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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1967

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)
LLOYDS BANK PLC

1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

2b Employer Identification Number (EIN)
13-3321516

2c Plan Sponsor's telephone number
212-930-5000

2d Business code (see instructions)
522190

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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	620
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)**	43
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	31
b	Retired or separated participants receiving benefits	**6b**	257
c	Other retired or separated participants entitled to future benefits	**6c**	301
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	589
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	622
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3321516

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**	122679074
b Actuarial value	**2b**	125927811

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	285	87446267	87446267
b For terminated vested participants	298	33806190	33806190
c For active participants	43	6746269	6802760
d Total	626	127998726	128055217

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	755000
c Target normal cost	**6c**	755000

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

10/11/2026
Date

CRYSTAL LEBEN-REYES
Type or print name of actuary

26-08447
Most recent enrollment number

MERCER
Firm name

212-345-5345
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-2708
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.83 %	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)		255545
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 5.18 %		13237
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		268782
d	Portion of (c) to be added to prefunding balance		
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	98.33 %
15	Adjusted funding target attainment percentage	15	98.33 %
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	110.63 %
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
08/24/2026	13529180	0			
08/24/2026	1187563	0			
			Totals ► 18(b)	14716743	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	13502089

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	755000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2127406	198360
b Waiver amortization installment		

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**	953360

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

36 Additional cash requirement (line 34 minus line 35)	**36**	953360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13502089
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	12548729
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3321516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	FIDUCIARY	298688	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER(US),INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	ACTUARY	257010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	54037	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLIFTON LARSON ALLEN LLP

41-0746749

(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	AUDITOR	33600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COHEN & BUCKMAN P.C.

81-1443602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	13235	Yes [ ] No [X]	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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LLOYDS BANK PLC

D Employer Identification Number (EIN)
13-3321516

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: US LONG GOVT BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-182	C	10055526

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG STRIPS FIXED INC PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6243236-019	C	4844168

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	83200251

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

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

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)
25-6078093-023	C	2

a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE INTER CR FIXED INC PT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-2621954-048	C	12116766

a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-182	C	13968293

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3321516

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)	278512	14716743
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2410	1362
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)	122407882	124185006
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	800000
(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	122688804	139703111
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	240200	102502
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	240200	102502
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	122448604	139600609

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)	14716743	
(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)		14716743
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)		10326379
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25043122
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6902971	
(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)		6902971
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33600	
(5) Investment advisory and investment management fees	2i(5)	298688	
(6) Bank or trust company trustee/custodial fees	2i(6)	54037	
(7) Actuarial fees	2i(7)	257010	
(8) Legal fees	2i(8)	111483	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	233328	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		988146
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7891117
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17152005
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: CLIFTONLARSONALLENLLP **(2)** EIN: 41-0746749

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593681.

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3321516

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): 25-0659306

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 | 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

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THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
TABLE OF CONTENTS
AS OF DECEMBER 31, 2025 AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

INDEPENDENT AUDITORS' REPORT	**1**
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	**5**
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	**6**
NOTES TO FINANCIAL STATEMENTS	**7**
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i–SCHEDULE OF ASSETS (HELD AT END OF YEAR)	**17**
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	**18**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC
New York, New York

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 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 Auditors' 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 by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC 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 Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC 's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

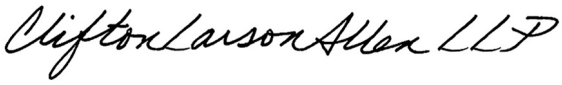
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the supplemental schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



CliftonLarsonAllen LLP

Monticello, Minnesota
October 13, 2026

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Collective Trust Funds	$ 124,185,006	$ 122,407,882
Money Market Fund	800,000	-
Total Investments	124,985,006	122,407,882
RECEIVABLES		
Employer Contribution	14,716,743	278,512
Accrued Interest	1,362	2,410
Total Receivables	14,718,105	280,922
Total Assets	139,703,111	122,688,804
LIABILITIES		
ACCRUED EXPENSES	102,502	240,200
NET ASSETS AVAILABLE FOR BENEFITS	$ 139,600,609	$ 122,448,604

See accompanying Notes to Financial Statements.

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
INVESTMENT INCOME	
Net Appreciation in Fair Value of Investments	$ 10,305,930
Interest and Dividends	20,449
Total Investment Income	10,326,379
EMPLOYER CONTRIBUTIONS	14,716,743
Total Additions	25,043,122
DEDUCTIONS:	
BENEFITS PAID TO PARTICIPANTS	6,902,971
ADMINISTRATIVE EXPENSES	988,146
Total Deductions	7,891,117
NET DECREASE	17,152,005
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	122,448,604
End of Year	$ 139,600,609

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF THE PLAN

The following description of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan, designed to provide retirement income for eligible former employees of the United States (US) offices of Lloyds Bank plc and of affiliates that adopt the Plan pursuant to a written adoption agreement. The Plan sponsor is Lloyds Bank plc, formerly known as Lloyds TSB Bank plc (the Bank) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Bank of New York Mellon is the Trustee for the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustee.

The Plan entered into a Master Trust Agreement for Lloyds TSB Bank plc (Lloyds) and Bank of Scotland plc, effective December 17, 2012. On January 1, 2015, all persons who had been active employees of Bank of Scotland plc in the U.S. became employees of the Bank, and the Bank assumed direct sponsorship of the Bank of Scotland plc Retirement Plan (the BoS Plan). Subsequently, the Master Trust Agreement was amended, effective December 31, 2017, whereby the trusts of these two plans were merged into one trust and also creating a single plan, the Plan. Effective December 2017, the Plan no longer participates in the Master Trust.

In response to United Kingdom (UK) banking reform legislation, Lloyds Banking Group (Group) established a new banking entity, Lloyds Bank Corporate Markets plc (LBCM). In accordance with the reform legislation, the banking business of the Group in North America, previously undertaken by the Bank, is now undertaken by LBCM. The license for the New York branch of LBCM was approved and issued in July 2018 and became operational in September 2018. The banking license for the New York branch of the Bank was surrendered on December 31, 2018. Employees continued to be employed by the Bank until December 31, 2018. Following this date, employees became employed by LBCM. The Plan will continue to be sponsored by the Bank and will be administered by the Group's United States Pension Committee (the Plan Administrator). There were no changes to the Plan design, terms or conditions on account of these changes.

Eligibility

On January 1, 2017, the Plan was amended and frozen. As of this date, no new employees were permitted to enter the Plan. Benefit accruals were frozen as of December 31, 2016. All Plan participants became 100% vested in their benefit accruals as of January 1, 2017 and no further benefits may be earned. Only years of service and compensation earned prior to January 1, 2017 will be included in the retirement benefit.

On October 3, 2025, the Plan Sponsor approved to terminate the Plan effective December 31, 2025 (see Note 6).

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Participants with five or more years of vested service are 100% vested and are entitled to receive a defined pension benefit at normal retirement age of 62. The Plan permits early retirement beginning at age 52 to participants who have five years of vested service. If an eligible employee's employment with the Bank terminates before rendering five years of service, the terminated employee forfeits the right to receive a portion of their accumulated plan benefits.

Participants who are married may elect to receive their pension benefit in one of several forms of a joint or survivor annuity payable on a monthly basis, or with the consent of the participant's spouse, in a lump sum distribution (not to exceed a lump sum of $25,000) or as a single life annuity (based upon the life expectancy of the participant) payable on a monthly basis for as long as the participant lives. Participants who are unmarried receive monthly benefits based upon a single life annuity. Lump sum distribution is permitted as long as the present value of the pension benefits computed at the time of termination of employment does not exceed $25,000. Participants with vested benefits that do not exceed $1,000 will automatically receive their benefits in the form of a single lump sum payment.

For the Plan, frozen accrued benefits for each participant were calculated based on years of service and basic compensation earned as of December 31, 2016 and that calculated pension benefit will be paid upon retirement. Any additional years of credited service earned by participants after December 31, 2016 will not be counted in determining their Plan benefits. In addition, basic compensation is determined as of December 31, 2016 and will not change afterwards. The benefit formula applied was 1.15% of basic compensation per year of credited service up to 35 years with 0.5% of basic compensation above Social Security covered compensation per year of credited service up to 35 years and 1.65% of basic compensation per year of credited service above 35 years up to 40 years. Basic compensation is 12 times the average monthly base compensation during the highest 36 consecutive calendar months in the ten years preceding the valuation date. As of December 31, 2016, basic compensation is frozen.

For BoS Plan participants, employees were eligible to participate in the Plan once they had completed one year of service or completed at least 1,000 hours of service on or after attaining age 21. Eligible employees entered the Plan on the first day of the month coinciding with or next following the date the employee satisfied the eligibility requirements.

The Plan excludes union employees covered under a collective bargaining agreement, leased employees, assignees from the Head Office to a branch or office within the U.S. for service with the Bank who is also eligible to benefit under a pension scheme sponsored by the Bank in the UK (assignees are not eligible to participate in this Plan during such period of assignment or transfer), and employees who have been temporarily transferred by the Bank for service with a branch or office while continuing to receive retirement plan credit for such period of transfer service under another plan maintained by the Bank. However, a transferee will become eligible to participate in the Plan during his or her period of transfer if he or she is transferred by the Bank to a branch or office within the U.S. and he or she is no longer eligible to benefit under a pension scheme sponsored by the Bank in the UK.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Under the vesting schedule, a participant is fully vested upon completion of five years of service as defined in the Plan document. Regardless of years of service, a participant is 100% vested at age 65. The Plan permits early retirement beginning at age 55 to participants who have five years of vested service. If an eligible employee's employment with BoS terminated before rendering five years of service, the terminated employee forfeited the right to receive the portion of their accumulated plan benefits.

Death Benefits

Participants who are married at the time Plan benefits are to commence may elect to receive their pension benefit in one of several forms of a joint or survivor annuity with the participant's spouse as the joint and several annuitant, payable on a monthly basis, or with the consent of the participant's spouse: (i) a lump sum distribution of up to $5,000, (ii) a single life annuity (based upon the life of the participant) payable on a monthly basis for as long as the participant lives or (iii) as a joint and survivor annuity with a surviving annuitant other than the participant's spouse. Participants with vested benefits that do not exceed $5,000 will automatically receive their benefits in the form of a single lump sum payment.

Funding Policy

The Bank contributes to the Plan as determined by an independent consulting actuary and minimum funding standards under current federal income tax laws. Participants may not make contributions to the Plan. The Plan met the minimum funding requirements of ERISA for the year ended December 31, 2025.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Bank as provided by the Pan document. Expenses that are paid by the Bank are excluded from these financial statements. Certain Investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service employees rendered. Accumulated plan benefits include benefits expected to be paid to:

a) retired or terminated employees or their beneficiaries
b) beneficiaries of employees who have died, and
c) present employees or their beneficiaries.

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

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024 were:

a) life expectancy of participants using the Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments. The mortality improvement scale is MP-2021 applied generationally;
b) retirement age assumptions assumed rate of retirement for former Lloyds participants from age 52 to age 58 is 10% per year; age 59 to age 64 is 20% per year; age 65 and older is 100%, and for former BoS Plan participants from age 55 to 57 is 2% per year; age 58 to 64 is 5% and age 65 and older is 100%;
c) assumed interest rate of 4.80% and 5.25% for 2025 and 2024, respectively.

The Plan Sponsor authorized the termination of the Plan effective December 31, 2025, and commenced the standard plan termination process (see Note 6). The actuarial present value of accumulated plan benefits is based on the actuarial assumptions described above and may differ from the amounts ultimately required to settle the Plan's benefit obligations as the termination process is completed.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Active Participants	$ 8,077,242	$ 7,068,961
Participants Entitled to Deferred Benefits	40,156,771	35,412,056
Other Participants	90,425,675	89,229,622
Total Vested Benefits	138,659,688	131,710,639
Nonvested Benefits	-	47,131
Total Actuarial Present Value of Accumulated Plan Benefits	$ 138,659,688	$ 131,757,770

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the year ended December 31, 2025:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	$ 131,757,770
Increase (Decrease) During the Year Attributable to:	
Increase for Interest Due to Decrease in Discount Period	6,720,943
Benefits Paid	(6,904,259)
Change in Actuarial Assumptions	7,085,234
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$ 138,659,688

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material difference.

The change in actuarial assumptions increased the actuarial present value of accumulated plan benefits by approximately $7.1 million, primarily due to the decrease in the assumed interest rate from 5.25% to 4.80%.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Bank of New York Mellon, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of December 31, 2025 and 2024, and investment income for the year ended December 31, 2025, in the accompanying financial statements and ERISA required supplemental schedules.

NOTE 5 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

Collective Trust Funds: Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

Money Market Fund: Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	$ -	$ 124,185,006	$ -	$ 124,185,006
Money Market Fund	800,000	-	-	800,000
Total Investments at Fair Value	$ 800,000	$ 124,185,006	$ -	$ 124,985,006

	2024			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	$ -	$ 122,407,882	$ -	$ 122,407,882
Total Investments at Fair Value	$ -	$ 122,407,882	$ -	$ 122,407,882

NOTE 6 PLAN TERMINATION

On October 3, 2025, the Plan Sponsor authorized the termination of the Plan effective December 31, 2025, subject to the applicable requirements of ERISA. All participants with an accrued benefit became 100% vested in their accrued benefits as of the termination date. The Plan was amended to provide certain eligible participants and beneficiaries with a one-time voluntary distribution election window during 2026. Plan benefits are being distributed or will be distributed as the standard termination process is completed in accordance with the Plan's provisions and applicable law.

Management is in the process of completing the steps required under the standard plan termination process. Accordingly, liquidation of the Plan was not considered imminent as of December 31, 2025. Failure to satisfy the applicable standard termination requirements could prevent or delay the distribution of Plan assets.

In connection with the Plan's termination, the net assets of the Plan are to be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC in connection with the Plan's termination, subject to applicable limitations. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants will receive their full benefits depends on the sufficiency of the Plan's net assets to satisfy its accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 PLAN TAX STATUS

The Plan obtained its latest determination letter dated February 5, 2018 in which the Internal Revenue Service (IRS) stated that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax exempt.

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

NOTE 8 RISK AND UNCERTAINTIES

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

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

NOTE 9 CONCENTRATION OF INVESTMENTS

The Plan considers any investment that represents 20% or more of investment holdings to be a concentration of investments. Included in investments are units of a common collective trust (“CCT”) sponsored by Mercer Investments LLC (“Mercer Investments”) which represents 76% and 69% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the fair value of this CCT could significantly affect the Plan’s net assets available for benefits.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Bank of New York Mellon and Mercer Investments LLC. Bank of New York Mellon is the trustee and Mercer Investments LLC is the investment advisor. Mercer Investments LLC is an affiliate of the Plan's actuary, Mercer (US), Inc. Therefore, the investment transactions qualify as party-in-interest transactions.

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Money Market Fund:		
	State Street	STATE STREET INSTL TREASURY PLUS	$ 800,000	$ 800,000
		Collective Trust Funds:		
*	BNY Mellon	EB TEMP INV FD	2	2
*	Mercer	MERCER ACTIVE INTER CR FIXED	10,168,186	12,116,766
*	Mercer	MERCER ACTIVE LONG CORP INV	72,256,008	83,200,251
*	Mercer	MERCER LONG STRIPS FIXED	6,971,400	4,844,168
	State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,897,476	13,968,293
	State Street Global Advisors	SSGA LONG GOVT BOND INDEX	11,490,636	10,055,526
		Total	$ 115,583,708	$ 124,985,006

* *Indicates party-in-interest*

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	$ 12,432,570	$ -	$ 12,432,570	$ 12,432,570	$ -
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,023,805	7,913,876	7,023,805	(890,071)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	6,684,153	3,658,298	6,684,153	3,025,855
Mercer	MERCER ACTIVE INTER CR FIXED	-	13,048,175	11,048,812	13,048,175	1,999,363
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,907,582	-	13,907,582	13,907,582	-
BNY Mellon	CASH RESERVE	4,985,705	-	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	7,168,365	-	7,168,365	7,168,365	-
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	-	10,130	10,107	10,130	23
BNY Mellon	CASH RESERVE	-	4,985,705	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	-	7,944,364	7,944,364	7,944,364	-
Mercer	MERCER ACTIVE LONG CORP INV	-	3,589,177	3,042,283	3,589,177	546,894
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,047,468	7,940,921	7,047,468	(893,453)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	8,047,873	4,486,071	8,047,873	3,561,801
Mercer	MERCER ACTIVE INTER CR FIXED	-	15,130,751	12,897,955	15,130,751	2,232,796

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



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39					1						1
40–44			1	3	7						11
45–49				2	4	4					10
50–54					4	2	1				7
55–59				1	3	1	1				6
60–64					2	2	1		1		6
65–69				1		1					2
70 & up											
Total			1	7	21	10	3		1		43

In each cell, the number is the count of active participants for each age/service combination.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with IRS-modified mortality improvement scale MP-2021 in accordance with IRS regulation 1.430(h)(3)-1.	
Other economic assumptions		
• Inflation	2.20% per year for legacy Lloyds benefits; N/A for legacy BOS benefits	
• Expected investment return	4.55% for 2023, 4.95% for 2024 and 5.35% for 2025	
• Expenses	$755,000 added to the current year normal cost	

Rationale for Economic Assumptions

- Inflation – Based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook as of January 1, 2025.
- Expected investment return – Based on a blend of the hypothetical past performance of the plan's current asset mix, and the median simulated investment return using capital market assumptions published in the Mercer Investment Consulting's Capital Markets Outlook for the plan's January 1, 2025 assets mix, rounded to the nearest 5 bps. The expected return on assets assumption is net of an adjustment of 25 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Based on the average of the prior two years' actual administrative expenses, plus expected 2025 PBGC premiums.

Demographic assumptions

- Withdrawal

Rates of termination vary by age. Samples rates are:

Attained age	Percentage
25	19.50%
30	15.50%
40	9.40%
50	5.60%
60	3.00%

- Disability incidence: Class 1 1985 Pension Disability Unisex Table
- Retirement age
  - Legacy Lloyds Benefits – For all active participants the assumed rate of retirement is, 10% per year from age 52

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

	through 58, 20% per year from age 59 through 64 and 100% at 65 and older. • Legacy BOS Benefits – For all active participants, the assumed rate of retirement is 2% per year from age 55 through 57, 5% per year from age 58 through 64, and 100% at age 65 and older.	
• Benefit commencement age for		
— Future vested deferred	Legacy Lloyds Benefits – 62	Legacy BOS Benefits – 65
— Current vested deferred	Legacy Lloyds Benefits – 62	Legacy BOS Benefits – 65
• Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	85%	85%
— Spouse age difference	3 years younger	3 years older
Form of payment	**Life Annuity**	**50% Joint and Survivor**
• Active retirements	60%	40%
Unpredictable contingent event assumptions	Not applicable	

Rationale for Economic Assumptions

- Withdrawal – Withdrawal rates are based on an experience study undertaken in 2018 using data from 2014-2017 valuations and the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- Disability Incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates which are consistent with the nature of workforce covered by this plan.
- Retirement – Retirement rates are based on an experience study undertaken in 2018 using data from 2014-2017 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – This is a historical assumption that was reviewed in 2024 using data from 2018-2023.
- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary's experience with many plans and discussions with employer representatives.
- Form of Payment – Based on a plan experience study completed in 2024 using data from 2018-2023; future form of payment elections were updated to reflect the actual experience.

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each month/quarter/year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 01/01/1967

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)

Lloyds Bank Plc

1095 Avenue Of The Americas

New York NY 10036

2b Employer Identification Number (EIN) 13-3321516

2c Plan Sponsor's telephone number 212-930-5000

2d Business code (see instructions) 522190

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	J[redacted]B[redacted]	10/15/2026	John Boyle
	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**	620
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)**	43
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	31
b	Retired or separated participants receiving benefits	**6b**	257
c	Other retired or separated participants entitled to future benefits	**6c**	301
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	589
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	622
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (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 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	B Three-digit plan number (PN) ▶
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC	001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Lloyds Bank Plc	13-3321516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

MERCER INVESTMENTS LLC 30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	Fiduciary	298,688	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER(US),INC. 13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	Actuary	257,010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON 13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	Trustee	54,037	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLIFTON LARSON ALLEN LLP 41-0746749

(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	Auditor	33,600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN & BUCKMAN P.C. 81-1443602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	Legal	13,235	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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
Lloyds Bank Plc

D Employer Identification Number (EIN)
13-3321516

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: US LONG GOVT BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987 182	C	10,055,526

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG STRIPS FIXED INC PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6243236 019	C	4,844,168

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743 004	C	83,200,251

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

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

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)
25-6078093 023	C	2

a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE INTER CR FIXED INC PT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-2621954 048	C	12,116,766

a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987 182	C	13,968,293

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
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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ 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	B Three-digit plan number (PN) ▶	
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Lloyds Bank Plc	13-3321516	

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)	278,512	14,716,743
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2,410	1,362
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)	122,407,882	124,185,006
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	800,000
(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	122,688,804	139,703,111
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	240,200	102,502
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	240,200	102,502
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	122,448,604	139,600,609

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)	14,716,743	
(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)		14,716,743
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)		10,326,379
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25,043,122
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6,902,971	
(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)		6,902,971
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33,600	
(5) Investment advisory and investment management fees	2i(5)	298,688	
(6) Bank or trust company trustee/custodial fees	2i(6)	54,037	
(7) Actuarial fees	2i(7)	257,010	
(8) Legal fees	2i(8)	111,483	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	233,328	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		988,146
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7,891,117
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17,152,005
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: CLIFTONLARSONALLENLLP (2) EIN: 41-0746749

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		2,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593681.

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Lloyds Bank Plc

D Employer Identification Number (EIN)
13-3321516

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): 25-0659306

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 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify)

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Lloyds Bank Plc

D Employer Identification Number (EIN)
13-3321516

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**	122,679,074
b Actuarial value	**2b**	125,927,811

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	285	87,446,267	87,446,267
b For terminated vested participants	298	33,806,190	33,806,190
c For active participants	43	6,746,269	6,802,760
d Total	626	127,998,726	128,055,217

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	755,000
c Target normal cost	**6c**	755,000

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 — Date: 10/11/2026

CRYSTAL LEBEN-REYES
Type or print name of actuary

2608447
Most recent enrollment number

MERCER
Firm name

212-345-5345
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2708
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.83 %	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)		255,545
	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 5.18 %		13,237
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		268,782
	d Portion of (c) to be added to prefunding balance		
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	98.33 %
15	Adjusted funding target attainment percentage	15	98.33 %
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	110.63 %
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
08/24/2026	13,529,180	0			
08/24/2026	1,187,563	0			
			Totals ► 18(b)	14,716,743	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	13,502,089

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	755,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,127,406	198,360
b Waiver amortization installment		

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	953,360

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

36 Additional cash requirement (line 34 minus line 35)	36	953,360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13,502,089

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

a Total (excess, if any, of line 37 over line 36)	38a	12,548,729
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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 (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

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A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Lloyds Bank Plc

D Employer Identification Number (EIN)
13-3321516

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

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

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	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
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d Total	626	127,998,726	128,055,217

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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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	
b Expected plan-related expenses	**6b**	755,000
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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

CRYSTAL LEBEN-REYES (CLR)
Signature of actuary

10/11/2026
Date

CRYSTAL LEBEN-REYES
Type or print name of actuary

2608447
Most recent enrollment number

MERCER
Firm name

212-345-5345
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2708
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 [ ]

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		(a) Carryover balance	(b) Prefunding balance
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9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.83 %	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)		255,545
	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 5.18 %		13,237
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		268,782
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
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	98.33 %
15	Adjusted funding target attainment percentage	15	98.33 %
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	110.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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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
08/24/2026	13,529,180				
08/24/2026	1,187,563				
		Totals ► 18(b)	14,716,743	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	13,502,089

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	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	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a		755,000
b Excess assets, if applicable, but not greater than line 31a	31b		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2,127,406	198,360
b Waiver amortization installment			
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		953,360

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

36 Additional cash requirement (line 34 minus line 35)	36	953,360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13,502,089
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	12,548,729
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
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

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Money Market Fund:		
	State Street	STATE STREET INSTL TREASURY PLUS	$ 800,000	$ 800,000
		Collective Trust Funds:		
*	BNY Mellon	EB TEMP INV FD	2	2
*	Mercer	MERCER ACTIVE INTER CR FIXED	10,168,186	12,116,766
*	Mercer	MERCER ACTIVE LONG CORP INV	72,256,008	83,200,251
*	Mercer	MERCER LONG STRIPS FIXED	6,971,400	4,844,168
	State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,897,476	13,968,293
	State Street Global Advisors	SSGA LONG GOVT BOND INDEX	11,490,636	10,055,526
		Total	$ 115,583,708	$ 124,985,006

* *Indicates party-in-interest*

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	$ 12,432,570	$ -	$ 12,432,570	$ 12,432,570	$ -
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,023,805	7,913,876	7,023,805	(890,071)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	6,684,153	3,658,298	6,684,153	3,025,855
Mercer	MERCER ACTIVE INTER CR FIXED	-	13,048,175	11,048,812	13,048,175	1,999,363
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,907,582	-	13,907,582	13,907,582	-
BNY Mellon	CASH RESERVE	4,985,705	-	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	7,168,365	-	7,168,365	7,168,365	-
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	-	10,130	10,107	10,130	23
BNY Mellon	CASH RESERVE	-	4,985,705	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	-	7,944,364	7,944,364	7,944,364	-
Mercer	MERCER ACTIVE LONG CORP INV	-	3,589,177	3,042,283	3,589,177	546,894
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,047,468	7,940,921	7,047,468	(893,453)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	8,047,873	4,486,071	8,047,873	3,561,801
Mercer	MERCER ACTIVE INTER CR FIXED	-	15,130,751	12,897,955	15,130,751	2,232,796

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below.

Active retirement rates are different for those under the Legacy Lloyds plan and those under the Legacy BOS plan. For purposes of calculating the average retirement age presented here, we have used the retirement rates that apply to Legacy BOS active participants and Legacy Lloyds active participants

LEGACY LLOYDS PLAN

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
52	10.00%	10,000	1000	52,000
53	10.00%	9,000	900	47,700
54	10.00%	8,100	810	43,740
55	10.00%	7,290	729	40,095
56	10.00%	6,561	656	36,736
57	10.00%	5,905	591	33,687
58	10.00%	5,314	531	30,798
59	20.00%	4,783	957	56,463
60	20.00%	3,826	765	45,900
61	20.00%	3,061	612	37,332
62	20.00%	2,449	490	30,380
63	20.00%	1,959	392	24,696
64	20.00%	1,567	313	20,032
65	100.0%	1,254	1254	81,510
Total			10,000.00	581,069
Average				58.11

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

LEGACY BOS PLAN

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200	11,000
56	2.0%	9,800	196	10,976
57	2.0%	9,604	192	10,944
58	5.0%	9,412	471	27,318
59	5.0%	8,941	447	26,373
60	5.0%	8,494	425	25,500
61	5.0%	8,069	403	24,583
62	5.0%	7,666	383	23,746
63	5.0%	7,283	364	22,932
64	5.0%	6,919	346	22,144
65	100.0%	6,573	6,573	427,245
Total			10,000.00	632,761
Average				63.28

Total Weighted Average			**61**
Actives	**Legacy Lloyds Plan**	**Legacy BOS Plan**	**Total**
Count	16	27	50
Average Retirement Age	58.11	63.28	61.36

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

The following changes were made since the January 1, 2024, valuation.

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA ARPA.
- Expected investment return was updated from 4.95% in 2024 to 5.35% in 2025 to reflect the plan's January 1, 2025 asset mix and updated market condition.
- Expense assumption was updated from $510,000 in 2024 to $755,000 in 2025.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39					1						1
40–44			1	3	7						11
45–49				2	4	4					10
50–54					4	2	1				7
55–59				1	3	1	1				6
60–64					2	2	1		1		6
65–69				1		1					2
70 & up											
Total			1	7	21	10	3		1		43

In each cell, the number is the count of active participants for each age/service combination.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• All participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with IRS-modified mortality improvement scale MP-2021 in accordance with IRS regulation 1.430(h)(3)-1.	
Other economic assumptions		
• Inflation	2.20% per year for legacy Lloyds benefits: N/A for legacy BOS benefits	
• Expected investment return	4.55% for 2023, 4.95% for 2024 and 5.35% for 2025	
• Expenses	$755,000 added to the current year normal cost	

Rationale for Economic Assumptions

- Inflation – Based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook as of January 1, 2025.
- Expected investment return – Based on a blend of the hypothetical past performance of the plan's current asset mix, and the median simulated investment return using capital market assumptions published in the Mercer Investment Consulting's Capital Markets Outlook for the plan's January 1, 2025 assets mix, rounded to the nearest 5 bps. The expected return on assets assumption is net of an adjustment of 25 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Based on the average of the prior two years' actual administrative expenses, plus expected 2025 PBGC premiums.

Demographic assumptions

- Withdrawal

Rates of termination vary by age. Samples rates are:

Attained age	Percentage
25	19.50%
30	15.50%
40	9.40%
50	5.60%
60	3.00%

- Disability incidence: Class 1 1985 Pension Disability Unisex Table
- Retirement age
  - Legacy Lloyds Benefits – For all active participants the assumed rate of retirement is, 10% per year from age 52

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

	through 58, 20% per year from age 59 through 64 and 100% at 65 and older. • Legacy BOS Benefits – For all active participants, the assumed rate of retirement is 2% per year from age 55 through 57, 5% per year from age 58 through 64, and 100% at age 65 and older.	
• Benefit commencement age for		
— Future vested deferred	Legacy Lloyds Benefits – 62	Legacy BOS Benefits – 65
— Current vested deferred	Legacy Lloyds Benefits – 62	Legacy BOS Benefits – 65
• Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	85%	85%
— Spouse age difference	3 years younger	3 years older
Form of payment	**Life Annuity**	**50% Joint and Survivor**
• Active retirements	60%	40%
Unpredictable contingent event assumptions	Not applicable	

Rationale for Economic Assumptions

- Withdrawal – Withdrawal rates are based on an experience study undertaken in 2018 using data from 2014-2017 valuations and the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- Disability Incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates which are consistent with the nature of workforce covered by this plan.
- Retirement – Retirement rates are based on an experience study undertaken in 2018 using data from 2014-2017 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- Benefit commencement age – This is a historical assumption that was reviewed in 2024 using data from 2018-2023.
- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary's experience with many plans and discussions with employer representatives.
- Form of Payment – Based on a plan experience study completed in 2024 using data from 2018-2023; future form of payment elections were updated to reflect the actual experience.

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each month/quarter/year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions of Lloyds

Effective date and plan year	Original plan: January 1, 1967 (restated January 1 2017) Plan year: January 1 to December 31
Status of the plan	Employees hired after June 30, 2010, are not eligible to participate in the plan. Benefit accruals are frozen as of December 31, 2016.
Definitions	
• Eligibility	All employees, excluding expatriate employees whose base country is not the United States, non-resident aliens with no United States income, leased employees, employees paid on an hourly basis and independent contractors. Collectively bargained employees are also excluded unless the collective bargaining agreement requires such employees to participate in the plan.
• Participation	The first day of the month coincident with or next following the later of the date the eligible employee attains age 21 and the date the eligible employee completes a year of eligibility service. Each individual who (a) is an eligible employee as of the effective date and (b) was a participant in the prior plan as of September 31,1997 shall continue to be a participant as of October 1, 1997.
• Vesting	100% vested after five years of service, or at normal retirement age if earlier.
• Participant Contribution	None
• Basic Compensation	Basic Compensation is 12 times the average of salary during the highest 36 consecutive calendar months in the ten years preceding the valuation date. As of December 31, 2016, Basic Compensation is frozen.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following age 62.
• Benefit	Annual retirement income payable at normal retirement is equal to [(a + b + c) x d], but not less than $1,800 annually: (a) 1.15% of Basic Compensation, multiplied by expected years of credited service to normal retirement date (maximum 35 years) (b) .50% of Basic Compensation in excess of covered compensation, multiplied by years of credited service to normal retirement date (maximum 35 years) (c) 1.65% of Basic Compensation, multiplied by expected years of credited service to normal retirement date in excess of 35 years (maximum 5 years) (d) A fraction, the numerator of which is credited service at date of termination (maximum 40) and the denominator of which is expected years of credited service to normal retirement date (maximum 40 years). Benefits in pay status on December 31 of any year will be increased on the following April 1 by the lesser of the prior year's Consumer Price Index or 3.00%.

Schedule SB, Part V — Summary of Plan Provisions

	Some participants are entitled to additional benefits as specified in the plan. Credited service and benefit amounts are frozen as of December 31, 2016.
Early retirement	
• Eligibility	The first of any month coincident with or next following age 52 and completion of five years of service. Participants who attained age 52 and 10 years of service as of October 31, 2013 and were impacted by the sale of the International Wealth Business to Banco Sabadell are eligible for an unreduced benefit.
• Benefit	The actuarial equivalent of the normal retirement income payable at normal retirement date. In addition, a supplemental benefit is payable until age 62 equal to the actuarial equivalent of 0.50% of Basic Compensation as of December 31, 2016 up to covered compensation multiplied by actual years of credited service as of December 31, 2016 (maximum 35 years) payable at normal retirement date.
• Actuarial equivalence assumptions	1951 Group Annuity Mortality Table for males (set back three years) and 5% interest.
Late retirement	
• Eligibility	The first day of any month following the normal retirement date.
• Benefit	Normal retirement benefit based on credited service and Basic Compensation as of December 31, 2016. In no event will the amount payable be less than the benefit payable at normal retirement date.
Disability	
• Eligibility	After ten years of vesting service.
• Benefit	Upon termination of employment due to permanent disability, the participant will continue to accrue additional years of credited service until the person ceases to have a permanent disability, dies, reaches their Annuity Starting Date, or reaches Normal Retirement Date. Basic Compensation is held constant after the date of termination. The disability benefit was frozen as of December 31, 2016.
Death benefits	
• Eligibility	The surviving spouse of a participant who was married for more than one year.
• Death while employed at Lloyds Bank Plc	If the participant is vested and dies prior to age 52, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 50% of the single life annuity the participant could otherwise have received if the participant had instead terminated employment on the date of death and started the benefit at that time, except the benefit is not reduced for early retirement. If the participant is vested and dies on or after age 52, with fewer than 15 years of credited service, or after age 62 (regardless of the years of credited service), the surviving spouse will receive a monthly benefit, payable immediately upon request equal to 100% of the single life annuity the participant would otherwise have received if the participant had instead

Schedule SB, Part V — Summary of Plan Provisions

	terminated employment on the date of death and started benefits at the date of death (excluding the supplemental benefit). The benefit to the surviving spouse will be increased by Cost of Living Adjustments and is reduced for early retirement. An actuarial reduction is made if the spouse is more than 10 years younger than the participant. Such reduction shall be limited to that factor which would be applicable if the spouse were 10 years younger. If the participant is vested and dies on or after age 52 (but before age 62), with at least 15 years of credited service, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 100% of the single life annuity the participant could otherwise have received if the participant terminated employment at age 62 and started benefits at that time. The years of credited service taken into account in calculating this benefit will include the additional years the participant would have had if the participant had worked for the Bank until the earlier of age 62 and December 31, 2016. The benefit is not reduced for early retirement. Monthly benefits will be paid, in equal share, to any children under age 25 (regardless of age if the child is totally and permanently disabled) if there is no surviving spouse.
• Death after termination from Lloyds Bank Plc (prior to age 52)	If the participant is vested and terminates employment prior to age 52 and dies before receiving a pension benefit, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 50% of the single life annuity the participant could otherwise have received at that time (excluding supplemental benefits). This survivor benefit is not reduced to reflect payment prior to when the participant would have reached age 62. The benefit to the surviving spouse will be increased by Cost of Living Adjustments. An actuarial reduction is made if the spouse is more than 10 years younger than the participant. Such reduction shall be limited to that factor which would be applicable if the spouse were 10 years younger.
• Death after termination from Lloyds Bank Plc (on or after age 52)	If the participant is vested and terminates employment on or after age 52 and dies before receiving a pension benefit, the spouse will receive a monthly benefit, payable immediately upon request, equal to the survivor benefit the spouse would have received if the participant had elected a 50% Joint & Survivor benefit at that time and died immediately afterwards. The benefit will be increased by Cost of Living Adjustments and reduced for early retirement. The benefit will also include a supplemental benefit and a reduction in the month the participant would have attained age 62. The death benefit will be reduced when the participant would have reached age 62, in the same manner as for benefits payable under a 50% Joint & Survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

	If at the time of death there is no surviving spouse, children's benefits will not be paid.
• Widow's death benefit	The spouse will be considered a "widow" and potentially eligible to receive a widow's death benefit if: ▪ the participant had a vested benefit. ▪ the participant's death occurs after the participant has terminated employment with the Bank and was at least age 52 at termination, and ▪ the participant had been legally married to the spouse at least three years at the time of death and married to that same spouse at the time of termination. The widow's benefit is equal to 50% of the benefit the participant was receiving before death under the Life Annuity or 50% Joint & Survivor options. No benefit is payable if the participant was receiving the Spousal (100%) Joint & Survivorship Annuity. The benefit will be payable for the balance of the widow's lifetime, provided he or she does not remarry. The benefit ceases at the time of remarriage. The benefit will be increased by Cost of Living Adjustments. The widow's benefit includes any applicable supplemental benefits
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Actuarially equivalent annuity for the life of the participant, with 50% continuing to the surviving spouse after death.
• Optional forms for payment	• Life annuity • 50% Joint & Survivor annuity • 75% Joint & Survivor annuity • 100% Joint & Survivor annuity • Life annuity with certain payment for 5, 10 or 15 years Lump Sum (if present value of the benefit is less than $25,000)
• Actuarial Equivalence	1951 Group Annuity Table for males (set back three years) and 5% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is $275,000 and for 2025 the limit is $280,000. Benefit accruals are frozen as of December 31, 2016.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions - Legacy BOS Benefits

• Eligibility	All employees of the former Bank Of Scotland, excluding: expatriate employees whose base country is not the United States, non-resident aliens with no United States income, leased employees, assignees in the Head Office, and independent contractors. Collectively bargained employees are also excluded unless the collective bargaining agreement requires such employees to participate in the plan.
• Participation	The first day of the month coincident with or next following the later of the date the eligible employee attains age 21 and the date the eligible employee completes a year of eligibility service.
• Participant Contribution	None
• Vesting	100% vested after five years of service, or at normal retirement age if earlier.
• Credited Service	A Plan Year in which a Participant completes 1,000 Hours of Service. Credited service is frozen as of December 31, 2016.
• Compensation	Participant's wages for a calendar year within the meaning of IRC Section 3401(a).
• Average Monthly Compensation	The average monthly compensation during the participant's final 5 consecutive calendar years (or during his or her actual years, if less than 5) preceding termination of employment. As of December 31, 2016, average monthly compensation is frozen.
• Covered Compensation	The average of the Social Security Taxable Wage Base in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following age 65.
• Benefit	Annual retirement income payable at normal retirement is equal to [(a + b)] x 12, rounded to the nearest dollar: (a) 1.2% of Average Monthly Compensation, multiplied by Years of Credited Service (maximum 35 years) (b) 0.60% of Average Monthly Compensation in excess of 1/12th of Covered Compensation, multiplied by Years of Credited Service (maximum 35 years) Benefit accruals are frozen as of December 31, 2016.
Early retirement	
• Eligibility	The first of any month coincident with or next following age 55 and completion of five years of service.
• Benefit	The accrued benefit payable at Normal Retirement Date reduced by one-half of one percent for each of the first 60 months and further reduced by

Schedule SB, Part V — Summary of Plan Provisions

	one-third of one percent for each of the next 60 months by which the commencement date precedes the normal retirement date.
Late retirement	
• Eligibility	The first day of any month following the normal retirement date.
• Benefit	Normal retirement benefit based on credited service and Average Monthly Compensation at deferred retirement date. In no event will the amount payable be less than the benefit payable at normal retirement date.
Disability	
• Eligibility	Total and permanent disability as defined under the bank's Long Term Disability Plan.
• Benefit	The Actuarial Equivalent of the accrued benefit payable at Normal Retirement Date is payable upon termination of employment due to disability. The disability benefit was frozen as of December 31, 2016; no additional service is credited for periods after December 31, 2016.
Death Benefit	
• Eligibility	Participant must be vested and married at the time of death.
• Death after termination from Lloyds Bank Plc	A benefit payable upon the later of the date the Participant becomes age 55 or the date of the Participant's death in the amount equal to 50% of the Participant's Accrued Benefit as of the date of death, actuarially reduced to the benefit the Participant would have received if the Participant had commenced payment at the date the survivor benefit becomes payable.
• Death after termination from Lloyds Bank Plc	A benefit payable upon the later of the Participant's Age 55 or the date of the Participant's death in the amount equal to 50% of the Participant's Accrued Benefit as of the date of death, actuarially reduced to the benefit the Participant would have received if the Participant had commenced payment at the date the survivor benefit becomes payable
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Actuarially equivalent annuity for the life of the participant, with 50% continuing to the surviving spouse after death.
• Optional forms	• Life annuity • 50% Joint & Survivor annuity(Qualified Joint and Survivor Annuity) • 75% Joint & Survivor annuity • 100% Joint & Survivor annuity • Life annuity with certain payment for 5, 10 or 15 years.
• Actuarial equivalence	• Pre-Retirement Mortality: None; Post-Retirement Table: PBGC Unisex UP-84 Table • Annual Interest rate of 6.5%

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is $275,000 and for 2025 the limit is $280,000. Benefit accruals are frozen as of December 31, 2016.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2017, are included in this valuation:

- **Most recent plan amendments included:** December 31, 2018
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the plan year are excluded from the valuation.
- **Scheduled benefit increases:** The annual automatic Cost of Living Adjustment increase for participants receiving benefits has been included for legacy Lloyds benefits but is not applicable for legacy BOS benefits.
- **Late retirement increases:**
  - *Active participants:* This valuation includes increases for current participants over normal retirement age.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits**: We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

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THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

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THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES
OF LLOYDS BANK PLC
TABLE OF CONTENTS
AS OF DECEMBER 31, 2025 AND 2024, AND
FOR THE YEAR ENDED DECEMBER 31, 2025

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i–SCHEDULE OF ASSETS (HELD AT END OF YEAR)	17
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	18

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC
New York, New York

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 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 Auditors' 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 by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC 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 Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC 's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

Plan Administrator
The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Monticello, Minnesota
October 13, 2026

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Collective Trust Funds	$ 124,185,006	$ 122,407,882
Money Market Fund	800,000	-
Total Investments	124,985,006	122,407,882
RECEIVABLES		
Employer Contribution	14,716,743	278,512
Accrued Interest	1,362	2,410
Total Receivables	14,718,105	280,922
Total Assets	139,703,111	122,688,804
LIABILITIES		
ACCRUED EXPENSES	102,502	240,200
NET ASSETS AVAILABLE FOR BENEFITS	$ 139,600,609	$ 122,448,604

See accompanying Notes to Financial Statements.

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
INVESTMENT INCOME	
Net Appreciation in Fair Value of Investments	$ 10,305,930
Interest and Dividends	20,449
Total Investment Income	10,326,379
EMPLOYER CONTRIBUTIONS	14,716,743
Total Additions	25,043,122
DEDUCTIONS:	
BENEFITS PAID TO PARTICIPANTS	6,902,971
ADMINISTRATIVE EXPENSES	988,146
Total Deductions	7,891,117
NET DECREASE	17,152,005
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	122,448,604
End of Year	$ 139,600,609

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF THE PLAN

The following description of The Retirement Plan for Employees of the United States Offices of Lloyds Bank PLC (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan, designed to provide retirement income for eligible former employees of the United States (US) offices of Lloyds Bank plc and of affiliates that adopt the Plan pursuant to a written adoption agreement. The Plan sponsor is Lloyds Bank plc, formerly known as Lloyds TSB Bank plc (the Bank) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Bank of New York Mellon is the Trustee for the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustee.

The Plan entered into a Master Trust Agreement for Lloyds TSB Bank plc (Lloyds) and Bank of Scotland plc, effective December 17, 2012. On January 1, 2015, all persons who had been active employees of Bank of Scotland plc in the U.S. became employees of the Bank, and the Bank assumed direct sponsorship of the Bank of Scotland plc Retirement Plan (the BoS Plan). Subsequently, the Master Trust Agreement was amended, effective December 31, 2017, whereby the trusts of these two plans were merged into one trust and also creating a single plan, the Plan. Effective December 2017, the Plan no longer participates in the Master Trust.

In response to United Kingdom (UK) banking reform legislation, Lloyds Banking Group (Group) established a new banking entity, Lloyds Bank Corporate Markets plc (LBCM). In accordance with the reform legislation, the banking business of the Group in North America, previously undertaken by the Bank, is now undertaken by LBCM. The license for the New York branch of LBCM was approved and issued in July 2018 and became operational in September 2018. The banking license for the New York branch of the Bank was surrendered on December 31, 2018. Employees continued to be employed by the Bank until December 31, 2018. Following this date, employees became employed by LBCM. The Plan will continue to be sponsored by the Bank and will be administered by the Group's United States Pension Committee (the Plan Administrator). There were no changes to the Plan design, terms or conditions on account of these changes.

Eligibility

On January 1, 2017, the Plan was amended and frozen. As of this date, no new employees were permitted to enter the Plan. Benefit accruals were frozen as of December 31, 2016. All Plan participants became 100% vested in their benefit accruals as of January 1, 2017 and no further benefits may be earned. Only years of service and compensation earned prior to January 1, 2017 will be included in the retirement benefit.

On October 3, 2025, the Plan Sponsor approved to terminate the Plan effective December 31, 2025 (see Note 6).

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Participants with five or more years of vested service are 100% vested and are entitled to receive a defined pension benefit at normal retirement age of 62. The Plan permits early retirement beginning at age 52 to participants who have five years of vested service. If an eligible employee's employment with the Bank terminates before rendering five years of service, the terminated employee forfeits the right to receive a portion of their accumulated plan benefits.

Participants who are married may elect to receive their pension benefit in one of several forms of a joint or survivor annuity payable on a monthly basis, or with the consent of the participant's spouse, in a lump sum distribution (not to exceed a lump sum of $25,000) or as a single life annuity (based upon the life expectancy of the participant) payable on a monthly basis for as long as the participant lives. Participants who are unmarried receive monthly benefits based upon a single life annuity. Lump sum distribution is permitted as long as the present value of the pension benefits computed at the time of termination of employment does not exceed $25,000. Participants with vested benefits that do not exceed $1,000 will automatically receive their benefits in the form of a single lump sum payment.

For the Plan, frozen accrued benefits for each participant were calculated based on years of service and basic compensation earned as of December 31, 2016 and that calculated pension benefit will be paid upon retirement. Any additional years of credited service earned by participants after December 31, 2016 will not be counted in determining their Plan benefits. In addition, basic compensation is determined as of December 31, 2016 and will not change afterwards. The benefit formula applied was 1.15% of basic compensation per year of credited service up to 35 years with 0.5% of basic compensation above Social Security covered compensation per year of credited service up to 35 years and 1.65% of basic compensation per year of credited service above 35 years up to 40 years. Basic compensation is 12 times the average monthly base compensation during the highest 36 consecutive calendar months in the ten years preceding the valuation date. As of December 31, 2016, basic compensation is frozen.

For BoS Plan participants, employees were eligible to participate in the Plan once they had completed one year of service or completed at least 1,000 hours of service on or after attaining age 21. Eligible employees entered the Plan on the first day of the month coinciding with or next following the date the employee satisfied the eligibility requirements.

The Plan excludes union employees covered under a collective bargaining agreement, leased employees, assignees from the Head Office to a branch or office within the U.S. for service with the Bank who is also eligible to benefit under a pension scheme sponsored by the Bank in the UK (assignees are not eligible to participate in this Plan during such period of assignment or transfer), and employees who have been temporarily transferred by the Bank for service with a branch or office while continuing to receive retirement plan credit for such period of transfer service under another plan maintained by the Bank. However, a transferee will become eligible to participate in the Plan during his or her period of transfer if he or she is transferred by the Bank to a branch or office within the U.S. and he or she is no longer eligible to benefit under a pension scheme sponsored by the Bank in the UK.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Under the vesting schedule, a participant is fully vested upon completion of five years of service as defined in the Plan document. Regardless of years of service, a participant is 100% vested at age 65. The Plan permits early retirement beginning at age 55 to participants who have five years of vested service. If an eligible employee's employment with BoS terminated before rendering five years of service, the terminated employee forfeited the right to receive the portion of their accumulated plan benefits.

Death Benefits

Participants who are married at the time Plan benefits are to commence may elect to receive their pension benefit in one of several forms of a joint or survivor annuity with the participant's spouse as the joint and several annuitant, payable on a monthly basis, or with the consent of the participant's spouse: (i) a lump sum distribution of up to $5,000, (ii) a single life annuity (based upon the life of the participant) payable on a monthly basis for as long as the participant lives or (iii) as a joint and survivor annuity with a surviving annuitant other than the participant's spouse. Participants with vested benefits that do not exceed $5,000 will automatically receive their benefits in the form of a single lump sum payment.

Funding Policy

The Bank contributes to the Plan as determined by an independent consulting actuary and minimum funding standards under current federal income tax laws. Participants may not make contributions to the Plan. The Plan met the minimum funding requirements of ERISA for the year ended December 31, 2025.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Bank as provided by the Pan document. Expenses that are paid by the Bank are excluded from these financial statements. Certain Investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service employees rendered. Accumulated plan benefits include benefits expected to be paid to:

a) retired or terminated employees or their beneficiaries
b) beneficiaries of employees who have died, and
c) present employees or their beneficiaries.

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

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024 were:

a) life expectancy of participants using the Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments. The mortality improvement scale is MP-2021 applied generationally;
b) retirement age assumptions assumed rate of retirement for former Lloyds participants from age 52 to age 58 is 10% per year; age 59 to age 64 is 20% per year; age 65 and older is 100%, and for former BoS Plan participants from age 55 to 57 is 2% per year; age 58 to 64 is 5% and age 65 and older is 100%;
c) assumed interest rate of 4.80% and 5.25% for 2025 and 2024, respectively.

The Plan Sponsor authorized the termination of the Plan effective December 31, 2025, and commenced the standard plan termination process (see Note 6). The actuarial present value of accumulated plan benefits is based on the actuarial assumptions described above and may differ from the amounts ultimately required to settle the Plan's benefit obligations as the termination process is completed.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Active Participants	$ 8,077,242	$ 7,068,961
Participants Entitled to Deferred Benefits	40,156,771	35,412,056
Other Participants	90,425,675	89,229,622
Total Vested Benefits	138,659,688	131,710,639
Nonvested Benefits	-	47,131
Total Actuarial Present Value of Accumulated Plan Benefits	$ 138,659,688	$ 131,757,770

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the year ended December 31, 2025:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	$ 131,757,770
Increase (Decrease) During the Year Attributable to:	
Increase for Interest Due to Decrease in Discount Period	6,720,943
Benefits Paid	(6,904,259)
Change in Actuarial Assumptions	7,085,234
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$ 138,659,688

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material difference.

The change in actuarial assumptions increased the actuarial present value of accumulated plan benefits by approximately $7.1 million, primarily due to the decrease in the assumed interest rate from 5.25% to 4.80%.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Bank of New York Mellon, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of December 31, 2025 and 2024, and investment income for the year ended December 31, 2025, in the accompanying financial statements and ERISA required supplemental schedules.

NOTE 5 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

Collective Trust Funds: Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

Money Market Fund: Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	$ -	$ 124,185,006	$ -	$ 124,185,006
Money Market Fund	800,000	-	-	800,000
Total Investments at Fair Value	$ 800,000	$ 124,185,006	$ -	$ 124,985,006

	2024			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	$ -	$ 122,407,882	$ -	$ 122,407,882
Total Investments at Fair Value	$ -	$ 122,407,882	$ -	$ 122,407,882

NOTE 6 PLAN TERMINATION

On October 3, 2025, the Plan Sponsor authorized the termination of the Plan effective December 31, 2025, subject to the applicable requirements of ERISA. All participants with an accrued benefit became 100% vested in their accrued benefits as of the termination date. The Plan was amended to provide certain eligible participants and beneficiaries with a one-time voluntary distribution election window during 2026. Plan benefits are being distributed or will be distributed as the standard termination process is completed in accordance with the Plan's provisions and applicable law.

Management is in the process of completing the steps required under the standard plan termination process. Accordingly, liquidation of the Plan was not considered imminent as of December 31, 2025. Failure to satisfy the applicable standard termination requirements could prevent or delay the distribution of Plan assets.

In connection with the Plan's termination, the net assets of the Plan are to be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC in connection with the Plan's termination, subject to applicable limitations. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants will receive their full benefits depends on the sufficiency of the Plan's net assets to satisfy its accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 PLAN TAX STATUS

The Plan obtained its latest determination letter dated February 5, 2018 in which the Internal Revenue Service (IRS) stated that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax exempt.

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

NOTE 8 RISK AND UNCERTAINTIES

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

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

NOTE 9 CONCENTRATION OF INVESTMENTS

The Plan considers any investment that represents 20% or more of investment holdings to be a concentration of investments. Included in investments are units of a common collective trust ("CCT") sponsored by Mercer Investments LLC ("Mercer Investments") which represents 76% and 69% of total investments at December 31, 2025 and 2024, respectively. A significant decline in the fair value of this CCT could significantly affect the Plan's net assets available for benefits.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by Bank of New York Mellon and Mercer Investments LLC. Bank of New York Mellon is the trustee and Mercer Investments LLC is the investment advisor. Mercer Investments LLC is an affiliate of the Plan's actuary, Mercer (US), Inc. Therefore, the investment transactions qualify as party-in-interest transactions.

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Money Market Fund:		
	State Street	STATE STREET INSTL TREASURY PLUS	$ 800,000	$ 800,000
		Collective Trust Funds:		
*	BNY Mellon	EB TEMP INV FD	2	2
*	Mercer	MERCER ACTIVE INTER CR FIXED	10,168,186	12,116,766
*	Mercer	MERCER ACTIVE LONG CORP INV	72,256,008	83,200,251
*	Mercer	MERCER LONG STRIPS FIXED	6,971,400	4,844,168
	State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,897,476	13,968,293
	State Street Global Advisors	SSGA LONG GOVT BOND INDEX	11,490,636	10,055,526
		Total	$ 115,583,708	$ 124,985,006

* *Indicates party-in-interest*

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	$ 12,432,570	$ -	$ 12,432,570	$ 12,432,570	$ -
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,023,805	7,913,876	7,023,805	(890,071)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	6,684,153	3,658,298	6,684,153	3,025,855
Mercer	MERCER ACTIVE INTER CR FIXED	-	13,048,175	11,048,812	13,048,175	1,999,363
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,907,582	-	13,907,582	13,907,582	-
BNY Mellon	CASH RESERVE	4,985,705	-	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	7,168,365	-	7,168,365	7,168,365	-
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	-	10,130	10,107	10,130	23
BNY Mellon	CASH RESERVE	-	4,985,705	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	-	7,944,364	7,944,364	7,944,364	-
Mercer	MERCER ACTIVE LONG CORP INV	-	3,589,177	3,042,283	3,589,177	546,894
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,047,468	7,940,921	7,047,468	(893,453)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	8,047,873	4,486,071	8,047,873	3,561,801
Mercer	MERCER ACTIVE INTER CR FIXED	-	15,130,751	12,897,955	15,130,751	2,232,796

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



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer.
Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall Bases			
Year established	**Outstanding balance**	**Years remaining**	**2025 Installment**
2025	$2,127,406	15	$198,360
Total	$2,127,406		$198,360

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	$ 12,432,570	$ -	$ 12,432,570	$ 12,432,570	$ -
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,023,805	7,913,876	7,023,805	(890,071)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	6,684,153	3,658,298	6,684,153	3,025,855
Mercer	MERCER ACTIVE INTER CR FIXED	-	13,048,175	11,048,812	13,048,175	1,999,363
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,907,582	-	13,907,582	13,907,582	-
BNY Mellon	CASH RESERVE	4,985,705	-	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	7,168,365	-	7,168,365	7,168,365	-
Mercer	MERCER ACTIVE LONG CORP INV	24,021,803	-	24,021,803	24,021,803	-
State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	-	10,130	10,107	10,130	23
BNY Mellon	CASH RESERVE	-	4,985,705	4,985,705	4,985,705	-
BNY Mellon	EB TEMP INV FD	-	7,944,364	7,944,364	7,944,364	-
Mercer	MERCER ACTIVE LONG CORP INV	-	3,589,177	3,042,283	3,589,177	546,894
State Street Global Advisors	SSGA LONG GOVT BOND INDEX	-	7,047,468	7,940,921	7,047,468	(893,453)
State Street Global Advisors	SSGA GLOBAL EQUITY EX USA	-	8,047,873	4,486,071	8,047,873	3,561,801
Mercer	MERCER ACTIVE INTER CR FIXED	-	15,130,751	12,897,955	15,130,751	2,232,796

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

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Lloyds Bank Plc

D Employer Identification Number (EIN)
13-3321516

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**	122,679,074
b Actuarial value	**2b**	125,927,811

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	285	87,446,267	87,446,267
b For terminated vested participants	298	33,806,190	33,806,190
c For active participants	43	6,746,269	6,802,760
d Total	626	127,998,726	128,055,217

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	
b Expected plan-related expenses	**6b**	755,000
c Target normal cost	**6c**	755,000

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

CRYSTAL LEBEN-REYES (CEO)
Signature of actuary

10/11/2026
Date

CRYSTAL LEBEN-REYES
Type or print name of actuary

2608447
Most recent enrollment number

MERCER
Firm name

212-345-5345
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2708
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.83 %	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)		255,545
	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 5.18 %		13,237
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		268,782
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
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	98.33 %
15	Adjusted funding target attainment percentage	15	98.33 %
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	110.63 %
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
08/24/2026	13,529,180				
08/24/2026	1,187,563				
			Totals ► 18(b)	14,716,743	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	13,502,089

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	755,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,127,406	198,360
b Waiver amortization installment		

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**	953,360

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

36 Additional cash requirement (line 34 minus line 35)	**36**	953,360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13,502,089

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

a Total (excess, if any, of line 37 over line 36)	**38a**	12,548,729
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below.

Active retirement rates are different for those under the Legacy Lloyds plan and those under the Legacy BOS plan. For purposes of calculating the average retirement age presented here, we have used the retirement rates that apply to Legacy BOS active participants and Legacy Lloyds active participants

LEGACY LLOYDS PLAN

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
52	10.00%	10,000	1000	52,000
53	10.00%	9,000	900	47,700
54	10.00%	8,100	810	43,740
55	10.00%	7,290	729	40,095
56	10.00%	6,561	656	36,736
57	10.00%	5,905	591	33,687
58	10.00%	5,314	531	30,798
59	20.00%	4,783	957	56,463
60	20.00%	3,826	765	45,900
61	20.00%	3,061	612	37,332
62	20.00%	2,449	490	30,380
63	20.00%	1,959	392	24,696
64	20.00%	1,567	313	20,032
65	100.0%	1,254	1254	81,510
Total			10,000.00	581,069
Average				58.11

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

LEGACY BOS PLAN

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200	11,000
56	2.0%	9,800	196	10,976
57	2.0%	9,604	192	10,944
58	5.0%	9,412	471	27,318
59	5.0%	8,941	447	26,373
60	5.0%	8,494	425	25,500
61	5.0%	8,069	403	24,583
62	5.0%	7,666	383	23,746
63	5.0%	7,283	364	22,932
64	5.0%	6,919	346	22,144
65	100.0%	6,573	6,573	427,245
Total			10,000.00	632,761
Average				63.28

Total Weighted Average			**61**
Actives	**Legacy Lloyds Plan**	**Legacy BOS Plan**	**Total**
Count	16	27	50
Average Retirement Age	58.11	63.28	61.36

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions of Lloyds

Effective date and plan year	Original plan: January 1, 1967 (restated January 1 2017) Plan year: January 1 to December 31
Status of the plan	Employees hired after June 30, 2010, are not eligible to participate in the plan. Benefit accruals are frozen as of December 31, 2016.
Definitions	
• Eligibility	All employees, excluding expatriate employees whose base country is not the United States, non-resident aliens with no United States income, leased employees, employees paid on an hourly basis and independent contractors. Collectively bargained employees are also excluded unless the collective bargaining agreement requires such employees to participate in the plan.
• Participation	The first day of the month coincident with or next following the later of the date the eligible employee attains age 21 and the date the eligible employee completes a year of eligibility service. Each individual who (a) is an eligible employee as of the effective date and (b) was a participant in the prior plan as of September 31,1997 shall continue to be a participant as of October 1, 1997.
• Vesting	100% vested after five years of service, or at normal retirement age if earlier.
• Participant Contribution	None
• Basic Compensation	Basic Compensation is 12 times the average of salary during the highest 36 consecutive calendar months in the ten years preceding the valuation date. As of December 31, 2016, Basic Compensation is frozen.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following age 62.
• Benefit	Annual retirement income payable at normal retirement is equal to [(a + b + c) x d], but not less than $1,800 annually: (a) 1.15% of Basic Compensation, multiplied by expected years of credited service to normal retirement date (maximum 35 years) (b) .50% of Basic Compensation in excess of covered compensation, multiplied by years of credited service to normal retirement date (maximum 35 years) (c) 1.65% of Basic Compensation, multiplied by expected years of credited service to normal retirement date in excess of 35 years (maximum 5 years) (d) A fraction, the numerator of which is credited service at date of termination (maximum 40) and the denominator of which is expected years of credited service to normal retirement date (maximum 40 years). Benefits in pay status on December 31 of any year will be increased on the following April 1 by the lesser of the prior year's Consumer Price Index or 3.00%.

Schedule SB, Part V — Summary of Plan Provisions

	Some participants are entitled to additional benefits as specified in the plan. Credited service and benefit amounts are frozen as of December 31, 2016.
Early retirement	
• Eligibility	The first of any month coincident with or next following age 52 and completion of five years of service. Participants who attained age 52 and 10 years of service as of October 31, 2013 and were impacted by the sale of the International Wealth Business to Banco Sabadell are eligible for an unreduced benefit.
• Benefit	The actuarial equivalent of the normal retirement income payable at normal retirement date. In addition, a supplemental benefit is payable until age 62 equal to the actuarial equivalent of 0.50% of Basic Compensation as of December 31, 2016 up to covered compensation multiplied by actual years of credited service as of December 31, 2016 (maximum 35 years) payable at normal retirement date.
• Actuarial equivalence assumptions	1951 Group Annuity Mortality Table for males (set back three years) and 5% interest.
Late retirement	
• Eligibility	The first day of any month following the normal retirement date.
• Benefit	Normal retirement benefit based on credited service and Basic Compensation as of December 31, 2016. In no event will the amount payable be less than the benefit payable at normal retirement date.
Disability	
• Eligibility	After ten years of vesting service.
• Benefit	Upon termination of employment due to permanent disability, the participant will continue to accrue additional years of credited service until the person ceases to have a permanent disability, dies, reaches their Annuity Starting Date, or reaches Normal Retirement Date. Basic Compensation is held constant after the date of termination. The disability benefit was frozen as of December 31, 2016.
Death benefits	
• Eligibility	The surviving spouse of a participant who was married for more than one year.
• Death while employed at Lloyds Bank Plc	If the participant is vested and dies prior to age 52, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 50% of the single life annuity the participant could otherwise have received if the participant had instead terminated employment on the date of death and started the benefit at that time, except the benefit is not reduced for early retirement. If the participant is vested and dies on or after age 52, with fewer than 15 years of credited service, or after age 62 (regardless of the years of credited service), the surviving spouse will receive a monthly benefit, payable immediately upon request equal to 100% of the single life annuity the participant would otherwise have received if the participant had instead

Schedule SB, Part V — Summary of Plan Provisions

	terminated employment on the date of death and started benefits at the date of death (excluding the supplemental benefit). The benefit to the surviving spouse will be increased by Cost of Living Adjustments and is reduced for early retirement. An actuarial reduction is made if the spouse is more than 10 years younger than the participant. Such reduction shall be limited to that factor which would be applicable if the spouse were 10 years younger. If the participant is vested and dies on or after age 52 (but before age 62), with at least 15 years of credited service, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 100% of the single life annuity the participant could otherwise have received if the participant terminated employment at age 62 and started benefits at that time. The years of credited service taken into account in calculating this benefit will include the additional years the participant would have had if the participant had worked for the Bank until the earlier of age 62 and December 31, 2016. The benefit is not reduced for early retirement. Monthly benefits will be paid, in equal share, to any children under age 25 (regardless of age if the child is totally and permanently disabled) if there is no surviving spouse.
• Death after termination from Lloyds Bank Plc (prior to age 52)	If the participant is vested and terminates employment prior to age 52 and dies before receiving a pension benefit, the surviving spouse will receive a monthly benefit, payable immediately upon request, equal to 50% of the single life annuity the participant could otherwise have received at that time (excluding supplemental benefits). This survivor benefit is not reduced to reflect payment prior to when the participant would have reached age 62. The benefit to the surviving spouse will be increased by Cost of Living Adjustments. An actuarial reduction is made if the spouse is more than 10 years younger than the participant. Such reduction shall be limited to that factor which would be applicable if the spouse were 10 years younger.
• Death after termination from Lloyds Bank Plc (on or after age 52)	If the participant is vested and terminates employment on or after age 52 and dies before receiving a pension benefit, the spouse will receive a monthly benefit, payable immediately upon request, equal to the survivor benefit the spouse would have received if the participant had elected a 50% Joint & Survivor benefit at that time and died immediately afterwards. The benefit will be increased by Cost of Living Adjustments and reduced for early retirement. The benefit will also include a supplemental benefit and a reduction in the month the participant would have attained age 62. The death benefit will be reduced when the participant would have reached age 62, in the same manner as for benefits payable under a 50% Joint & Survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

	If at the time of death there is no surviving spouse, children's benefits will not be paid.
• Widow's death benefit	The spouse will be considered a "widow" and potentially eligible to receive a widow's death benefit if: ▪ the participant had a vested benefit. ▪ the participant's death occurs after the participant has terminated employment with the Bank and was at least age 52 at termination, and ▪ the participant had been legally married to the spouse at least three years at the time of death and married to that same spouse at the time of termination. The widow's benefit is equal to 50% of the benefit the participant was receiving before death under the Life Annuity or 50% Joint & Survivor options. No benefit is payable if the participant was receiving the Spousal (100%) Joint & Survivorship Annuity. The benefit will be payable for the balance of the widow's lifetime, provided he or she does not remarry. The benefit ceases at the time of remarriage. The benefit will be increased by Cost of Living Adjustments. The widow's benefit includes any applicable supplemental benefits
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Actuarially equivalent annuity for the life of the participant, with 50% continuing to the surviving spouse after death.
• Optional forms for payment	• Life annuity • 50% Joint & Survivor annuity • 75% Joint & Survivor annuity • 100% Joint & Survivor annuity • Life annuity with certain payment for 5, 10 or 15 years Lump Sum (if present value of the benefit is less than $25,000)
• Actuarial Equivalence	1951 Group Annuity Table for males (set back three years) and 5% interest.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is $275,000 and for 2025 the limit is $280,000. Benefit accruals are frozen as of December 31, 2016.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions - Legacy BOS Benefits

• Eligibility	All employees of the former Bank Of Scotland, excluding: expatriate employees whose base country is not the United States, non-resident aliens with no United States income, leased employees, assignees in the Head Office, and independent contractors. Collectively bargained employees are also excluded unless the collective bargaining agreement requires such employees to participate in the plan.
• Participation	The first day of the month coincident with or next following the later of the date the eligible employee attains age 21 and the date the eligible employee completes a year of eligibility service.
• Participant Contribution	None
• Vesting	100% vested after five years of service, or at normal retirement age if earlier.
• Credited Service	A Plan Year in which a Participant completes 1,000 Hours of Service. Credited service is frozen as of December 31, 2016.
• Compensation	Participant's wages for a calendar year within the meaning of IRC Section 3401(a).
• Average Monthly Compensation	The average monthly compensation during the participant's final 5 consecutive calendar years (or during his or her actual years, if less than 5) preceding termination of employment. As of December 31, 2016, average monthly compensation is frozen.
• Covered Compensation	The average of the Social Security Taxable Wage Base in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following age 65.
• Benefit	Annual retirement income payable at normal retirement is equal to [(a + b)] x 12, rounded to the nearest dollar: (a) 1.2% of Average Monthly Compensation, multiplied by Years of Credited Service (maximum 35 years) (b) 0.60% of Average Monthly Compensation in excess of 1/12th of Covered Compensation, multiplied by Years of Credited Service (maximum 35 years) Benefit accruals are frozen as of December 31, 2016.
Early retirement	
• Eligibility	The first of any month coincident with or next following age 55 and completion of five years of service.
• Benefit	The accrued benefit payable at Normal Retirement Date reduced by one-half of one percent for each of the first 60 months and further reduced by

Schedule SB, Part V — Summary of Plan Provisions

	one-third of one percent for each of the next 60 months by which the commencement date precedes the normal retirement date.
Late retirement	
• Eligibility	The first day of any month following the normal retirement date.
• Benefit	Normal retirement benefit based on credited service and Average Monthly Compensation at deferred retirement date. In no event will the amount payable be less than the benefit payable at normal retirement date.
Disability	
• Eligibility	Total and permanent disability as defined under the bank's Long Term Disability Plan.
• Benefit	The Actuarial Equivalent of the accrued benefit payable at Normal Retirement Date is payable upon termination of employment due to disability. The disability benefit was frozen as of December 31, 2016; no additional service is credited for periods after December 31, 2016.
Death Benefit	
• Eligibility	Participant must be vested and married at the time of death.
• Death after termination from Lloyds Bank Plc	A benefit payable upon the later of the date the Participant becomes age 55 or the date of the Participant's death in the amount equal to 50% of the Participant's Accrued Benefit as of the date of death, actuarially reduced to the benefit the Participant would have received if the Participant had commenced payment at the date the survivor benefit becomes payable.
• Death after termination from Lloyds Bank Plc	A benefit payable upon the later of the Participant's Age 55 or the date of the Participant's death in the amount equal to 50% of the Participant's Accrued Benefit as of the date of death, actuarially reduced to the benefit the Participant would have received if the Participant had commenced payment at the date the survivor benefit becomes payable
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Actuarially equivalent annuity for the life of the participant, with 50% continuing to the surviving spouse after death.
• Optional forms	• Life annuity • 50% Joint & Survivor annuity(Qualified Joint and Survivor Annuity) • 75% Joint & Survivor annuity • 100% Joint & Survivor annuity • Life annuity with certain payment for 5, 10 or 15 years.
• Actuarial equivalence	• Pre-Retirement Mortality: None; Post-Retirement Table: PBGC Unisex UP-84 Table • Annual Interest rate of 6.5%

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is $275,000 and for 2025 the limit is $280,000. Benefit accruals are frozen as of December 31, 2016.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2017, are included in this valuation:

- **Most recent plan amendments included:** December 31, 2018
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the plan year are excluded from the valuation.
- **Scheduled benefit increases:** The annual automatic Cost of Living Adjustment increase for participants receiving benefits has been included for legacy Lloyds benefits but is not applicable for legacy BOS benefits.
- **Late retirement increases:**
  - *Active participants:* This valuation includes increases for current participants over normal retirement age.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits**: We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC
E.I.N. 13-3321516 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Money Market Fund:		
	State Street	STATE STREET INSTL TREASURY PLUS	$ 800,000	$ 800,000
		Collective Trust Funds:		
*	BNY Mellon	EB TEMP INV FD	2	2
*	Mercer	MERCER ACTIVE INTER CR FIXED	10,168,186	12,116,766
*	Mercer	MERCER ACTIVE LONG CORP INV	72,256,008	83,200,251
*	Mercer	MERCER LONG STRIPS FIXED	6,971,400	4,844,168
	State Street Global Advisors	SSGA US INTER US GOVT BOND INDEX	13,897,476	13,968,293
	State Street Global Advisors	SSGA LONG GOVT BOND INDEX	11,490,636	10,055,526
		Total	$ 115,583,708	$ 124,985,006

* *Indicates party-in-interest*

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall Bases			
Year established	**Outstanding balance**	**Years remaining**	**2025 Installment**
2025	$2,127,406	15	$198,360
Total	$2,127,406		$198,360

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

The following changes were made since the January 1, 2024, valuation.

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA ARPA.
- Expected investment return was updated from 4.95% in 2024 to 5.35% in 2025 to reflect the plan's January 1, 2025 asset mix and updated market condition.
- Expense assumption was updated from $510,000 in 2024 to $755,000 in 2025.