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
LEAR CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1988

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)
LEAR CORPORATION

21557 TELEGRAPH ROAD
SOUTHFIELD, MI 48033

2b Employer Identification Number (EIN)
13-3386776

2c Plan Sponsor's telephone number
248-447-1500

2d Business code (see instructions)
336300

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	SARAH BRAUN
	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 **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	2982
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)**	495
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	458
b	Retired or separated participants receiving benefits	**6b**	1193
c	Other retired or separated participants entitled to future benefits	**6c**	1097
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2748
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	216
f	Total. Add lines **6d** and **6e**.	**6f**	2964
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

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**	188313248
b Actuarial value	**2b**	185514173

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	1350	116987992	116987992
b For terminated vested participants	1183	65334525	65334525
c For active participants	495	22671684	22671684
d Total	3028	204994201	204994201

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1900320
c Target normal cost	**6c**	1900320

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/02/2026
Date

DAMION A.L GOODEN
Type or print name of actuary

26-07436
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2603994
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2603994
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.01 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		734
	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 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		29
	c Total available at beginning of current plan year to add to prefunding balance		763
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.49 %
15	Adjusted funding target attainment percentage	15	90.49 %
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	95.14 %
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
04/14/2025	909229	0			
07/14/2025	909229	0			
10/14/2025	765251	0			
01/14/2026	861950	0			
09/14/2026	546787	0			
			Totals ► 18(b)	3992446	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	3831186

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**	64

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**	1900320
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19480028	1930569
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**	3830889

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3830889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3831186
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	297
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50 11 17 14 49	NONE	692016	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72 33 55 49 71	NONE	202880	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	93598	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

WESTFIELD CAPITAL MANAGEMENT CO. LP

80-0175963

(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 68 51 71 52	NONE	7400	Yes [X] No [ ]	Yes [X] No [ ]	0	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
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

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: LEAR CORPORATION MASTER TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-1809542-200	M	193386517

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1104974	1408737
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	187491203	193386517
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	188596177	194795254
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	28051	18481
1k Total liabilities (add all amounts in lines 1g through1j)	1k	28051	18481
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	188568126	194776773

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)	3992446	
(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)		3992446
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		16316321
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		20308767
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11919827	
(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)		11919827
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)	246727	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	212267	
(6) Bank or trust company trustee/custodial fees	2i(6)	93598	
(7) Actuarial fees	2i(7)	159871	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1467830	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2180293
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14100120
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6208647
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
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 589051.

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
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

Part I Distributions

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

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

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

EIN(s): 36-3046063

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 | 2

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: 15.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 70.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 4.0 % Other: 9.0 %

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

Lear Corporation Selected Pension Plans
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

The better the question.
The better the answer.
The better the world works.

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Lear Corporation Selected Pension Plans

Financial Statements

Years Ended December 31, 2025 and 2024

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Ernst & Young LLP
One Kennedy Square
Suite 1000
777 Woodward Avenue
Detroit, MI 48226-5495

Tel: +1 313 628 7100
Fax: +1 313 628 7101
ey.com

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Report of Independent Auditors

The Employee Benefits Committee
Lear Corporation

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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Basis for Opinion

We conducted our 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 Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that audits 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.

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In performing audits 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 Plans' 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 Plans' ability to continue as a going concern for a reasonable period of time.

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

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

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

Ernst & Young LLP

October 9, 2026

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Lear Corporation Selected Pension Plans

Statements of Net Assets Available for Benefits

	Lear Corporation Pension Plan	Lear Combined Pension Plan
December 31, 2025		
Assets:		
Plan interest in Lear Corporation Defined Benefit Plans Master Trust	**$ 193,386,517**	**$ 117,660,822**
Contributions receivable	**1,408,737**	**486,345**
Total assets	**194,795,254**	**118,147,167**
Liabilities:		
Accrued administrative expenses	**18,481**	**16,313**
Total liabilities	**18,481**	**16,313**
Net assets available for benefits	**$ 194,776,773**	**$ 118,130,854**
December 31, 2024		
Assets:		
Plan interest in Lear Corporation Defined Benefit Plans Master Trust	$ 187,491,203	$ 117,677,751
Contributions receivable	1,104,974	–
Total assets	188,596,177	117,677,751
Liabilities:		
Accrued administrative expenses	28,051	17,934
Total liabilities	28,051	17,934
Net assets available for benefits	$ 188,568,126	$ 117,659,817

See accompanying notes.

Lear Corporation Selected Pension Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

	Lear Corporation Pension Plan	Lear Combined Pension Plan
Additions:		
Net investment income from interest in Lear Corporation Defined Benefit Plans Master Trust	**$ 16,316,321**	**$ 10,054,472**
Employer contributions	**3,992,446**	**486,345**
Total additions	**20,308,767**	**10,540,817**
Deductions:		
Benefit payments	**11,919,827**	**8,487,003**
Administrative expenses	**2,180,293**	**1,582,777**
Total deductions	**14,100,120**	**10,069,780**
Net increase	**6,208,647**	**471,037**
Net assets available for benefits:		
Beginning of year	**188,568,126**	**117,659,817**
End of year	**$ 194,776,773**	**$ 118,130,854**

See accompanying notes.

Lear Corporation Selected Pension Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	Lear Corporation Pension Plan	Lear Combined Pension Plan
Additions:		
Net investment income from interest in Lear Corporation Defined Benefit Plans Master Trust	$ 8,528,133	$ 5,380,773
Employer contributions	1,104,974	–
Total additions	9,633,107	5,380,773
Deductions:		
Benefit payments	44,023,297	28,773,350
Administrative expenses	3,071,373	2,692,498
Total deductions	47,094,670	31,465,848
Net decrease	(37,461,563)	(26,085,075)
Net assets available for benefits:		
Beginning of year	226,029,689	143,744,892
End of year	$ 188,568,126	$ 117,659,817

See accompanying notes.

Lear Corporation Selected Pension Plans

Notes to Financial Statements

December 31, 2025

1. Descriptions of the Plans

The accompanying financial statements include the employee pension plans of Lear Corporation (the Company or Plan Sponsor) that participate in the Lear Corporation Defined Benefit Plans Master Trust (the Master Trust). The Master Trust was established for the investment of assets of the Lear Corporation Pension Plan (the Lear Corporation Plan) and the Lear Combined Pension Plan (the Combined Plan) (each, a Plan and collectively, the Plans).

The Employee Benefits Committee of Lear Corporation (the Plan Administrator) is responsible for the general administration of the Plans.

The benefits provided by the Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The following are general descriptions and summaries of the Plans. The descriptions are provided for general information purposes only. Participants should refer to the plan documents for a more complete description of each Plan's provisions.

Lear Corporation Plan

General

The Lear Corporation Plan is a noncontributory, frozen defined benefit plan that covers all eligible U.S. salaried employees of Lear Corporation, certain of its U.S. subsidiaries and certain of its former affiliates. The Lear Corporation Plan provides for retirement and death benefits.

Participation and Vesting

Effective January 1, 2007, benefits under the Lear Corporation Plan are frozen; no future benefits will accrue, and no new participants will be admitted.

Employees hired on or before December 31, 2006, prior to the plan freeze, became eligible to participate in the Lear Corporation Plan on January 1 or July 1 immediately following the completion of one year of continuous service and generally became fully vested upon the completion of five years of service.

1. Descriptions of the Plans (continued)

Combined Plan

General

The Combined Plan is a noncontributory defined benefit plan that covers certain U.S. hourly employees at various current and former plants of Lear Corporation. The Combined Plan provides for retirement, death and disability benefits.

Participation and Vesting

Plan provisions vary by plant. Except as noted below, benefits under the Combined Plan are frozen; no future benefits will accrue, and no new participants will be admitted.

Eligible participants at one Lear Corporation plant continue to accrue benefits under the Combined Plan; however, no new participants will be admitted.

Participants generally became fully vested upon the earlier of the completion of five years of service or reaching age 65, or as otherwise provided for under historical vesting schedules. Effective January 1, 2010, participants covered under the cash balance provisions of the Combined Plan generally become fully vested upon the completion of three years of service.

All Plans

Plan Benefits

The normal form of benefits is a monthly annuity to all vested participants after reaching eligible retirement age. Unless a formal spousal waiver is submitted, married participants automatically receive reduced monthly retirement benefits in order to provide continuing benefits to the surviving spouse upon the participant's death. The amount of the retirement benefits is determined as set forth in the Plan documents.

1. Descriptions of the Plans (continued)

In June 2024, the Plan Sponsor approved a plan amendment allowing certain terminated vested participants of the Plans to, during a limited period, voluntarily elect to receive their pension benefits in the form of a lump sum payment (the Lump Sum Payout) in satisfaction of all benefits payable to the participant under the Plans. In connection with the Lump Sum Payout, a portion of the Master Trust's investments were converted to cash and cash equivalents in the second quarter of 2024.

In December 2024, payments of $32,765,834 and $19,920,775 under the Lump Sum Payout were distributed from existing assets held in the Master Trust for the Lear Corporation Plan and the Combined Plan, respectively, and are included in benefit payments in the statements of changes in net assets available for benefits for the year ended December 31, 2024, for the respective Plans.

The Plans provide for mandatory lump sum distributions for terminated participants whose actuarial equivalent lump sum value of their accrued benefit is $7,000 or less.

Funding Policy

The Company contributes amounts it deems necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plans have met the ERISA minimum funding requirements for 2025 and 2024.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plans to discontinue its contributions at any time and to terminate the Plans, subject to the provisions of ERISA. Upon the Plans' termination, the net assets of the Plans will be allocated for payment to the participants in order of priority as prescribed by ERISA and its related regulations and the plan documents.

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

2. Summary of Significant Accounting Policies

Administrative and Other Expenses

The Plans incur administrative expenses directly related to the Plans, which consist primarily of PBGC fees, trustee fees and actuarial fees. These expenses are included in administrative expenses in the statements of changes in net assets available for benefits. Expenses relating to purchases, sales or transfers of the Plans' investments are charged to the particular investment funds to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plans. Expenses that are paid by the Company are excluded from these financial statements.

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump sum distributions, that are attributable under the Plans' provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) current employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent that they are deemed attributable to employee-credited service rendered to the valuation date.

The Plans' actuary estimated 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.

3. Accumulated Plan Benefits

The accumulated plan benefits information as of December 31, 2024, is as follows:

	Lear Corporation Plan	Combined Plan
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 121,778,778	$ 76,102,944
Other participants	92,253,763	40,284,542
	214,032,541	116,387,486
Non-vested benefits	–	43,524
Total actuarial present value of accumulated plan benefits	$ 214,032,541	$ 116,431,010

3. Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, are as follows:

	Lear Corporation Plan	Combined Plan
Actuarial present value of accumulated plan benefits at beginning of year	$ 230,302,319	$ 131,011,131
Increase (decrease) during the year attributable to:		
Increase for interest due to decrease in discount period	12,497,440	6,997,925
Benefits paid	(44,023,297)	(28,773,350)
Assumption changes:		
Assumed rate of return	11,240,580	5,358,525
Mortality	1,916,083	1,412,094
Other assumption changes	952,863	260,483
Actuarial losses	1,146,553	156,579
Benefits accumulated	–	7,623
Actuarial present value of accumulated plan benefits at end of year	$ 214,032,541	$ 116,431,010

The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plans that would have changed the valuations had they been performed as of December 31, 2025.

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial valuations are as follows:

Assumption	December 31, 2024	December 31, 2023
Lear Corporation Plan		
Mortality rates	Pri-2012 White Collar Mortality Tables with a 92.7% multiplier, projected using MP-2021 improvement scale	Pri-2012 White Collar Mortality Tables with a 96.9% multiplier, projected using MP-2021 improvement scale
Assumed rate of return, net of administrative expenses	5.50%	6.00%
Combined Plan		
Mortality rates	Pri-2012 Blue Collar Mortality Tables with a 98.3% multiplier, projected using MP-2021 improvement scale	Pri-2012 Blue Collar Mortality Tables with a 103.5% multiplier, projected using MP-2021 improvement scale
Assumed rate of return net of administrative expenses	5.50%	6.00%
Cash balance interest crediting rate	4.54%	4.66%

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

4. Investments

With the exception of the fair value and related net appreciation in fair value of hedge funds and real estate income trusts, information related to the investments of the Master Trust disclosed in the accompanying financial statements, including the fair value of investments held as of December 31, 2025 and 2024, and the net appreciation in fair value of investments, interest income and dividend income for the years then ended, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Northern Trust Company, the trustee of the Plans and Master Trust.

4. Investments (continued)

Each Plan in the Master Trust has an undivided interest in the Master Trust. The Master Trust assets are allocated among the Plans by assigning to each Plan those transactions (primarily contributions, benefit payments and Plan-specific expenses) that can be specifically identified and by allocating among all Plans, in proportion to each Plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust.

As of December 31, each Plan's interest in the net assets of the Master Trust is as follows:

	2025	2024
Lear Corporation Plan	**62.2%**	61.4%
Combined Plan	**37.8**	38.6
Total investments	**100.0%**	100.0%

The following tables present the net assets of the Master Trust and the Plans' interest in the Master Trust:

	December 31, 2025		
	Master Trust	Lear Corporation Plan	Combined Plan
Investments, at fair value:			
Short-term investments	**$ 12,378,965**	**$ 7,696,336**	**$ 4,682,629**
Equity securities:			
Exchange-traded funds	**84,333,995**	**52,432,718**	**31,901,277**
Mutual funds	**20,296,609**	**12,618,949**	**7,677,660**
Common stock	**22,869,006**	**14,218,278**	**8,650,728**
Collective investment fund	**5,354,047**	**3,328,755**	**2,025,292**
Corporate bonds	**112,764,539**	**70,108,754**	**42,655,785**
Government obligations	**16,419,374**	**10,208,369**	**6,211,005**
Hedge funds	**35,000,768**	**21,760,921**	**13,239,847**
Real estate income trust	**12,269**	**7,628**	**4,641**
	309,429,572	**192,380,708**	**117,048,864**
Plus:			
Accrued income	**1,617,767**	**1,005,809**	**611,958**
Total net assets	**$ 311,047,339**	**$ 193,386,517**	**$ 117,660,822**

4. Investments (continued)

	December 31, 2024		
	Master Trust	Lear Corporation Plan	Combined Plan
Investments, at fair value:			
Short-term investments	$ 4,611,254	$ 2,833,085	$ 1,778,169
Equity securities:			
Exchange-traded funds	85,711,902	52,660,100	33,051,802
Mutual funds	22,753,232	13,979,243	8,773,989
Common stock	23,004,268	14,133,475	8,870,793
Collective investment fund	5,130,412	3,152,048	1,978,364
Corporate bonds	99,945,067	61,404,742	38,540,325
Government obligations	20,409,854	12,539,506	7,870,348
Hedge funds	41,802,183	25,682,631	16,119,552
Real estate income trust	18,657	11,462	7,195
	303,386,829	186,396,292	116,990,537
Plus:			
Accrued income	1,782,125	1,094,911	687,214
Total net assets	$ 305,168,954	$ 187,491,203	$ 117,677,751

Net investment income of the Master Trust is as follows:

	Year Ended December 31	
	2025	2024
Net appreciation in fair value of investments	**$ 14,260,914**	$ 898,840
Interest income	**10,927,096**	10,939,606
Dividend income	**1,182,783**	2,070,460
Net investment income	**$ 26,370,793**	$ 13,908,906

The Plan Administrator's investment policies incorporate an asset allocation strategy that emphasizes a balanced approach considering long-term growth combined with risk mitigation. The Plan Administrator believes that this strategy is consistent with the long-term nature of plan liabilities and ultimate cash needs of the Plans.

4. Investments (continued)

Diversification within the investment portfolio is pursued by asset class and investment management style. The investment portfolios are reviewed on a quarterly basis to maintain the desired asset allocations, given the market performance of the asset classes and investment management styles. Alternative investments are redeemable at least annually, and the majority of the alternative investments are redeemable on a quarterly basis. Investments that are redeemable quarterly or semiannually require notice periods that do not exceed 90 days. Certain of these investments have customary gates.

The Plan Administrator utilizes investment management firms to manage these assets in accordance with the Plan Administrator's investment policies. Excluding alternative investments, mutual funds and exchange-traded funds (ETFs), retained investment managers are provided investment guidelines that indicate prohibited assets, which include commodities contracts, futures contracts, options, venture capital, real estate and investments in the Company's own debt or equity. Derivative instruments are also prohibited without the specific approval of the Plan Administrator. Investment managers are limited in the maximum size of individual security holdings and the maximum exposure to any one industry relative to the total portfolio. Fixed income managers are provided further investment guidelines that indicate minimum credit ratings for debt securities and limitations on weighted-average maturity and portfolio duration.

The Plan Administrator evaluates investment manager performance against market benchmarks the Plan Administrator believes are appropriate to the investment management style for which the investment manager has been retained. The Plan Administrator's investment policies incorporate an investment goal of aggregate portfolio returns that exceed the returns of the appropriate market benchmarks.

5. Fair Value Measurements

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

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

5. Fair Value Measurements (continued)

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

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

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

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

The fair value of the Master Trust's assets is measured on a recurring basis. The following is a description of the valuation technique and input used for the general type of investment measured at fair value by the Plans:

Market: This approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

5. Fair Value Measurements (continued)

The assets of the Master Trust that are measured or disclosed at fair value, by fair value hierarchy level, are as follows:

	December 31, 2025			
	Balance	**Level 1**	**Level 2**	**Level 3**
Short-term investments[a]	**$ 12,378,965**	**$ 12,378,965**	**$ –**	**$ –**
Equity securities:[b]				
Exchange-traded funds	**84,333,995**	**84,333,995**	**–**	**–**
Mutual funds	**20,296,609**	**20,296,609**	**–**	**–**
Common stock	**22,869,006**	**19,692,748**	**3,176,258**	**–**
Collective investment fund	**5,354,047**	**–**	**5,354,047**	**–**
Corporate bonds[c]	**112,764,539**	**–**	**112,764,539**	**–**
Government obligations[c]	**16,419,374**	**–**	**16,419,374**	**–**
	274,416,535	**$ 136,702,317**	**$ 137,714,218**	**$ –**
Investments measured at net asset value:				
Hedge funds[d]	**35,000,768**			
Real estate income trusts[e]	**12,269**			
Total assets at fair value	**$ 309,429,572**			

	December 31, 2024			
	Balance	**Level 1**	**Level 2**	**Level 3**
Short-term investments[a]	$ 4,611,254	$ 4,611,254	$ –	$ –
Equity securities:[b]				
Exchange-traded funds	85,711,902	85,711,902	–	–
Mutual funds	22,753,232	22,753,232	–	–
Common stock	23,004,268	20,367,661	2,636,607	–
Collective investment fund	5,130,412	–	5,130,412	–
Corporate bonds[c]	99,945,067	–	99,945,067	–
Government obligations[c]	20,409,854	–	20,409,854	–
	261,565,989	$ 133,444,049	$ 128,121,940	$ –
Investments measured at net asset value:				
Hedge funds[d]	41,802,183			
Real estate income trusts[e]	18,657			
Total assets at fair value	$ 303,386,829			

5. Fair Value Measurements (continued)

[a] Short-term investments include cash and money market funds classified within Level 1 of the valuation hierarchy. Money market funds are valued at net asset value (NAV) by the administrators of the funds.

[b] Equity securities include ETFs, mutual funds, common stock, and collective investment fund classified within Level 1 and Level 2 of the valuation hierarchy. Level 1 mutual funds are valued at quoted market prices, which represent the NAV of shares held by the Plans at year-end. Level 1 common stock and ETFs are valued at the closing price on the active markets on which the individual securities are traded. Included within common stock are American Depositary Receipts (ADRs) on which the individual securities are traded. Level 1 ADRs are valued at the closing price on the active markets on which the individual ADRs are traded. Level 2 ADRs are valued using inputs that are derived principally from observable market data. The ADRs held by the Plans relate to large multinational companies, which are generally traded on reputable foreign (e.g., Financial Times Stock Exchange 100) and domestic exchanges. The Level 2 collective investment fund is valued at the NAV provided by the administrator of the fund. The fund has no redemption restrictions.

[c] Government obligations and corporate bonds are valued using quoted prices in inactive markets and inputs that are derived principally from or corroborated by observable market data.

[d] Hedge funds are valued at the NAV as a practical expedient provided by the administrators of the funds. In general, the investment strategies of the hedge funds are to reduce volatility and risk while attempting to preserve capital and deliver positive returns under a wide range of market conditions. These investments are redeemable at least annually, and the majority of these investments are redeemable on a quarterly basis. Investments that are redeemable quarterly, semiannually or annually require notice periods which do not exceed 90 days. Certain of these investments have gates, which are customary and are only applicable in limited circumstances.

[e] Real estate income trusts are valued at the NAV as a practical expedient provided by the administrators of the funds. These investments are redeemable on a monthly basis and require notice periods which do not exceed 3 days. These investments have gates, which are customary and are only applicable in limited circumstances.

6. Income Tax Status

The Plans have received determination letters from the Internal Revenue Service (IRS) dated October 30, 2017 (Lear Corporation Plan) and June 29, 2021 (Combined Plan), stating that the Plans are qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trusts are exempt from taxation. Subsequent to these determinations by the IRS, the Plans were amended. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. The Plan Administrator believes the Plans are being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plans, as amended, are qualified and the related trusts are tax exempt.

6. Income Tax Status (continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plans and recognize a tax liability if the Plans have taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plans' management has analyzed the tax positions taken by the Plans and has concluded that there are no uncertain positions taken or expected to be taken. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

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

The Plans' contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

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

The investments of the Plans and Master Trust are managed by Northern Trust Company, the trustee of the Plans and Master Trust. The Plans hold an investment managed by the trustee. The transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Administrative services for the Plans are provided by Willis Towers Watson US LLC.

In addition, certain expenses incurred by the trustee of the Plans and Master Trust in the performance of its duties were paid out of the assets of the Plans.

9. Subsequent Events

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

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SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[3]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	15	0	0	0	0	16
45-49	0	0	0	0	5	33	18	1	0	0	57
50-54	0	0	1	5	11	46	55	21	0	0	139
55-59	0	0	1	2	4	38	59	37	13	0	154
60-64	0	0	1	2	4	20	31	25	15	3	101
65-69	0	0	0	0	3	4	7	4	1	4	23
70 & over	0	0	0	0	0	2	2	0	0	1	5
Total	0	0	3	9	28	158	172	88	29	8	495

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

Plan Name: Lear Corporation Pension Plan
EIN / PN: 13-3386776/001
Plan Sponsor: Lear Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.36%	5.32%

Annual rates of increase

- Compensation: Not applicable
- Future Social Security wage bases: Not applicable
- Statutory limits on compensation: Not applicable

Plan-related expenses

$1,900,320 of administrative expenses including estimated flat and variable PBGC premiums were assumed to be paid from the plan in 2025.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

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

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as healthy mortality.

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Rate
55 - 57	5.00%
58	8.00%
59 - 60	9.50%
61	12.50%
62	25.00%
63 - 64	10.00%
65	20.00%
66	30.00%
67 - 68	25.00%
69	40.00%
70	100.00%

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (not due to disability retirement or mortality)

The rates at which participants are assumed to terminate employment by age are shown below:

Age	Rate
30 - 34	10.00%
35 - 39	7.00%
40 - 44	6.50%
45 - 49	5.00%
50 - 54	5.00%
55 - 59	5.00%
60 - 64	5.00%
65+	0.00%

Benefit commencement

Terminated vested participants, including future terminated vested participants, are assumed to commence benefits as shown below:

For Vested Termination Decrement Type	
55 - 61	1%
62 - 64	8%
65	85%
66	35%
67 - 69	25%
70+	100%

Form of payment

Active and deferred vested participants are assumed to elect the following forms of payment upon commencement:

Decrement Type	Life Annuity	50% J&S Annuity	60 J&S Annuity	100 J&S Annuity
Participants Excluding Delphi				
Withdrawal/ Retirement	40%	25%	N/A	35%
Delphi Participants				
Withdrawal/ Retirement	40%	N/A	60%	N/A

Percent married

80% of eligible participants are assumed to be married. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at

	commencement.
Spouse age	Wife three years younger than husband.
At-risk Assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

	The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued including based on discussions with Lear Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Lear Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.
Decrement Timing Model	Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor or trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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
LEAR CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3386776

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**	188,313,248
b Actuarial value	**2b**	185,514,173

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	1,350	116,987,992	116,987,992
b For terminated vested participants	1,183	65,334,525	65,334,525
c For active participants	495	22,671,684	22,671,684
d Total	3,028	204,994,201	204,994,201

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,900,320
c Target normal cost	**6c**	1,900,320

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

Damion A.L Gooden D.G.
Signature of actuary

10/2/2026
Date

Damion A.L Gooden
Type or print name of actuary

2607436
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

248-936-7700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,603,994
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,603,994
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.01%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		734
	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 5.14%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		29
	c Total available at beginning of current plan year to add to prefunding balance		763
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.49%
15	Adjusted funding target attainment percentage	15	90.49%
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	95.14%
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
04/14/2025	909,229	0			
07/14/2025	909,229	0			
10/14/2025	765,251	0			
01/14/2026	861,950	0			
09/14/2026	546,787	0			
			Totals ▶ 18(b)	3,992,446	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	3,831,186

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,900,320
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19,480,028	1,930,569
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**	3,830,889

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

36 Additional cash requirement (line 34 minus line 35)	**36**	3,830,889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,831,186

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

a Total (excess, if any, of line 37 over line 36)	**38a**	297
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	110,791	460,760	11,240,745	11,812,296
2026	315,981	1,269,052	11,033,642	12,618,675
2027	510,804	1,934,104	10,804,251	13,249,159
2028	704,733	2,487,997	10,558,541	13,751,271
2029	884,919	3,059,012	10,288,941	14,232,872
2030	1,061,886	3,530,502	9,995,377	14,587,765
2031	1,235,303	3,932,175	9,679,217	14,846,695
2032	1,393,894	4,342,667	9,340,714	15,077,275
2033	1,533,997	4,689,906	8,980,478	15,204,381
2034	1,657,098	4,995,425	8,603,272	15,255,795
2035	1,771,231	5,258,405	8,209,794	15,239,430
2036	1,869,729	5,470,268	7,798,071	15,138,068
2037	1,946,337	5,615,971	7,372,093	14,934,401
2038	2,008,336	5,714,607	6,934,338	14,657,281
2039	2,053,206	5,770,982	6,488,439	14,312,627
2040	2,084,107	5,791,161	6,037,412	13,912,680
2041	2,100,061	5,792,540	5,584,611	13,477,212
2042	2,100,462	5,756,236	5,133,490	12,990,188
2043	2,088,620	5,685,741	4,687,532	12,461,893
2044	2,063,090	5,586,854	4,250,198	11,900,142
2045	2,030,115	5,456,695	3,824,875	11,311,685
2046	1,989,664	5,306,444	3,414,828	10,710,936
2047	1,940,969	5,139,989	3,023,123	10,104,081
2048	1,885,493	4,958,684	2,652,611	9,496,788
2049	1,824,382	4,763,221	2,305,872	8,893,475
2050	1,757,839	4,553,876	1,985,111	8,296,826
2051	1,686,496	4,332,035	1,692,020	7,710,551
2052	1,610,406	4,098,993	1,427,652	7,137,051
2053	1,529,852	3,856,170	1,192,369	6,578,391
2054	1,445,369	3,605,376	985,819	6,036,564
2055	1,357,503	3,348,826	806,985	5,513,314
2056	1,266,887	3,089,066	654,273	5,010,226
2057	1,174,293	2,828,829	525,628	4,528,750
2058	1,080,600	2,570,970	418,703	4,070,273
2059	986,763	2,318,321	330,991	3,636,075
2060	893,814	2,073,532	259,950	3,227,296
2061	802,775	1,839,046	203,096	2,844,917
2062	714,644	1,616,963	158,092	2,489,699
2063	630,358	1,408,997	122,812	2,162,167
2064	550,733	1,216,465	95,373	1,862,571
2065	476,456	1,040,264	74,165	1,590,885
2066	408,051	880,850	57,842	1,346,743
2067	345,866	738,292	45,306	1,129,464
2068	290,064	612,304	35,676	938,044
2069	240,639	502,286	28,259	771,184
2070	197,435	407,382	22,517	627,334
2071	160,163	326,537	18,038	504,738
2072	128,429	258,551	14,513	401,493
2073	101,770	202,127	11,711	315,608
2074	79,673	155,936	9,461	245,070

Plan Name: Lear Corporation Pension Plan
EIN / PN: 13-3386776/001
Plan Sponsor: Lear Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

B-1: Lear Corporation Pension Plan (Lear Salaried Group)

Plan Provisions

The plan was restated in 2020.

Participation

A part-time or full-time Employee (except directors and leased employees) of Lear Corporation (employed in the U.S.) who:

- is not covered by a collective bargaining agreement,
- is not an hourly employee not covered by a collective bargaining agreement and employed at a Company location which opened on or after January 1, 1994, and
- is not covered by another Company sponsored defined benefit plan,
- is eligible to participate in the Plan on the January 1 or July 1 following the completion of one Year of Service.

Definitions

Credited service

One month of Credited Service is earned for each month of employment with partial months counting as full months through December 31, 2006. Credited Service prior to certain dates is excluded for acquired divisions as shown below:

Participating Company	Limitation of years of Credited Service
Automotive Industries Division	Service only after December 31, 1996, is recognized unless the employee was a Participant of the Automotive Industries Salaried Employees Defined Benefit Plan on January 1, 1997, in which case service under the prior plan is recognized. Special rules apply for AI Employees hired in 1996.
Fairhaven	Service only after December 31, 1996 is recognized.
Masland	Service only after March 31, 1997 is recognized.
ITT	Service only after August 24, 1997 is recognized
United Technologies Corporation	Service only after May 3, 1999, is recognized unless the employee had at least ten years of service at May 4, 1999, in which case service under the Prior Plan is recognized for purposes of calculating the “Wraparound” benefit

Plan Name: Lear Corporation Pension Plan
EIN / PN: 13-3386776/001
Plan Sponsor: Lear Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Year of service	For each 12 months of employment, commencing on the Employee's date of hire, a Year of Service is earned. Upon termination or retirement, periods of service less than 12 months can be aggregated for a Year of Service. Partial months are counted as full months. Special limits on pre-1997 service apply to AI acquisitions.
Pensionable pay	Provide a clear description of the plan's pay definition, e.g., base only, base plus bonus paid, base plus bonus earned, W-2 pay, etc.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	First of the month coincident with or following the Participant's 65th birthday.
Monthly plan compensation	Monthly Plan Compensation is 1/60th of the Participant's aggregate compensation during the highest five calendar years (which are not necessarily consecutive) out of the last ten calendar years prior to the year of termination or December 31, 2006, if earlier. Compensation in the year of termination may be used in the average if it results in a higher average. For this purpose, compensation is defined as all compensation paid for services rendered, including overtime and cash bonuses but not including bonuses from the Long Term Incentive Plan. For former Favesa employees, compensation is base pay in effect on December 31 of a year.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

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Eligibility for Benefits

Normal retirement

First of the month coincident with or following the Participant's 65th birthday.

Early retirement

A Participant is eligible for an Early Retirement Benefit upon attaining age 55 with 10 or more Years of Service. A former Participant of the Automotive Industries Salaried Employees Defined Benefit Plan is eligible for an Early Retirement Benefit upon attaining age 55 with five or more Years of Service. Former Favesa Employees are eligible for an Early Retirement Benefit upon attaining age 55 with 10 or more years of Credited Service or at any age with 30 or more years of Credited Service.

Vested retirement

A Participant who terminates employment with five or more Years of Service is eligible for a Vested Retirement Benefit.

Preretirement death

The surviving spouse of a deceased vested Participant who dies prior to commencement of any benefits

Benefits Paid Upon the Following Events

Normal retirement

The amount of monthly pension payable for life to a Participant is as follows:

"Regular" Formula: The Normal Retirement Benefit is equal to item 1. less item 2. below: pension benefit determined as of NRD.

1. The greatest of items a., b., and c. below:
    a. The Prior Plan benefit as of September 30, 1989, computed using the formula in effect on September 30, 1988,
    b. $30.00 multiplied by Credited Service, or
    c. The sum of items i., ii., and iii. below:
        i. 1.10% of Monthly Plan Compensation multiplied by Credited Service through the "split date" (to a maximum of 35 years)
        ii. 1.00% of Monthly Plan Compensation multiplied by Credited Service on or after the "split date" (to a cumulative maximum of 35 years)
        iii. 0.65% of the excess of Monthly Plan

Compensation over monthly Covered Compensation, if any, multiplied by all Credited Service (to a maximum of 35 years)

For Participants who were active on December 31, 1996, and were at least age 50, the "split date" above is December 31, 2001. For all other Participants, the "split date" is December 31, 1996.

2. The sum of items a., b., and c. below:

   a. The Prior Plan benefit as of September 30, 1988 (purchased annuity),

   b. Offsets which apply to transfers from other Company sponsored plans for all related service recognized in this Plan, and

   c. Offsets due to participation in other prior plans (such as certain profit sharing plans).

Former Automotive Industries [AI] Salaried Participants: For former Participants of the Automotive Industries Salaried Employees Defined Benefit Plan, the Normal Retirement Benefit is equal to the sum of items 1. and 2. below:

1. The accrued benefit as December 31, 1996 under the Automotive Industries Salaried Employees Defined Benefit Plan, and

2. The "regular" Lear Pension Plan formula described above for Credited Service on or after December 31, 1996.

For a former Participant of the prior AI plan who was active and age 50 with at least five Years of Service as of December 31, 1996, the Normal Retirement Benefit will not be less than the benefit he would have received under the provisions of that prior plan. This protected benefit was "frozen" as of December 31, 2001.

Former ITT Automotive Employees: For those Employees who were vested in the prior ITT plan, the Plan provides a wraparound provision recognizing Credited Service under the prior ITT plan and based on the benefit earned under the prior ITT plan, essentially on a "time for time" basis.

Favesa Employees: The Normal Retirement Benefit for Favesa Employees acquired from Ford Motor Company on January 1, 1994 is equal to item 1. less item 2. below:

1. The benefit accrued (contributory and non-contributory) under

the Ford General Retirement Plan formula based on all applicable service with Ford and Lear through termination or retirement, including supplemental benefits payable through age 62, and

2. The benefit accrued (contributory and non-contributory) under the Ford General Retirement Plan based on the applicable service with Ford through December 31, 1993, including supplemental benefits payable through age 62.

Contributory benefits are earned for each month that the Employee contributes 1.5% of monthly base pay. No employee contributions were made after September 30, 2000. Employees who were contributing at any point prior to September 30, 2000, are eligible to receive the total plan benefits they would have received had they continued contributing, less an annuity offset. Such annuity offset is actuarially equivalent (based on GATT interest and mortality) to the accumulation with 7% interest of the contributions the participant would have made on and after October 1, 2000, had his or her contributions continued under the terms of the plan as in effect on September 30, 2000.

Former Fabricated Products Operations [FPO] Employees: The Normal Retirement Benefit for former FPO Employees is equal to the greater of items 1. and 2. below:

1. The “regular” Lear Pension Plan formula described above for all Credited Service, and
2. The sum of items a. and b. below:
   a. 0.8% of Monthly Plan Compensation multiplied by Credited Service, and
   b. 0.65% of the excess of Monthly Plan Compensation over $833.33, if any, multiplied by Credited Service (to a maximum of 35 years).

Former United Technologies: For those Employees with at least ten years of service at May 4, 1999, the Plan provides a wraparound provision recognizing Credited Service under the prior UTA plan and based on the benefit earned under the prior UTA plan, essentially on a “time for time” basis. The wraparound benefit is equal to the excess, if any, of 1. over the sum of 2. and 3., where:

1. A benefit calculated under the Lear Pension Plan “Regular” formula including all service earned under the prior UTA Plan,

up to a maximum of 35 years.

2. A benefit calculated under the Lear Pension Plan "Regular" formula based on credited service from May 4, 1999, to the date of termination, or December 31, 2006 if earlier, up to a maximum of 35 years.

3. The benefit from the UTC salaried plan, based on credited service with UTC through May 4, 1999.

For terminations of employment prior to age 65, the wraparound benefit is prorated, with the numerator equal to actual service with Lear after May 4, 1999, and the denominator equal to the period of time from May 4, 1999, to the Participant's Normal Retirement Date. When calculating the wraparound benefit, Lear early retirement reductions are applied to benefits calculated in 1. and 2. above, and the early retirement reductions under the prior UTC Salaried Plan are applied to benefits in 3. above. Due to the freeze in benefit accruals at December 31, 2006, the numerator was frozen as of December 31, 2006.

Early retirement

In general, the Normal Retirement Benefit reduced by 0.8% per month (9.6% per year) for the first 60 months that the Participant's Early Retirement Date precedes age 65, and by 0.3% per month (3.6% per year) for the next 60 months. The accrued benefit as of December 31, 1996, for former AI participants, and the retirement benefit for Favesa employees are subject to the early retirement reduction under the respective prior plan.

Deferred withdrawal benefit

The Normal Retirement Benefit commencing at age 65, or, if the Participant has ten Years of Service, the Early Retirement Benefit commencing at any time between age 55 and 65.

Preretirement death

Such benefit is equal to the benefit the spouse would have received had the Participant, (1) terminated employment (on the date of death), (2) survived to Normal or Early Retirement, (3) commenced the Normal or Early Retirement Benefit payable as a joint & 100% survivor annuity (described below), and (4) died. There is no charge to Participants for coverage under this benefit.

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Other Plan Provisions

Forms of pension

Unmarried Participants: The normal form and amount of benefit is a single life annuity equal to the Retirement Benefit.

Married Participants: Generally, the normal form and amount of benefit is a joint & 50% survivor annuity. Such annuity is equal to the Participant's Retirement Benefit multiplied by a factor equal to: 91% plus (or minus) 0.3% for each year that the Participant is under (or over) age 65 and plus (or minus) 0.3% for each year that the spouse is older (or younger) than the Participant. For Favesa employees, the normal form and amount of benefit for a married Participant is a joint & 60% survivor annuity – different reduction factors apply to these Employees.

Optional forms: Subject to spousal consent, if applicable, a Participant can elect the following optional forms of benefit:

- Single life annuity
- Joint & 50%, 75% or 100% survivor annuity
- 5-year certain and life annuity – former AI participants only
- 10-year certain and life annuity
- 15-year certain and life annuity – former AI participants only
- Lump sum – former FPO and PPO employees only

If the present value of the Participant's Normal Retirement Benefit is $1,000 or less, such present value will be paid out in a single lump sum.

Pension Increases

None.

Plan participants' contributions

None.

Changes in Benefits Valued Since Prior Year

None.

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B-2: Lear Corporation Pension Plan (Former Employees of Delphi Automotive Systems)

Plan Provisions

Participation

An Employee employed by Lear Corporation at the following locations and covered by the collective bargaining agreement between the Company and the International Union United Automobile, Aerospace and Agricultural Implement Workers of America (see the following table for Union Local numbers) is eligible to participate on January 1 following the date of hire or Participation Date, if later.

Atlanta closed December of 2006. Marlette closed June of 2002. Traverse City - Airport Road closed July 31, 2004. Romulus I closed June of 2008. Newark closed December of 2008. Tampa closed November of 2009. Janesville converted back to flat dollar July 1, 2004 and closed December of 2008. Lordstown closed June of 2010. Chicago closed April of 2007. Traverse City Woodmere closed October 25, 2017. Taylor closed December 31, 2017. The following locations were sold to IAC as of March 31, 2007: Alma, Dayton, Edinburgh, Greencastle, Huron, Iowa City, Madisonville, Northwood, Port Huron, Sidney, Warren, and Wauseon. All locations sold to IAC were granted immediate participation.

Location	Local Union No.	Participation Date
Fenton (frozen 9/30/06)	N/A	January 1, 2003
Hammond (frozen 11/30/14)	2335	January 1, 2002
Lordstown (closed 6/23/10)	N/A	January 1, 2002
Plymouth (closed to new entrants 1/1/2009)	1976	January 1, 2006
Taylor (frozen 12/31/2017)	N/A	July 1, 2005
Traverse City – Woodmere (frozen 12/31/2020 except for Grandfathered Participants*)	2403	January 1, 2000

* Grandfathered Participants attained age 60 on or prior to August 12, 2017

Plan year

The Plan Year is the Plan Year (calendar year).

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Definitions

Credited service

A Participant receives Benefit Credits for each month for which the employee is compensated as well as any period of layoff or leave to a maximum of one year. Service prior to the date a location became covered by the Plan (see following table) is disregarded.

Location	Local Union No.	Participation Date
Fenton[1] (frozen 9/30/2006)	N/A	January 1, 2003
Hammond (frozen 11/30/2014)	2335	January 1, 2002
Lordstown (closed 6/23/2010)	N/A	January 1, 2002
Plymouth (closed to new entrants 1/1/2009)	1976	January 1, 2006[2]
Taylor (frozen 12/31/2017)	N/A	July 1, 2005
Traverse City – Woodmere (frozen 12/31/2020 except for Grandfathered Participants*)	2403	January 1, 2000

* Grandfathered Participants attained age 60 on or prior to August 12, 2017

Points Service

An employee receives Points Service each month for which they are compensated by the Company after the coverage date, plus the period (in months) from the employee's date of hire with Lear (or acquisition) to the coverage date.

Points for Benefit Credit

The sum of a Participant's age as of January 1, expressed in whole years and completed months plus a Participant's Points Service as of January 1, expressed in whole years and completed months.

[1] No credited service after September 30, 2006.
[2] Accrued benefit under prior plan provisions frozen – Plymouth: 1/31/2006.

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Benefit Credits

As of the later of (i) the last day of each Plan Year after the Effective Date or (ii) the last day of the Plan Year following a Participant's employment, the Account of each Participant shall be credited for each month of credited service during the Plan Year, based on the number of Points credited to the Participant at the beginning of such Plan Year.

Points at Beginning of Calendar Year	Monthly Credit for Calendar Year
Under 40	$17.50
40 – 49.999	$21.50
50 – 59.999	$26.50
60 – 69.999	$32.00
70 – 79.999	$42.50
80 – 89.999	$53.00
90 – 99.999	$64.00
100 or more	$75.00

The above credits will be multiplied by the following based on the Participant's location.

Location	Service for the Period	Multiplier
Fenton (no credits after 9/30/2006)	January 1, 2003 – December 31, 2003	1.0
	January 1, 2004 – December 31, 2004	1.1
	January 1, 2005 – December 31, 2005	1.3
	January 1, 2006 – September 30, 2006	1.5
Hammond (no credits after 11/30/14)	January 1, 2002 – December 31, 2005	1.0
	January 1, 2006 – December 31, 2006	1.1
	January 1, 2007 – December 31, 2007	1.2
	January 1, 2008 – December 31, 2008	1.3
	On or after January 1, 2009	1.4
Lordstown (closed 6/23/2010)	January 1, 2002 – December 31, 2002	1.0
	January 1, 2003 – December 31, 2003	1.2
	January 1, 2004 – December 31, 2005	1.5
	January 1, 2006 – December 31, 2008	1.7
	On or after January 1, 2009	2.0

Location	Service for the Period	Multiplier
Plymouth	January 1, 2006 – February 28, 2011	2.2
	March 1, 2011 – February 28, 2012	2.4
	March 1, 2012 – February 28, 2013	2.5
	On or after March 1, 2013	2.6
Taylor (no credits after 12/31/2017)	On or after July 1, 2005	1.0
Traverse City – Woodmere	January 1, 2000 – December 31, 2001	1.8
	January 1, 2002 – December 31, 2003	1.9

	(no credits after 12/31/2020 except to Grandfathered Participants)	On or after January 1, 2004	2.0

Interest Credits

As of the last day of each calendar year beginning after the Effective Date and ending with the year preceding the Benefit Commencement Date of a Participant, the Account, valued as of the beginning of such calendar year, shall be credited with an Interest Credit equal to the Periodic Interest Rate (the average 30-year Treasury rate in effect in November of the preceding year) for the calendar year in which such year falls. In the year in which a Participant's Benefit Commencement Date falls, the Account shall be credited with an Interest Credit equal to the Periodic Interest Rate for the calendar year in which the Benefit Commencement Date falls times the number of complete calendar months between January 1 and the Participant's Benefit Commencement Date, divided by twelve. The interest credit has a minimum of 4% and a maximum of 10%.

Normal retirement

A participant is eligible for a Normal Retirement Benefit on the first of the month coincident with or following the Participant's 65th birthday.

Eligibility for Benefits

Normal retirement

Retirement on Normal Retirement Date

Early retirement

A Participant is eligible to receive any form of benefit at any age provided that they are vested at the time of termination of employment.

Disability retirement

A Participant who incurs a Total and Permanent Disability will be treated as a terminated Participant with Vested Retirement Benefits. However, if the participant is receiving benefits under a Lear short-term disability program, he or she will receive Benefit Credits for up to 12 months on the termination of such disability payments, if earlier. Also, if a participant is entitled to Worker's Compensation benefits, he or she will receive Benefit Credit for up to 60 months on the cessation of such Worker's compensation benefits, if earlier.

Deferred vested retirement

A Participant who terminates employment with five or more Years of Service (and is not eligible for any other Retirement Benefit) is

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	eligible for a Deferred Vested Retirement Benefit. All employees at locations sold to IAC are fully vested at the date of sale, March 31, 2007.
Preretirement death	The beneficiary of a deceased Participant who dies prior to commencement of benefits
Benefits Paid Upon the Following Events	
Normal retirement	A Participant who retires from employment on his Normal Retirement Date shall be entitled to receive a benefit equal to the Actuarial Equivalence of such Participant's Account Balance.
Early retirement	The Actuarial Equivalent of the Participant’s Account Balance at Commencement Date.
Disability retirement benefit	The Actuarial Equivalent of the Participant’s Account Balance at Commencement Date.
Deferred vested benefit	The Actuarial Equivalent of the Participant’s Account Balance at Commencement Date.
Preretirement death	The beneficiary may elect from any of the following forms of benefit: (1) single life annuity equal to the Actuarial Equivalent of the Participant’s Account on the first day of any month after the Participant’s death; or (2) single lump sum distribution of the Participant’s Account.

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Other Plan Provisions

Forms of pension	Unmarried Participants – The normal form and amount of benefit for an unmarried Participant is a Single Life annuity equal to the Actuarial Equivalent of his Account. Married Participants – The normal form and amount of benefit for a married Participant is a joint & 50% survivor annuity equal to the Actuarial Equivalent of his Account. Optional forms – Subject to spousal consent, if married, a Participant can elect the Single Lump Sum Payment, Single Life annuity, Joint & 75% Survivor annuity, or Cash Refund annuity. If the present value of the Participant's Normal Retirement Benefit is $1,000 or less; such present value will be paid out in a single lump sum.
Pension Increases	None.
Plan participants' contributions	None.

Changes in Benefits Valued Since Prior Year

None.

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Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	8,489,990	15.00000	8,489,990	791,610
2. Shortfall	01/01/2024	(1,980,286)	14.00000	(1,844,966)	(180,167)
3. Shortfall	01/01/2023	14,403,967	13.00000	12,835,004	1,319,126
Total				19,480,028	1,930,569

Plan Name: Lear Corporation Pension Plan
EIN / PN: 13-3386776/001
Plan Sponsor: Lear Corporation
Valuation Date: January 1, 2025