Transamerica's Separate Account Fund A, for the period from October 1 of the preceding Plan Year to September 30 of the current Plan Year, as determined under the Pension Contract. Such annualized investment performance rate will reflect all dividend and interest income and both realized and unrealized capital changes: and
2. a. equals 1.07, with respect to Plan Year subsequent to December 31, 1984; and

   b. equals 1.08, with respect to Plan Year 1984; and

   c. equals the applicable factor; with respect to each Plan Year period to January 1, 1984, as determined under the provisions of the Plan as then in effect.

Early Retirement

Effective as of January 1, 2011, active participants may commence upon termination. The annuity attributable to the Cash Balance Account and/or Prior Cash Balance Account is based on the applicable actuarial equivalence definition. Except as otherwise noted below, the non-cash balance annuity will be reduced based on applicable actuarial equivalence definition.

TA Window participants: Termination before July 21, 2004, and retirement before NRD and on or after the earlier of (1) and (2):

1. Attainment of age 55 and completing ten years of service

2. Attainment of age 55 and sum of age, service, and years after termination of at least 70 points.

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
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Early Retirement *(cont'd)*

Monthly pension benefit determined as of early retirement date determined as follows:

1. Participants of either the Life Investors or the Monumental Field Employees Plan on December 31, 1988, who have completed 15 or more years of service: The nonintegrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 1 plus the integrated portion of the monthly pension benefit multiplied by the appropriate factor contained in Table 2.

2. Completed 15 or more years of service and does not meet the qualifications of (1) above: The monthly pension benefit multiplied by the appropriate factor contained in Table 2.

3. Completed 10, but fewer than 15, years of service: Monthly pension benefit multiplied by the appropriate factor contained in Table 3.

4. Former CG or PLHI participants: CG grandfathered benefit multiplied by the appropriate factor contained in Table 4 plus AEGON plan benefit multiplied by the appropriate factor contained in Table 2 if the participant has completed 15 or more years of service, or Table 3 if the participant has completed 10 but fewer than 15 years of service.

5. TA Window participants who completed 15 or more years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.

6. TA Window participants who completed fewer than 15 years of service and have at least 70 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3.

Attachment to 2025 Form 5500 Schedule SB,
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Plan Name: TRANSAMERICA PENSION PLAN
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Early Retirement *(cont'd)*

7. TA 1995 Grandfathered participants (TA Grandfathered who, as of January 1, 1995, were at least age 50 with at least 10 years of eligibility service or whose combination of age and eligibility service was at least 65) who retire on or after age 55 with the sum of age and service at least 75 points: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 5 plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2 (Table 3 if fewer than 15 years of service).

8. Other TA participants who completed 15 or more years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 2.

9. Other TA participants who completed 10, but fewer than 15, years of service: TA Grandfathered Benefit multiplied by the appropriate factor contained in Table 6 (Table 7 if the sum of age and service is less than 75 points) plus AEGON Plan Benefit multiplied by the appropriate factor contained in Table 3

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Part V – Summary of Plan Provisions

Plan Name: TRANSAMERICA PENSION PLAN
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Early Retirement *(cont'd)*

Age	Table 1	Table 2	Table 3	Table 5	Table 6	Table 7
55	50.0%	50.0%	36.7%	79.0%	56.0%	38.0%
56	55.0	53.0	40.3	82.0	62.0	42.0
57	60.0	56.0	44.3	85.0	68.0	46.0
58	67.0	60.0	48.7	88.0	74.0	50.0
59	74.0	64.0	53.7	91.0	80.0	55.0
60	81.0	70.0	59.3	94.0	86.0	61.0
61	90.0	76.0	65.5	97.0	90.0	67.0
62	100.0	82.0	72.6	100.0	94.0	74.0
63	100.0	88.0	80.6	100.0	96.0	82.0
64	100.0	94.0	89.7	100.0	98.0	90.0
65	100.0	100.0	100.0	100.0	100.0	100.0

Table 4 — Attained Age at Benefit Commencement minus Credited Service equals

Age	30 or less	31	32	33	34	35 or more
55	80.0%	73.0%	67.0%	63.0%	60.0%	57.0%
56	87.0	80.0	73.0	67.0	63.0	60.0
57	93.0	87.0	80.0	73.0	67.0	63.0
58	100.0	93.0	87.0	80.0	73.0	67.0
59	100.0	100.0	93.0	87.0	80.0	73.0
60	100.0	100.0	100.0	93.0	87.0	80.0
61	100.0	100.0	100.0	100.0	93.0	87.0
62	100.0	100.0	100.0	100.0	100.0	93.0
63	100.0	100.0	100.0	100.0	100.0	100.0
64	100.0	100.0	100.0	100.0	100.0	100.0
65	100.0	100.0	100.0	100.0	100.0	100.0

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Early Retirement (U.S. Agents Plan)	If an employee has attained age 55 and completed 5 or more years of Credited Service, early retirement may be elected. The amount of monthly pension will be his accrued benefit as of the Early Retirement Date, reduced by 5/9% for each of the first 60 months that early retirement precedes the Normal Retirement Date, and by 5/18% for each additional month.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date. Suspension of benefits notices are provided to active participants who remain employed past normal retirement date. Terminated participants who have not commenced receive an actuarially increased benefit under the traditional formula for periods after normal retirement prior to the required beginning date.
Disability Retirement	Monthly pension benefit determined as of termination date, reduced under the same conditions as early retirement.
U.S. Agents Plan	If a Participant is totally disabled, and is receiving Social Security Benefits, and has not attained his earliest retirement date, his disability benefit will be his frozen accrued benefit as of August 24, 1992.
Deferred Vested	Termination after completing three years of vesting service. TA participants who were participating in the Transamerica pension plan on July 21, 1999, became fully vested on that date. Terminations in 2018 were fully vested based on a determination that there was a partial plan termination. Pension benefit determined as of termination date. After 1988, generally, a participant in the U.S. Agents Plan is 100% vested in his accrued benefit upon contract termination and entitled to receive a deferred benefit payable at his Normal Retirement Date.

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Plan Name: TRANSAMERICA PENSION PLAN
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Preretirement Death Benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Effective as of January 1, 2011, surviving beneficiaries of Cash Balance Grandfathered participants shall receive the greater of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account plus the lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment as of the date of death, or
2. The lump sum equivalent of 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Effective as of January 1, 2011, for all other surviving beneficiaries the sum of:

1. 100% of the Cash Balance Account and Prior Cash Balance Account, and
2. The lump sum equivalent of 50% of the pre-January 1, 2011 monthly pension benefit, reduced for the 50% joint and contingent election and reduced for payment of the date of death.

Preretirement death benefit, or single life annuity equivalent, is payable to surviving spouse or other named beneficiary. If no surviving spouse or named beneficiary, lump sum equivalent is payable to participant's estate.

U.S. Agents Plan

1. If an agent dies prior to retirement and he is unmarried or not eligible for a spouse's benefit, his beneficiary will receive a lump sum death benefit equal to his Benefit Conversion Value.
2. If an agent dies prior to retirement and is married and eligible for a spouse's benefit, the amount of monthly spouse's benefit is a life annuity pension equal to the sum of (a) and (b) (adjusted for the age of the spouse, if more than 3 years younger) but not less than (c) where;

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Plan Name: TRANSAMERICA PENSION PLAN
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U.S. Agents Plan (cont'd)	a. If the agent has 10 years of Credited Service and his age plus Credited Service is at least 55, the sum of the Prior Service Benefit and 1973/1974 Service Benefit is multiplied by 5% per year after 9 years up to 50%. b. If the agent has 10 years of Future Benefit Service and his age plus years of Credited Service is at least 55, the monthly benefit will equal 75% of the participant's accrued Future Service Benefit. Otherwise, the monthly benefit will be provided by the Participant's Benefit Conversion Value. c. If the Agent was eligible for an Early Retirement Benefit, the monthly benefit is the benefit that would have been payable to the spouse under the Automatic Joint and 50% Contingent Pension form.
Forms of Payment	Life annuity. If participant is married, benefits are paid in the form of an actuarially equivalent 50% joint and contingent annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are an actuarially equivalent lump sum payment (only if monthly benefit is less than $500 if terminated prior to January 1, 2010), 100%, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, five-, ten- or fifteen-year certain and life annuities. Retirement survivor benefits are payable only as described above.
U.S. Agents Plan	Normal form is the life annuity with 60 months guaranteed (non-married) and actuarially equivalent 50% joint and contingent (married). Optional forms are a single sum payment of benefit conversion value (Future Service Benefit) with reduced pension, 66-2/3% or 50% joint and survivor annuity, 100%, 75% or 66-2/3% joint and contingent annuity, life annuity, ten- or fifteen-year certain and life annuities.

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

Actuarial Equivalence	Annuity forms: 1983 Group Annuity Mortality (males), set back 2 years, 8%. Non-cash balance annuity to lump sum: 417(e). Cash balance to annuity: 417(e) less 100 basis points.
U.S. Agents Plan	1971 Group Annuity Mortality Table (male), set back 1 year for participants and 5 years for beneficiaries, 7% interest for annuity forms, 417(e) for lump sums.
Benefit Not Included	None to our knowledge.
Summary of Changes on Participant Eligibility or Benefit Provisions Since Last Valuation	None

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: TRANSAMERICA CORPORATION

Plan Name: TRANSAMERICA PENSION PLAN

Plan Year: January 1, 2025 to December 31, 2025

EIN: 42-1484983 Plan No.: 002

Item 4i- Schedule of Assets Held at End of Year
Pages 22-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 27 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

(a) Year	(b) Type	(c) Present Value	(d) Years Left	(e) Payment
2021	Shortfall	77,384,883	11	8,970,678
2022	Shortfall	(77,799,874)	12	(8,463,455)
2023	Shortfall	374,272,688	13	38,466,118
2024	Shortfall	20,632,131	14	2,014,795
2025	Shortfall	59,042,054	15	5,505,107
Total		$ 453,531,882		$ 46,493,243

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

Plan Name: TRANSAMERICA PENSION PLAN
EIN/PN: 42-1484983/002

The expense load assumption was changed to $7,100,000 (previously, $3,200,000).

The expected return on assets was changed to 6.15% for Actuarial Value of Asset calculation purposes (previously, 5.54%).

The cash balance interest crediting rate is 4.09% per year (previously, 4.00% per year for the frozen cash balance account as of 12/31/2021 and 3.50% per year for the cash balance account post 12/31/2021).