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
BARCLAYS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1967

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)
BARCLAYS SERVICES CORPORATION

745 SEVENTH AVENUE, 29TH FLOOR
NEW YORK, NY 10019

2b Employer Identification Number (EIN)
13-3714398

2c Plan Sponsor's telephone number
212-412-4000

2d Business code (see instructions)
523110

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	PAUL IMBIMBO
	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 ☐ Same as Plan Sponsor

BARCLAYS PENSION PLAN COMMITTEE

745 SEVENTH AVENUE, 29TH FLOOR
NEW YORK, NY 10019-0000

3b Administrator's EIN: 13-3714398

3c Administrator's telephone number: 212-412-4000

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**	3057
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)**	339
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	291
b	Retired or separated participants receiving benefits	**6b**	1295
c	Other retired or separated participants entitled to future benefits	**6c**	1249
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2835
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	176
f	Total. Add lines **6d** and **6e**.	**6f**	3011
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 3H 1I

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) ☒ 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) ☒ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
BARCLAYS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3714398

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**	505560928
b Actuarial value	**2b**	515704651

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	1405	289251614	289251614
b For terminated vested participants	1334	122224214	122224214
c For active participants	339	40322675	41841102
d Total	3078	451798503	453316930

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1200000
c Target normal cost	**6c**	1200000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/04/2026
Date

JOSEPH GAMZON
Type or print name of actuary

26-06924
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	198042854
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8813302
9	Amount remaining (line 7 minus line 8)	0	189229552
10	Interest on line 9 using prior year's actual return of -0.09 %	0	-170307
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	36008138
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	153051107

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	113.76 %
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	83.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	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**	1200000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	90663386	9396696
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	10596696

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	10596696	10596696

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

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

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

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

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

A Name of plan
BARCLAYS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3714398

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

(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

(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

(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

(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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 51 50 15	NONE	593164	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	391850	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIS TOWERS WATSON INVESTMENT SER

82-6695738

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	245716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STATE STREET BANK AND TRUST CO

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99 25 62 63	CUSTODIAN	78563	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	73745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ORICK, HERRINGTON, & SUTCLIFFE LLP

94-2952627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	62588	Yes [ ] No [X]	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
BARCLAYS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3714398

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: BLACKROCK LONG TERM GOV BD INDEX

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
94-3118547-001	C	127357786

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS INDEX N L FUND

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
20-5780391-001	C	5297329

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

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
94-3118550-001	C	204244101

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
94-6596958-001	C	10568528

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 3000 ALPHA TILTS

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
94-3302956-001	C	35700991

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

b Name of sponsor of entity listed in (a): BLACKROCK, INC.

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)
94-3118548-001	C	128599588

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
BARCLAYS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3714398

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4982	4329
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2612153	2690529
(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)	502980144	511768323
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	505597279	514463181
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	160358	281890
1k Total liabilities (add all amounts in lines 1g through1j)	1k	160358	281890
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	505436921	514181291

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	50798	
(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)		50798
(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)		40284580
(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		12
d Total income. Add all **income** amounts in column (b) and enter total	2d		40335390
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29699692	
(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)		29699692
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)	506164	
(4) IQPA audit fees	2i(4)	73475	
(5) Investment advisory and investment management fees	2i(5)	637566	
(6) Bank or trust company trustee/custodial fees	2i(6)	78563	
(7) Actuarial fees	2i(7)	87000	
(8) Legal fees	2i(8)	62588	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	445972	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1891328
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31591020
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8744370
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: KPMG LLP **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580406.

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
BARCLAYS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-3714398

Part I Distributions

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

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

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

EIN(s): 04-1867445

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 | 10

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: 10.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 89.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Barclays Pension Plan

Financial Statements

(With Supplementary Schedules)
and Independent Auditors' Report

December 31, 2025 and 2024

BARCLAYS

Restricted - External

Barclays Pension Plan
Index

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8
Supplementary Information	
Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)	13
Schedule of Reportable Transactions (Schedule H, Line 4j)	14

Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable

Restricted - External

KPMG LLP
Two Manhattan West
375 9th Avenue, 17th Floor
New York, NY 10001

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Barclays Pension Plan:

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

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 11 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 U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information

to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, line 4j - 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 the 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).

KPMG LLP

New York, New York
October 15, 2026

Barclays Pension Plan
Statements of Net Assets Available for Benefits
as of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:	$514,458,852	$505,592,297
Cash	74	100
Interest and dividends receivable	4,255	4,882
Total assets	**514,463,181**	**505,597,279**
Liabilities: Accrued expenses	281,890	160,358
Total liabilities	**281,890**	**160,358**
Net assets available for benefits	**$514,181,291**	**$505,436,921**

See accompanying notes to financial statements.

Restricted - External

Barclays Pension Plan
Statements of Changes in Net Assets Available for Benefits
for the Years Ended December 31, 2025 and 2024

	2025	2024
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$40,284,580	($72,293)
Interest and dividends	50,798	68,145
Total investment income (loss)	**40,335,378**	**(4,148)**
Other Income	12	3,221
Benefits paid to participants	(29,699,692)	(28,775,507)
Administrative expenses	(1,891,330)	(1,628,798)
Net increase (decrease)	8,744,368	(30,405,232)
Net assets available for benefits:		
Beginning of year	505,436,921	535,842,153
End of year	**514,181,291**	**505,436,921**

See accompanying notes to financial statements.

Restricted - External

Barclays Pension Plan
Statement of Accumulated Plan Benefits
as of December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Active employees	$40,740,342
Participants with deferred benefits	123,911,642
Participants currently receiving benefits	289,978,782
Total vested benefits	**454,630,766**
Nonvested benefits	1,522,710
Total actuarial present value of accumulated plan benefits	**$456,153,476**

See accompanying notes to financial statements.

Restricted - External

Barclays Pension Plan
Statement of Changes in Accumulated Plan Benefits
for the year ended December 31, 2024

Actuarial present value of accumulated plan benefits	
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial losses	$2,396,758
Benefits paid	(28,775,507)
Increase for interest due to the decrease in the discount period	23,092,592
Change in actuarial assumptions	(26,225,506)
Net decrease	(29,511,663)
Beginning of year	**$485,665,139**
End of year	**$456,153,476**

See accompanying notes to financial statements.

Restricted - External

Barclays Pension Plan

Notes to Financial Statements
December 31, 2025 and 2024

Note 1 - Plan description and related matters:

The following description of the Barclays Pension Plan (the "Plan") is intended to give a general summary of the Plan's principal provisions. Participants should refer to their summary plan description for a more complete description of the Plan's provisions. The Plan is sponsored by Barclays Services Corporation (the "Bank").

General:

The Plan was established on October 1, 1967 and is a defined benefit plan which provides benefits to eligible employees of the Bank and affiliated companies which have been designated as participating companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Pension Executive Board is responsible for oversight of the Plan. The Barclays Pension Plan Committee (the "Committee) selects the Plan's investment funds, managers and advisors, monitors the investment performance of the funds and their investment managers throughout the year and delegates the administration and legal compliance for the Plan to a subcommittee (the "Subcommittee"). Willis Towers Watson is the recordkeeper for the Plan. Willis Towers Watson provides investment advisory services to the Committee.

Plan amendments:

The Plan has been amended to close the Plan to new hires employed on or after September 22, 2008, including former Lehman Brothers' employees hired on September 22, 2008.

Effective January 1, 2011, the Plan was amended to exclude any individual who is or has been an Executive Director of the Board of Directors of the Bank from accruing a pension benefit under the Plan.

Effective September 30, 2012, the Plan was amended to freeze benefit accruals and closed to all new entrants. As of September 30, 2012, no additional benefits accrued on behalf of employee participants for future years of service. This cessation of benefit accruals does not impact a participant's ability to continue to earn service credit for purposes of determining his or her vested status or eligibility for early retirement under the Plan. The Plan will continue to hold the assets, pay benefits already accrued and receive periodic contributions from the Bank for any unfunded benefits.

Pension benefits, vesting and forms of benefit:

Prior to the Plan freeze, employees were eligible to participate in the Plan upon attainment of age 21 and completion of 1,000 hours of service during a twelve-month period. Generally, employees with five or more years of service are entitled to pension benefits beginning at normal retirement age, the later of age 65 or completion of five years of service, equal to 1.67% of the participant's average compensation for the five highest consecutive calendar years within the last ten-year period of service ("final average pay") plus .30% of the participant's final average pay in excess of Social Security covered compensation, multiplied by the number of years of credited service (not to exceed 30 years). Annual compensation for the purpose of determining final average pay is limited to the lesser of 125% of base pay and the maximum amount permitted by the Internal Revenue Code (the "Code").

Early retirement is allowed from age 55 until age 65 with a period of service of ten or more years. Pension benefits for early retirement are reduced as described in the Plan based upon the age and service at retirement.

A vested disabled participant's retirement benefit is deferred until normal retirement date provided, they remain disabled.

A participant is fully vested in his/her pension benefits upon completion of a period of service of five years (as defined in the Plan document). Participants may elect to receive their pension benefits in the form of a 50%, 75% or 100% joint and survivor annuity or a life annuity. A lump-sum form of payment option is available for active participants who terminate on or after April 1, 2012. The lump sum is the actuarial equivalent of the accrued benefit as of the participant's normal retirement date. Retirement eligible participants who terminate on or after April 1, 2012 may elect a lump sum upon termination or any subsequent date on or after age 55 and prior to age 65. Nonretirement eligible participants who terminate on or after April 1, 2012 may elect an immediate lump sum upon termination of employment.

Death benefits:

If the joint and survivor election is made, upon the death of a Plan participant who is fully vested, a death benefit is generally payable to the participant's spouse in the form of a qualified preretirement survivor annuity.

Restricted - External

Note 2 - Summary of accounting policies:

Basis of preparation:

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates:

The preparation of the Plan's financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition:

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

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

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Administrative expenses:

Administrative expenses principally comprise legal, actuarial, investment management fees, audit, custodial and pension administration expenses of the Plan. Investment management services for the Plan year were provided by BlackRock Inc. ("BlackRock"), with oversight by Willis Towers Watson ("Willis"). Willis also serves as the Plan's actuary and provides actuarial and administration functions. Administrative expenses have been paid by the Plan and the Bank. Expenses of the Plan paid directly by the Bank are excluded from these financial statements. Investment management related expenses are included in net appreciation of fair value of investments in the statement of changes in net assets available for benefits.

Note 3 - Funding policy:

The Bank and participating companies make contributions to the Plan sufficient to provide the Plan with assets sufficient to pay retirement benefits to Plan participants. Under the Plan, participants do not make contributions to the Plan. There were no contributions made to the Plan for the 2025 and 2024 Plan years. The Plan is in compliance with the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Note 4 - Plan termination:

Although the Bank has not expressed any intent to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Upon complete or partial termination of the Plan, the right of each participant to benefits accrued to the date of such termination shall become nonforfeitable. All funds of the Plan shall be used to provide retirement benefits, to the extent sufficient, in order of termination priorities by categories, in accordance with Section 404 of ERISA as follows:

(a) Vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations;

(b) All other (meaning uninsured) vested benefits; and

(c) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protected are subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Bank and the level of benefits guaranteed by the PBGC.

Restricted - External

Barclays Pension Plan

Notes to Financial Statements
December 31, 2025 and 2024

Note 5 - Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under FASB ASC 820 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 to the valuation methodology include:

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

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

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

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

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

During 2025, the Plan management re-evaluated the fair value measurement inputs for investments in common/collective investment funds and the short-term investment fund. The Plan management determined the measurement inputs for this category of investments qualify as Level 1 inputs.

Common/collective investment funds and the short-term investment fund are valued at the daily net asset value ("NAV") of units of a bank collective trust. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Were the Plan to initiate a full redemption of the investments, the Committee adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's financial assets at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

2025				
	Level 1	Level 2	Level 3	Total
Short-term investment fund	$2,690,529	$ -	$ -	$2,690,529
Common collective trusts	511,768,323	-	-	511,768,323
Total Investments at fair value	$514,458,852	$ -	$ -	$514,458,852

2024				
	Level 1	Level 2	Level 3	Total
Short-term investment fund	$2,612,152	$ -	$ -	$2,612,152
Common collective trusts	502,980,145	-	-	502,980,145
Total Investments at fair value	$505,592,297	$ -	$ -	$505,592,297

For the years ended December 31, 2025 and 2024, there were no transfers between Levels 1, 2 and 3.

Restricted - External

Fair value of investments in entities that use NAV:

The Plan's investments in common/collective investment funds are managed by BlackRock with various investment objectives, and are measured at NAV per share as of December 31, 2025 and 2024. These funds provide for daily redemption by the Plan with no advance notice requirement. There are no unfunded commitments in these investments.

The Plan's investment in the State Street short-term investment fund, managed by State Street, seeks to provide safety of principal, a high level of liquidity and a competitive yield. This fund provides for daily redemption by the Plan with no advance notice requirement. There are no unfunded commitments in these investments.

Note 6 - Financial instruments with a concentration risk:

The Plan's investments are held by a single trust in accordance with the Plan document and the Plan's trust agreement (the "Agreement"). The Plan's exposure to credit risk is associated with the Trustee's nonperformance of its fiduciary responsibilities relating to these amounts as specified in the Agreement.

Note 7 - Actuarial present value of accumulated plan benefit:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for the service rendered by participants. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or b) beneficiaries of terminated employees or retirees who have died, and c) active employees or their beneficiaries. An independent actuary calculates the actuarial present value of accumulated benefits under the Plan by applying actuarial assumptions that reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations of the actuarial present value of accumulated benefits as of December 31, 2024 include the following:

(a) Pri-2012 Mortality Tables for males and females with separate rates for employees, disabled annuitants, and nondisabled annuitants, with no collar or amount adjustment, projected generationally from 2012 using Scale MP-2021.

(b) assumed rate of terminations vary by age ranging from 20% at age 30 to 15% at age 55 and older

(c) assumed rate of return on investments of 5.40% (4.90% used in the prior valuation)

(d) assumed probabilities of retirement between the ages of 55 (12.5%) and 70 years or greater (100%).

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Note 8 - Related party transactions:

Personnel and facilities of the Bank are utilized by the Plan at no charge.

Note 9 - Party-in-interest transactions:

State Street acts as Custodian for the Plan. Certain Plan investments are shares of short- term investment funds managed by the Custodian. For the years ended December 31, 2025 and 2024, fees incurred for these services were $79,353 and $76,124, respectively. Certain Plan investments are investment funds managed by BlackRock. Investment management fees incurred for BlackRock for the years ended December 31, 2025 and 2024 amounted to $392,507 and $252,958 respectively. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA. There have been no known prohibited transactions with a party-in-interest.

Note 10 - Tax status:

The Internal Revenue Service ("IRS") has determined and informed the Bank by letter dated March 8, 2017 that the Plan and related Trust meet the applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan is drafted, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Restricted - External

Barclays Pension Plan

Notes to Financial Statements
December 31, 2025 and 2024

Note 11 - Information Certified by the Plan Trustee:

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2025 and 2024, and investment income (loss) and other income for the years ended December 31, 2025 and 2024 that are disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee and Custodian of the Plan.

Note 12 - Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility. 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 participants' account balances and 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 13 - Subsequent events:

The Plan Administrator has evaluated subsequent events through October 15, 2026, which is the date the financial statements were available to be issued and concluded that there are no subsequent events to disclose.

Restricted - External

Barclays Pension Plan

EIN: 13-4942190
PN: 001

Schedule of Assets (Held at End of Year)
(Schedule H, Line 4i)
Year Ended December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Current Value
[1]	State Street Short Term Investment Fund	Short Term Investment Fund	$2,690,529	$2,690,529
[1]	US Long Credit Bond Fund	Common/Collective Investment Fund	193,729,142	204,244,101
	Emerging Markets Index N L Fund	Common/Collective Investment Fund	2,730,410	5,297,329
[1]	BlackRock Long Term Gov BD Index	Common/Collective Investment Fund	137,830,430	127,357,786
[1]	MSCI EAFE Equity Index Fund	Common/Collective Investment Fund	4,749,494	10,568,528
	Russell 3000 Index Fund	Common/Collective Investment Fund	10,012,767	35,700,991
	Intermediate Govt Bond Index Fund	Common/Collective Investment Fund	118,304,285	128,599,588
			$470,047,057	**$514,458,852**

Note: The data included in this schedule is certified as complete and accurate by State Street.

See accompanying Independent Auditors' Report.

[1] Party-in-interest.

Restricted - External

Barclays Pension Plan

EIN: 13-4942190
PN: 001

Schedule of Reportable Transactions
(Schedule H, Line 4j)
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Gain / (Loss)
Category (i) - A series of transactions that amount to more than 5 percent of the beginning value of the total Fund assets:						
State Street Short Term Investment Fund	Interest Bearing Cash	$31,379,676	$31,301,300	$31,301,300	$62,680,975	$ -
Short Term Investment Fund	Common/Collective Trusts	$26,691,084	$26,691,084	$26,691,084	$53,382,169	$ -

There are no Category (ii), (iii) or (iv) reportable transactions during the year.

Note: The data included in this schedule is certified as complete and accurate by State Street

See accompanying Independent Auditors' Report.

Restricted - External

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	9	0	0	0	0	0	0	0	9
40-44	0	10	48	9	0	0	0	0	0	0	67
45-49	0	7	68	20	2	0	0	0	0	0	97
50-54	0	9	44	15	1	0	2	0	0	0	71
55-59	0	4	31	10	4	3	0	0	0	0	52
60-64	0	2	12	8	4	1	3	2	0	0	32
65-69	0	0	4	3	0	0	0	1	1	0	9
70 & over	0	0	0	2	0	0	0	0	0	0	2
Total	0	32	216	67	11	4	5	3	1	0	339

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

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

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

Annual rates of increase

- Consumer Price Index: 2.70%
- Assumed cost of living increase: 1.35%

Demographic Assumptions

New or rehired employees

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

Mortality

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Termination

Representative Rates varying by age

Age	Percentage Terminating during the year*
30	20%
35	18%
40	18%
45	17%
50	16%
55	15%

*Additional 5% is applied for participants who have met age and service requirements for “Rule of 70” retirement.

Disability

Rates varying by age and gender

Percentage disabled during the year		
Age	Males	Females
25	0.022%	0.029%
30	0.026	0.039
35	0.034	0.058
40	0.051	0.076
45	0.089	0.116
50	0.166	0.182
55	0.297	0.267
60	0.418	0.313

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below:

Age	Percentage Retiring During the Year*
55-58	12.5%
59-61	8.5
62	20.0
63	25.0
64-67	30.0
68	50.0
69	75.0
70+	100.0

*Additional 5% is applied for participants who have met age and service requirements for “Rule of 70” retirement.

SCHEDULE SB ATTACHMENTS

Form of payment Active participants	30% of retirement eligible active participants are assumed to elect a lump sum form of payment under the plan when eligible. 70% of retirement eligible active participants are assumed to elect an annuity. 60% of non-retirement eligible active participants are assumed to elect a lump sum form of payment under the plan when eligible. 40% of non-retirement eligible active participants are assumed to elect an annuity. For those participants who are assumed to elect an annuity, married participants are assumed to elect 50% Joint and Survivor annuity and single participants are assumed to elect life annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4).
Percent married	80% of male and 65% of female eligible participants are assumed to be married.
Spouse age	Wife three years younger than husband.
Plan compensation	Not applicable
Administrative expenses	The amount included this year in the target normal cost for plan-related expenses is $1,200,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Barclays Services Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Employee data was supplied by the Plan Administrator electronically as of the census date.

Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**Barclays Pension Plan**
Plan Sponsor EIN	**13-3714398**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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
Barclays Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Barclays Services Corporation

D Employer Identification Number (EIN)
13-3714398

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**	505,560,928
b Actuarial value	**2b**	515,704,651

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,405	289,251,614	289,251,614
b For terminated vested participants	1,334	122,224,214	122,224,214
c For active participants	339	40,322,675	41,841,102
d Total	3,078	451,798,503	453,316,930

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

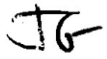
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,200,000
c Target normal cost	**6c**	1,200,000

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

09/04/2026
Date

Joseph Gamzon
Type or print name of actuary

2606924
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	198,042,854
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,813,302
9	Amount remaining (line 7 minus line 8)	0	189,229,552
10	Interest on line 9 using prior year's actual return of -0.09%	0	-170,307
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	36,008,138
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	153,051,107

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	113.76 %
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	83.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,200,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	90,663,386	9,396,696
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	10,596,696

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	10,596,696	10,596,696

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age

Age	Rate of Retirement	Population Survivorship	Number Retiring	Weighted Retirement by Age	Average Retirement Age
55	12.5%	100,000	12,500	687,500	
56	12.5%	87,500	10,938	612,500	
57	12.5%	76,563	9,570	545,508	
58	12.5%	66,992	8,374	485,693	
59	8.5%	58,618	4,983	293,970	
60	8.5%	53,636	4,559	273,542	
61	8.5%	49,077	4,172	254,462	
62	20.0%	44,905	8,981	556,823	
63	25.0%	35,924	8,981	565,804	
64	30.0%	26,943	8,083	517,307	
65	30.0%	18,860	5,658	367,773	
66	30.0%	13,202	3,961	261,401	
67	30.0%	9,241	2,772	185,753	
68	50.0%	6,469	3,235	219,947	
69	75.0%	3,235	2,426	167,386	
70	100.0%	809	809	56,604	
Total		651,973	100,000	6,051,973	60.52

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

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

Annual rates of increase

- Consumer Price Index: 2.70%
- Assumed cost of living increase: 1.35%

Demographic Assumptions

New or rehired employees

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

Mortality

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Termination

Representative Rates varying by age

Age	Percentage Terminating during the year*
30	20%
35	18%
40	18%
45	17%
50	16%
55	15%

*Additional 5% is applied for participants who have met age and service requirements for “Rule of 70” retirement.

Disability

Rates varying by age and gender

Percentage disabled during the year		
Age	Males	Females
25	0.022%	0.029%
30	0.026	0.039
35	0.034	0.058
40	0.051	0.076
45	0.089	0.116
50	0.166	0.182
55	0.297	0.267
60	0.418	0.313

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below:

Age	Percentage Retiring During the Year*
55-58	12.5%
59-61	8.5
62	20.0
63	25.0
64-67	30.0
68	50.0
69	75.0
70+	100.0

*Additional 5% is applied for participants who have met age and service requirements for “Rule of 70” retirement.

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Form of payment Active participants	30% of retirement eligible active participants are assumed to elect a lump sum form of payment under the plan when eligible. 70% of retirement eligible active participants are assumed to elect an annuity. 60% of non-retirement eligible active participants are assumed to elect a lump sum form of payment under the plan when eligible. 40% of non-retirement eligible active participants are assumed to elect an annuity. For those participants who are assumed to elect an annuity, married participants are assumed to elect 50% Joint and Survivor annuity and single participants are assumed to elect life annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4).
Percent married	80% of male and 65% of female eligible participants are assumed to be married.
Spouse age	Wife three years younger than husband.
Plan compensation	Not applicable
Administrative expenses	The amount included this year in the target normal cost for plan-related expenses is $1,200,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Barclays Services Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Employee data was supplied by the Plan Administrator electronically as of the census date.

Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Barclays Services Corporation

Plan Provisions

Effective Date and Most Recent Amendment	The plan was originally effective October 1, 1967. The Plan was amended and restated generally effective January 1, 1995 and subsequently amended and restated through December 31, 2010. During 2012 the plan was amended to freeze participation and benefit accruals and the maximum permissible dollar limit under Section 415 of the Internal Revenue Code for all participants effective September 30, 2012. The plan was amended to offer a lump sum optional form of payment for active participants who terminate on or after April 1, 2012
Plan Year	The twelve-month period ending December 31.
Coverage and Participation	Employees are eligible for Membership upon attainment of age 21 and completion of a Period of Service of one year. Former employees of First Westchester National Bank who were participants under the FWNB plan were eligible under the Barclays Company plan on the merger date of May 31, 1974. Former Bankers Master Trust employees who became Barclays employees in the November 17, 1980 merger are eligible as of the merger date. Former Bankers Trust of Hudson Valley employees who became Barclays employees in the November 1, 1982 merger became members as of that date. Former Chemical Bank employees who became Barclays employees as of April 2, 1984 became members as of that date. Former Barcal employees who were employed by Barcal on May 31, 1988 are entitled to future deferred benefits. Former BAC Plan participants as of December 31, 1995 became members as of that date. Former Wachovia employees who became employees of the HomeEq division of Barclays Capital Real Estate as of April 1, 2007 became members as of that date; prior service is recognized for eligibility and vesting. Participation is closed to new entrants hired on or after September 22, 2008 and former Lehman employees except for specifically named individuals in Appendix 12 of the amendment.

SCHEDULE SB ATTACHMENTS

	Effective January 1, 2011, the benefits for certain top executives are frozen. Effective September 30, 2012, participation and benefit accruals for all participants were frozen.
Year of Credit	One Year of Credit (or a fraction thereof) is earned for each full year (or fraction thereof) of Period of Service.
Period of Service	As Employee's total Period of Service measured in years and months commencing when the Employee first performs an Hour of Service and ending on his Severance from Service Date.
Final Average Pay	Final Average Pay is the highest consecutive five-year average Annual Compensation out of the last 10 years, using completed calendar years. Annual Compensation is generally base pay plus bonus and other specified amounts for services rendered (less certain exclusions) to a maximum of 125% of base pay. For employees of Barclays de Zoete Wedd Incorporated and Barclays de Zoete Wedd Securities Inc., Annual Compensation is base pay prior to January 1, 1992. For former BAC Plan participants Annual Compensation is total W-2 compensation for services rendered (less certain exclusions). Annual Compensation is limited to the Internal Revenue Code maximum amount (effective January 1, 2002, $200,000 for 2002 and prior plan years) but no greater than $350,000.
Covered Compensation	Average of the Social Security Taxable Wage Base in effect for each calendar year during the 35 years ending with the calendar year in which the participant attains Social Security Retirement age.
Normal Retirement Benefit	
• Normal Retirement Date	The later of the day of the employee's 65th birthday or completion of a Period of Service of 5 years.
• Monthly Benefit Formula	The Member's Accrued Benefit at Normal Retirement Date.
• Normal Form of Retirement Income	Retirement Income is payable for the life of the Member unless a Surviving Spouse Annuity, as described below, becomes payable. Benefits are payable at the beginning of the month.
Late retirement	If employment continues after Normal Retirement, pension payments do not commence until the first day of the month following actual retirement. Years of Credit are accrued until actual retirement date.

SCHEDULE SB ATTACHMENTS

Accrued Benefit

(a) For Members Other Than Former Employees of the First Westchester National Bank, Bankers Trust (Acquired December 17, 1980 and December 1, 1982), Chemical bank or former BAC Plan participants:

(i) 1.67% times Final Average Pay, plus

(ii) 0.30% times Final Average Pay in excess of Covered Compensation
The total is multiplied by Years of Credit not greater than 30.

(b) Former Westchester National Bank Employees:

For the former FWNB employees who were participants in the New York State Bankers Retirement System, the Actuarial Equivalent of the employee's contribution with interest, payable as a monthly annuity, is added to (a).

(c) Former Bankers Trust and Chemical Bank Employees:

For the former Bankers Trust and Chemical Bank employees who were participants in their respective plans, their benefit is the greater of their accrued benefit under their plan as of the merger dates and (a) above.

(d) Certain Long-Service Employees:

For certain long-service employees hired prior to April 23, 1970, their benefit is the greater of (a) and their Final Base pay, multiplied by their Period of Service/60, less the Primary Social Security Benefit commencing at age 65, multiplied by their Period of Service/80. A Social Security Supplement equal to the Primary Social Security Benefit commencing at age 65, multiplied by their Period of Service/80, is payable up until age 65. Also, certain long-service former employees hired prior to April 23, 1970, were eligible for enhanced retirement benefits.

(e) Former BAC Plan Participants:

(i) Members Other Than Former Employees of the Northwestern Mortgage Corporation:

(a) 1.1% multiplied by Final Average Pay multiplied by Years of Credit, plus

(b) 0.65% multiplied by Final Average Pay in excess of covered compensation multiplied by Years of Credit not greater than 35.

(ii) Former Northwestern Mortgage Corporation Employees: For the former Northwestern Mortgage Corporation Employees who were participants in the Pension Plan of Northwestern Financial Corporation (NFC Plan), their benefit under the plan is their accrued benefit under the NFC Plan as of December 31, 1985 plus their benefit under (i) based on Years of Credit since December 1, 1985.

(iii) (iii) Employees of the Data Center or Barclays Group Inc. (USA) (formerly Barclays Capital): Members who are employees of the Data Center or of Barclays Group Inc. (USA) accrue benefits under the formula in the Barclays Pension Plan prospectively from their date of transfer to the Data Center or Barclays Group Inc. (USA), respectively.

Effective September 30, 2012, the plan was amended to cease benefit accruals.

Early Retirement Benefit

- Eligibility

Must have attained age 55 and completed a Period of Service of 10 years (5 years for former Barcal Plan participants).

- Benefit

(a) Members other than former BAC or Barcal Plans participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement.
The reductions are as follows: 4% reduction for each year before age 65 if member retires from active status between ages 55 and 60. 3% reduction for each year before age 65 if member retires from active status between 60 and 65. No reduction if member retires from active status after attainment of age 55 and completion of a Period of Service of 25 years. If member retires from active status after attainment of age 55 and completion of a Period of Service of 20 years, 2% reduction for each year that Period of Service is less than 25 years. If member is subject to a job elimination on or after attainment of age 55 (or his age plus Period of Service is 70 or more) and is credited with a Period of Service of at least fifteen years, 2% reduction for each year that Period of Service is less than 25 years.

(b) Former BAC Plan participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement. The reductions are in accordance with a table of factors in the Restated Retirement Plan of BarclaysAmericanCorporation plan document.

(c) Former Barcal Plan participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement. The reductions are in accordance with a table of factors in the Restated Retirement Plan of Barclays Bank of California plan document.

Disability benefit

• Eligibility	Must qualify for disability benefits under the Federal Social Security Act and either the Company's Long Term Disability Plan or an applicable state workmen's compensation program.
• Benefit	The Member's Benefit based on Final Average Pay and Years of Credit at date of disability, plus number of years to age 65 as if he remained in employment to his Normal Retirement Date. Pension commences on Member's Normal Retirement Date.

Vested benefits upon termination of service

• Vesting	Must have completed a Period of Service of 5 years to be eligible for a deferred pension. If these conditions are not met, no benefit is payable, except that former participants in the First Westchester National Bank pension plan are entitled to a return of contributions.
• Benefit	The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month after age 55 if 10 (5 for former Barcal Plan participants) Year Period of Service was completed.

SCHEDULE SB ATTACHMENTS

Surviving spouse annuity

- Pre-retirement

  (a) Eligibility: at date of death, Member must have been eligible for Deferred Vested, Early or Normal Retirement.

  (b) Benefit: 50% of the benefit the member would have received if he had retired under Early Retirement on his date of death with a post-retirement spouse's annuity in effect.

  (c) Payment: Benefit commences on the date the Member could have first been eligible to receive benefits and continues for the lifetime of the Surviving Spouse

- Post-retirement

  (a) Eligibility Requirements – Surviving Spouse must have been married to the Member at the date the Member's payments commenced and the Member did not reject this benefit.

  (b) Annual Benefit – 50% of the Member's Normal, Late or Early Retirement benefit above, which may have been reduced at the time of this retirement to reflect this benefit.

  (c) Payment – commences on the regular payment date following the death of the Member and continues for the lifetime of the Surviving Spouse.

Assumed Cost-of-Living

Annual COL adjustments are provided for retired Members and Beneficiaries after commencement of monthly payments. Benefits are increased as of January 1 of the second calendar year following the calendar year in which retirement or entitlement occurred, and annually each January, thereafter, by the lesser of 3% or one-half the amount of increase in the Consumer Price Index (expressed as a percentage). No COL adjustment is made to terminated vested benefits until benefit payments actually commence. Automatic COL adjustments apply only to benefits accrued through December 31, 1990 and do not apply to former BAC or Barcal Plans participants; however, automatic COL adjustments do apply to additional benefits accrued for certain long-service employees.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

(a) Contingent Annuitant Option – a member may elect to receive a reduced benefit during his lifetime with 100%, 75% or 50% of such benefit payable thereafter to a beneficiary. The 50% Contingent Annuitant Option is unreduced for Early, Normal, and Late Retirement Benefits payable to spouses.

(b) Commuted Benefit – a member may elect to commute a portion of his pension up to a maximum of 25% for a cash payment based on an actuarial equivalent value. Commutation option is only available for benefits accrued through December 31, 1990 and do not apply to former BAC or Barcal Plan participants; however, commutation option is available for additional benefits accrued for certain long-service employees.

(c) Other optional forms of payment available on reduced basis for former BAC and BARCAL participants.

(d) Lump-sum form of payment option available for active participants who terminate on or after April 1, 2012. The lump sum is the actuarial equivalent of the accrued benefit as of normal retirement date. Retirement eligible participants may elect a lump sum upon termination or any subsequent date on or after age 55 and prior to age 65. Non retirement eligible participants at termination of employment may elect a lump sum upon termination.

Special Rule of 70 Benefit

- Eligibility — Member is subject to a job elimination prior to eligibility for early retirement ("retirement eligible") and age plus Period of Service equals or exceeds 70.
- Benefit — The Member is treated as "retirement eligible," but benefits start no earlier than age 55.

SCHEDULE SB ATTACHMENTS

Special Redundancy Benefit

- Eligibility — Prior to eligibility for a deferred vested benefit
  - (i) Member is subject to a job elimination prior to March 1, 1997; or
  - (ii) Member is subject to a job elimination on or after March 1, 1997 and had a Period of Service of at least three years on March 1, 1997; or
  - (iii) Member is subject to a job elimination on or after March 1, 1997 and is listed in Appendix 7 or Appendix 8 of the Plan.
- Benefit — The Member becomes 100% vested in his accrued benefit.

Employee Contributions — None. Contributions previously made by former participants in the First Westchester National Bank pension plan are included in the Barclays Bank Master Trust and are 100% vested.

Changes in Plan Provisions Since Last Actuarial Valuation — None

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	9	0	0	0	0	0	0	0	9
40-44	0	10	48	9	0	0	0	0	0	0	67
45-49	0	7	68	20	2	0	0	0	0	0	97
50-54	0	9	44	15	1	0	2	0	0	0	71
55-59	0	4	31	10	4	3	0	0	0	0	52
60-64	0	2	12	8	4	1	3	2	0	0	32
65-69	0	0	4	3	0	0	0	1	1	0	9
70 & over	0	0	0	2	0	0	0	0	0	0	2
Total	0	32	216	67	11	4	5	3	1	0	339

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

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments (Annuity Substitution)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	228,198	1,206,092	27,289,907	28,724,197
2026	658,085	1,761,276	26,755,551	29,174,912
2027	1,034,784	2,429,519	26,176,282	29,640,585
2028	1,369,125	3,253,702	25,553,710	30,176,537
2029	1,644,555	4,115,053	24,887,296	30,646,904
2030	1,857,703	4,861,349	24,179,024	30,898,076
2031	2,054,167	5,526,331	23,430,338	31,010,836
2032	2,220,471	6,251,764	22,641,038	31,113,273
2033	2,358,922	6,940,465	21,813,353	31,112,740
2034	2,508,693	7,606,918	20,948,759	31,064,370
2035	2,636,499	8,311,979	20,050,076	30,998,554
2036	2,774,394	8,996,902	19,120,860	30,892,156
2037	2,934,109	9,779,490	18,164,501	30,878,100
2038	3,074,233	10,460,904	17,185,480	30,720,617
2039	3,174,756	10,867,368	16,188,905	30,231,029
2040	3,264,116	11,201,254	15,180,490	29,645,860
2041	3,424,842	11,490,046	14,166,330	29,081,218
2042	3,608,898	11,721,771	13,152,697	28,483,366
2043	3,769,362	11,905,929	12,145,953	27,821,244
2044	3,894,100	12,059,685	11,152,426	27,106,211
2045	3,978,063	12,082,003	10,178,378	26,238,444
2046	4,049,313	11,927,862	9,230,000	25,207,175
2047	4,084,512	11,735,333	8,313,299	24,133,144
2048	4,056,022	11,539,754	7,434,172	23,029,948
2049	3,984,497	11,252,736	6,598,353	21,835,586
2050	3,898,860	10,879,366	5,811,168	20,589,394
2051	3,792,777	10,481,140	5,077,323	19,351,240
2052	3,662,242	10,034,102	4,400,502	18,096,846
2053	3,519,839	9,533,834	3,783,225	16,836,898
2054	3,371,212	9,013,392	3,226,702	15,611,306
2055	3,217,077	8,481,809	2,730,766	14,429,652
2056	3,058,205	7,942,918	2,294,060	13,295,183
2057	2,895,404	7,400,809	1,914,052	12,210,265
2058	2,729,500	6,859,712	1,587,187	11,176,399
2059	2,561,327	6,323,813	1,309,215	10,194,355
2060	2,391,773	5,797,201	1,075,399	9,264,373
2061	2,221,806	5,283,744	880,738	8,386,288
2062	2,052,421	4,787,022	720,210	7,559,653
2063	1,884,655	4,310,329	588,945	6,783,929
2064	1,719,576	3,856,506	482,380	6,058,462
2065	1,558,238	3,427,875	396,371	5,382,484
2066	1,401,695	3,026,230	327,272	4,755,197
2067	1,250,970	2,652,802	271,915	4,175,687
2068	1,107,044	2,308,347	227,595	3,642,986

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	970,851	1,993,193	192,059	3,156,103
2070	843,247	1,707,198	163,438	2,713,883
2071	724,975	1,449,872	140,215	2,315,062
2072	616,608	1,220,365	121,186	1,958,159
2073	518,536	1,017,544	105,419	1,641,499
2074	430,930	840,056	92,201	1,363,187

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	19,126,827	15.00000	19,126,827	1,783,394
2. Shortfall	01/01/2024	(4,020,955)	14.00000	(3,746,192)	(365,828)
3. Shortfall	01/01/2023	76,098,983	13.00000	67,809,818	6,969,199
4. Shortfall	01/01/2022	(23,690,372)	12.00000	(20,124,681)	(2,189,262)
5. Shortfall	01/01/2021	34,310,804	11.00000	27,597,614	3,199,193
Total				90,663,386	9,396,696

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age

Age	Rate of Retirement	Population Survivorship	Number Retiring	Weighted Retirement by Age	Average Retirement Age
55	12.5%	100,000	12,500	687,500	
56	12.5%	87,500	10,938	612,500	
57	12.5%	76,563	9,570	545,508	
58	12.5%	66,992	8,374	485,693	
59	8.5%	58,618	4,983	293,970	
60	8.5%	53,636	4,559	273,542	
61	8.5%	49,077	4,172	254,462	
62	20.0%	44,905	8,981	556,823	
63	25.0%	35,924	8,981	565,804	
64	30.0%	26,943	8,083	517,307	
65	30.0%	18,860	5,658	367,773	
66	30.0%	13,202	3,961	261,401	
67	30.0%	9,241	2,772	185,753	
68	50.0%	6,469	3,235	219,947	
69	75.0%	3,235	2,426	167,386	
70	100.0%	809	809	56,604	
Total		651,973	100,000	6,051,973	60.52

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments (Annuity Substitution)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	228,198	1,206,092	27,289,907	28,724,197
2026	658,085	1,761,276	26,755,551	29,174,912
2027	1,034,784	2,429,519	26,176,282	29,640,585
2028	1,369,125	3,253,702	25,553,710	30,176,537
2029	1,644,555	4,115,053	24,887,296	30,646,904
2030	1,857,703	4,861,349	24,179,024	30,898,076
2031	2,054,167	5,526,331	23,430,338	31,010,836
2032	2,220,471	6,251,764	22,641,038	31,113,273
2033	2,358,922	6,940,465	21,813,353	31,112,740
2034	2,508,693	7,606,918	20,948,759	31,064,370
2035	2,636,499	8,311,979	20,050,076	30,998,554
2036	2,774,394	8,996,902	19,120,860	30,892,156
2037	2,934,109	9,779,490	18,164,501	30,878,100
2038	3,074,233	10,460,904	17,185,480	30,720,617
2039	3,174,756	10,867,368	16,188,905	30,231,029
2040	3,264,116	11,201,254	15,180,490	29,645,860
2041	3,424,842	11,490,046	14,166,330	29,081,218
2042	3,608,898	11,721,771	13,152,697	28,483,366
2043	3,769,362	11,905,929	12,145,953	27,821,244
2044	3,894,100	12,059,685	11,152,426	27,106,211
2045	3,978,063	12,082,003	10,178,378	26,238,444
2046	4,049,313	11,927,862	9,230,000	25,207,175
2047	4,084,512	11,735,333	8,313,299	24,133,144
2048	4,056,022	11,539,754	7,434,172	23,029,948
2049	3,984,497	11,252,736	6,598,353	21,835,586
2050	3,898,860	10,879,366	5,811,168	20,589,394
2051	3,792,777	10,481,140	5,077,323	19,351,240
2052	3,662,242	10,034,102	4,400,502	18,096,846
2053	3,519,839	9,533,834	3,783,225	16,836,898
2054	3,371,212	9,013,392	3,226,702	15,611,306
2055	3,217,077	8,481,809	2,730,766	14,429,652
2056	3,058,205	7,942,918	2,294,060	13,295,183
2057	2,895,404	7,400,809	1,914,052	12,210,265
2058	2,729,500	6,859,712	1,587,187	11,176,399
2059	2,561,327	6,323,813	1,309,215	10,194,355
2060	2,391,773	5,797,201	1,075,399	9,264,373
2061	2,221,806	5,283,744	880,738	8,386,288
2062	2,052,421	4,787,022	720,210	7,559,653
2063	1,884,655	4,310,329	588,945	6,783,929
2064	1,719,576	3,856,506	482,380	6,058,462
2065	1,558,238	3,427,875	396,371	5,382,484
2066	1,401,695	3,026,230	327,272	4,755,197
2067	1,250,970	2,652,802	271,915	4,175,687
2068	1,107,044	2,308,347	227,595	3,642,986

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	970,851	1,993,193	192,059	3,156,103
2070	843,247	1,707,198	163,438	2,713,883
2071	724,975	1,449,872	140,215	2,315,062
2072	616,608	1,220,365	121,186	1,958,159
2073	518,536	1,017,544	105,419	1,641,499
2074	430,930	840,056	92,201	1,363,187

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Barclays Services Corporation

Plan Provisions

Effective Date and Most Recent Amendment	The plan was originally effective October 1, 1967. The Plan was amended and restated generally effective January 1, 1995 and subsequently amended and restated through December 31, 2010. During 2012 the plan was amended to freeze participation and benefit accruals and the maximum permissible dollar limit under Section 415 of the Internal Revenue Code for all participants effective September 30, 2012. The plan was amended to offer a lump sum optional form of payment for active participants who terminate on or after April 1, 2012
Plan Year	The twelve-month period ending December 31.
Coverage and Participation	Employees are eligible for Membership upon attainment of age 21 and completion of a Period of Service of one year. Former employees of First Westchester National Bank who were participants under the FWNB plan were eligible under the Barclays Company plan on the merger date of May 31, 1974. Former Bankers Master Trust employees who became Barclays employees in the November 17, 1980 merger are eligible as of the merger date. Former Bankers Trust of Hudson Valley employees who became Barclays employees in the November 1, 1982 merger became members as of that date. Former Chemical Bank employees who became Barclays employees as of April 2, 1984 became members as of that date. Former Barcal employees who were employed by Barcal on May 31, 1988 are entitled to future deferred benefits. Former BAC Plan participants as of December 31, 1995 became members as of that date. Former Wachovia employees who became employees of the HomeEq division of Barclays Capital Real Estate as of April 1, 2007 became members as of that date; prior service is recognized for eligibility and vesting. Participation is closed to new entrants hired on or after September 22, 2008 and former Lehman employees except for specifically named individuals in Appendix 12 of the amendment.

SCHEDULE SB ATTACHMENTS

	Effective January 1, 2011, the benefits for certain top executives are frozen. Effective September 30, 2012, participation and benefit accruals for all participants were frozen.
Year of Credit	One Year of Credit (or a fraction thereof) is earned for each full year (or fraction thereof) of Period of Service.
Period of Service	As Employee's total Period of Service measured in years and months commencing when the Employee first performs an Hour of Service and ending on his Severance from Service Date.
Final Average Pay	Final Average Pay is the highest consecutive five-year average Annual Compensation out of the last 10 years, using completed calendar years. Annual Compensation is generally base pay plus bonus and other specified amounts for services rendered (less certain exclusions) to a maximum of 125% of base pay. For employees of Barclays de Zoete Wedd Incorporated and Barclays de Zoete Wedd Securities Inc., Annual Compensation is base pay prior to January 1, 1992. For former BAC Plan participants Annual Compensation is total W-2 compensation for services rendered (less certain exclusions). Annual Compensation is limited to the Internal Revenue Code maximum amount (effective January 1, 2002, $200,000 for 2002 and prior plan years) but no greater than $350,000.
Covered Compensation	Average of the Social Security Taxable Wage Base in effect for each calendar year during the 35 years ending with the calendar year in which the participant attains Social Security Retirement age.
Normal Retirement Benefit	
• Normal Retirement Date	The later of the day of the employee's 65th birthday or completion of a Period of Service of 5 years.
• Monthly Benefit Formula	The Member's Accrued Benefit at Normal Retirement Date.
• Normal Form of Retirement Income	Retirement Income is payable for the life of the Member unless a Surviving Spouse Annuity, as described below, becomes payable. Benefits are payable at the beginning of the month.
Late retirement	If employment continues after Normal Retirement, pension payments do not commence until the first day of the month following actual retirement. Years of Credit are accrued until actual retirement date.

SCHEDULE SB ATTACHMENTS

Accrued Benefit

(a) For Members Other Than Former Employees of the First Westchester National Bank, Bankers Trust (Acquired December 17, 1980 and December 1, 1982), Chemical bank or former BAC Plan participants:

(i) 1.67% times Final Average Pay, plus

(ii) 0.30% times Final Average Pay in excess of Covered Compensation
The total is multiplied by Years of Credit not greater than 30.

(b) Former Westchester National Bank Employees:

For the former FWNB employees who were participants in the New York State Bankers Retirement System, the Actuarial Equivalent of the employee's contribution with interest, payable as a monthly annuity, is added to (a).

(c) Former Bankers Trust and Chemical Bank Employees:

For the former Bankers Trust and Chemical Bank employees who were participants in their respective plans, their benefit is the greater of their accrued benefit under their plan as of the merger dates and (a) above.

(d) Certain Long-Service Employees:

For certain long-service employees hired prior to April 23, 1970, their benefit is the greater of (a) and their Final Base pay, multiplied by their Period of Service/60, less the Primary Social Security Benefit commencing at age 65, multiplied by their Period of Service/80. A Social Security Supplement equal to the Primary Social Security Benefit commencing at age 65, multiplied by their Period of Service/80, is payable up until age 65. Also, certain long-service former employees hired prior to April 23, 1970, were eligible for enhanced retirement benefits.

(e) Former BAC Plan Participants:

(i) Members Other Than Former Employees of the Northwestern Mortgage Corporation:

(a) 1.1% multiplied by Final Average Pay multiplied by Years of Credit, plus

(b) 0.65% multiplied by Final Average Pay in excess of covered compensation multiplied by Years of Credit not greater than 35.

(ii) Former Northwestern Mortgage Corporation Employees: For the former Northwestern Mortgage Corporation Employees who were participants in the Pension Plan of Northwestern Financial Corporation (NFC Plan), their benefit under the plan is their accrued benefit under the NFC Plan as of December 31, 1985 plus their benefit under (i) based on Years of Credit since December 1, 1985.

(iii) (iii) Employees of the Data Center or Barclays Group Inc. (USA) (formerly Barclays Capital): Members who are employees of the Data Center or of Barclays Group Inc. (USA) accrue benefits under the formula in the Barclays Pension Plan prospectively from their date of transfer to the Data Center or Barclays Group Inc. (USA), respectively.

Effective September 30, 2012, the plan was amended to cease benefit accruals.

Early Retirement Benefit

- Eligibility

Must have attained age 55 and completed a Period of Service of 10 years (5 years for former Barcal Plan participants).

- Benefit

(a) Members other than former BAC or Barcal Plans participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement.
The reductions are as follows: 4% reduction for each year before age 65 if member retires from active status between ages 55 and 60. 3% reduction for each year before age 65 if member retires from active status between 60 and 65. No reduction if member retires from active status after attainment of age 55 and completion of a Period of Service of 25 years. If member retires from active status after attainment of age 55 and completion of a Period of Service of 20 years, 2% reduction for each year that Period of Service is less than 25 years. If member is subject to a job elimination on or after attainment of age 55 (or his age plus Period of Service is 70 or more) and is credited with a Period of Service of at least fifteen years, 2% reduction for each year that Period of Service is less than 25 years.

(b) Former BAC Plan participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement. The reductions are in accordance with a table of factors in the Restated Retirement Plan of BarclaysAmericanCorporation plan document.

(c) Former Barcal Plan participants:

The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month coincident with or next following early retirement. The reductions are in accordance with a table of factors in the Restated Retirement Plan of Barclays Bank of California plan document.

Disability benefit

• Eligibility	Must qualify for disability benefits under the Federal Social Security Act and either the Company's Long Term Disability Plan or an applicable state workmen's compensation program.
• Benefit	The Member's Benefit based on Final Average Pay and Years of Credit at date of disability, plus number of years to age 65 as if he remained in employment to his Normal Retirement Date. Pension commences on Member's Normal Retirement Date.

Vested benefits upon termination of service

• Vesting	Must have completed a Period of Service of 5 years to be eligible for a deferred pension. If these conditions are not met, no benefit is payable, except that former participants in the First Westchester National Bank pension plan are entitled to a return of contributions.
• Benefit	The Member's Accrued Benefit. Full retirement pension commences at Normal Retirement Date. Reduced pension may commence on the first day of any month after age 55 if 10 (5 for former Barcal Plan participants) Year Period of Service was completed.

SCHEDULE SB ATTACHMENTS

Surviving spouse annuity

- Pre-retirement

  (a) Eligibility: at date of death, Member must have been eligible for Deferred Vested, Early or Normal Retirement.

  (b) Benefit: 50% of the benefit the member would have received if he had retired under Early Retirement on his date of death with a post-retirement spouse's annuity in effect.

  (c) Payment: Benefit commences on the date the Member could have first been eligible to receive benefits and continues for the lifetime of the Surviving Spouse

- Post-retirement

  (a) Eligibility Requirements – Surviving Spouse must have been married to the Member at the date the Member's payments commenced and the Member did not reject this benefit.

  (b) Annual Benefit – 50% of the Member's Normal, Late or Early Retirement benefit above, which may have been reduced at the time of this retirement to reflect this benefit.

  (c) Payment – commences on the regular payment date following the death of the Member and continues for the lifetime of the Surviving Spouse.

Assumed Cost-of-Living

Annual COL adjustments are provided for retired Members and Beneficiaries after commencement of monthly payments. Benefits are increased as of January 1 of the second calendar year following the calendar year in which retirement or entitlement occurred, and annually each January, thereafter, by the lesser of 3% or one-half the amount of increase in the Consumer Price Index (expressed as a percentage). No COL adjustment is made to terminated vested benefits until benefit payments actually commence. Automatic COL adjustments apply only to benefits accrued through December 31, 1990 and do not apply to former BAC or Barcal Plans participants; however, automatic COL adjustments do apply to additional benefits accrued for certain long-service employees.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

(a) Contingent Annuitant Option – a member may elect to receive a reduced benefit during his lifetime with 100%, 75% or 50% of such benefit payable thereafter to a beneficiary. The 50% Contingent Annuitant Option is unreduced for Early, Normal, and Late Retirement Benefits payable to spouses.

(b) Commuted Benefit – a member may elect to commute a portion of his pension up to a maximum of 25% for a cash payment based on an actuarial equivalent value. Commutation option is only available for benefits accrued through December 31, 1990 and do not apply to former BAC or Barcal Plan participants; however, commutation option is available for additional benefits accrued for certain long-service employees.

(c) Other optional forms of payment available on reduced basis for former BAC and BARCAL participants.

(d) Lump-sum form of payment option available for active participants who terminate on or after April 1, 2012. The lump sum is the actuarial equivalent of the accrued benefit as of normal retirement date. Retirement eligible participants may elect a lump sum upon termination or any subsequent date on or after age 55 and prior to age 65. Non retirement eligible participants at termination of employment may elect a lump sum upon termination.

Special Rule of 70 Benefit

- Eligibility — Member is subject to a job elimination prior to eligibility for early retirement (“retirement eligible”) and age plus Period of Service equals or exceeds 70.
- Benefit — The Member is treated as “retirement eligible,” but benefits start no earlier than age 55.

SCHEDULE SB ATTACHMENTS

Special Redundancy Benefit

• Eligibility	Prior to eligibility for a deferred vested benefit (i) Member is subject to a job elimination prior to March 1, 1997; or (ii) Member is subject to a job elimination on or after March 1, 1997 and had a Period of Service of at least three years on March 1, 1997; or (iii) Member is subject to a job elimination on or after March 1, 1997 and is listed in Appendix 7 or Appendix 8 of the Plan.
• Benefit	The Member becomes 100% vested in his accrued benefit.

Employee Contributions	None. Contributions previously made by former participants in the First Westchester National Bank pension plan are included in the Barclays Bank Master Trust and are 100% vested.
Changes in Plan Provisions Since Last Actuarial Valuation	None

Plan Name	**Barclays Pension Plan**
Plan Sponsor EIN	**13-3714398**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	19,126,827	15.00000	19,126,827	1,783,394
2. Shortfall	01/01/2024	(4,020,955)	14.00000	(3,746,192)	(365,828)
3. Shortfall	01/01/2023	76,098,983	13.00000	67,809,818	6,969,199
4. Shortfall	01/01/2022	(23,690,372)	12.00000	(20,124,681)	(2,189,262)
5. Shortfall	01/01/2021	34,310,804	11.00000	27,597,614	3,199,193
Total				90,663,386	9,396,696

Plan Name: Barclays Pension Plan
EIN / PN: 13-3714398 /001
Plan Sponsor: Barclays Services Corporation
Valuation Date: January 1, 2025