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
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1964

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)
MUFG BANK, LTD.

1221 AVENUE OF THE AMERICAS
4TH FLOOR
NEW YORK, NY 10020

2b Employer Identification Number (EIN) 13-5611741

2c Plan Sponsor's telephone number 248-563-8382

2d Business code (see instructions) 522110

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	HEATHER OLIVER-BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	853
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)**	683
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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 1C 3H 3F 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE 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
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

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**	80293205
b Actuarial value	**2b**	81133205

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	20	1861632	1861632
b For terminated vested participants	150	7290731	7290731
c For active participants	683	42733204	42733204
d Total	853	51885567	51885567

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	90418
c Target normal cost	**6c**	90418

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

	10/07/2026
Signature of actuary	Date
STEPHEN J. DRAKE, ASA, EA, FCA,MAAA	26-06421
Type or print name of actuary	Most recent enrollment number
GALLAGHER BENEFIT SERVICES, INC.	415-395-9300
Firm name	Telephone number (including area code)
50 CALIFORNIA STREET, 12TH FLOOR SAN FRANCISCO, CA 94111	
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	6948872
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	6948872
10	Interest on line 9 using prior year's actual return of 4.12 %	0	286294
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 4.94 %		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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7235166

Part III Funding Percentages

14	Funding target attainment percentage	14	142.42 %
15	Adjusted funding target attainment percentage	15	156.36 %
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	154.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	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**	90418
b Excess assets, if applicable, but not greater than line 31a	**31b**	90418

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRUDENTIAL TRUST CO./JENNISON

23-6994310

(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	54742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI CONSULTING GROUP, INC.

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	47255	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RREEF AMERICA II LP

222 RIVERSIDE PLAZA
CHICAGO, IL 60606

92-1440977

(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	36350	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)

ALIGHT HOLDING COMPANY LLC

82-1061233

(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?
50 65 15 99	NONE	28436	Yes [X] No [ ]	Yes [X] No [ ]	104	Yes [ ] No [X]

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

CALLAN HOLDINGS INC

82-2748926

(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?
16 50 99	NONE	28507	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 65	NONE	7939	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
ALIGHT SOLUTIONS LLC	99	104
(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.	
EQUIFAX WORKFORCE SOLUTIONS LLC 64-0958101	PENSION INCOME VERIFICATION SERVICES	

(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: STEVEN R. MARCUS

b EIN: 06-1053228

c Position: ENROLLED ACTUARY

d Address: 725 RXR PLAZA, EAST TOWER
UNIONDALE, NY 11556

e Telephone: 516-683-6100

Explanation: THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN WAS MERGED INTO THE MUFG BANK, LTD. RETIREMENT PLAN EFFECTIVE AS OF DECEMBER 31, 2025. THE ENROLLED ACTUARY FOR THIS PLAN WAS REPLACED BY THE ENROLLED ACTUARY FOR THE MUFG PLAN IN 2025.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

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: PRUDENTIAL CORE PLUS BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

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)
23-6994310-165	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: METWEST TOTAL RETURN BD FD CLASS C

b Name of sponsor of entity listed in (a): METROPOLITAN WEST TOTAL RETURN BOND FUND CLASS C

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)
47-2418714-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXTENDED MARKET INDEX FUND

b Name of sponsor of entity listed in (a): THE VANGUARD GROUP 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)
81-6324211-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INDEX 500 PLUS FUND

b Name of sponsor of entity listed in (a): THE VANGUARD GROUP 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)
81-6327546-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VAN FTC INST TOT INTL SM IDX TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6317280-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD OF BONYM

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

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)	340684	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(5) Partnership/joint venture interests	1c(5)	12267409	0
(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)	67685113	0
(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	80293206	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	80293206	0

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)	12	
(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)	454281	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		454293
(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)	3740084	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3902464	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-162380
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	308070	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		308070

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7924660
(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		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8524643
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2118821	
(2) To insurance carriers for the provision of benefits	2e(2)	2203859	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4322680
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)	36375	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	119599	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	47255	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	90418	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		293647
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4616327
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3908316
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		84201522

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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**	X		
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
MUFG BANK, LTD. RETIREMENT PLAN	13-5611741	016

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 581068.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

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): 13-2614959

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 | 27

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-5611741	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39				2		
40 to 44				3		
45 to 49						
50 to 54				3		
55 to 59				1		
60 to 64				2		
65 to 69				1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34	1			6		
35 to 39	4			35		8775
40 to 44	5			60		15226
45 to 49	5			83		22936
50 to 54	2			56		23668
55 to 59	4			42		41106
60 to 64	4			34		53084
65 to 69				13		
70 & Up				1		

Name of Plan	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-5611741	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	4			1		
40 to 44	27		29692	2		
45 to 49	36		38088	8		
50 to 54	20		58506	14		
55 to 59	21		78126	18		
60 to 64	19			10		
65 to 69	5			8		
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	2					
45 to 49	4					
50 to 54	9			4		
55 to 59	19			9		
60 to 64	13			12		
65 to 69	3			4		
70 & Up	1					

Name of Plan	THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-5611741	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	16					
60 to 64	15					
65 to 69	10					
70 & Up	1					

Deloitte.

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USA

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan

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

We have performed audits of the financial statements of The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance 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, and the related statements of changes in net assets available for benefits for the years 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter—Plan Merger

As discussed in Note 1 to the financial statements, effective December 31, 2025, the Plan merged into the MUFG Bank, Ltd. Retirement Plan. As a result, the Plan's net assets available for benefits were transferred into the MUFG Bank, Ltd. Retirement Plan. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of schedule of reportable transactions for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Deloitte & Touche LLP

October 15, 2026

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

Actuarial Basis

Overview

This 2025 Form 5500 Schedule SB for The Bank of Tokyo - Mitsubishi UFJ, Ltd. Cash Balance Pension Plan ("Plan") has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2025 Schedule SB is to provide reporting of the Plan's minimum funding and other Plan information as requested to the Department of Labor's Employee Benefits Security Administration (the "EBSA"), as stated in the instructions to the 2025 Form 5500. This 2025 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2025 Schedule SB is signed and dated by Stephen J. Drake. Mr. Drake is the responsible actuary for this 2025 Schedule SB for the Plan, and as an Enrolled Actuary and an Associate of the Society of Actuaries, a Fellow in the Conference of Consulting Actuaries, a Member of the American Academy of Actuaries, is qualified to issue this 2025 Schedule SB. Mr. Drake is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2025 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2025 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the January 1, 2025 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Liability Method

For minimum funding purposes, liabilities shown in this report have been computed using the Unit Credit method. This method is mandated by statute.

Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and thus result in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- Past service: the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Target Liability**.

- Current service: the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Liability Normal Cost**.

- Future service: the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Liability Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

Asset Valuation Method

The actuarial value of assets is equal to the two-year average of Plan asset values as of the valuation date. The two-year average is the average of the two prior years' adjusted market value of assets and the current year's market value of assets. For this purpose, the prior years' market values of assets are adjusted to reflect contributions, benefit payments, administrative expenses and expected earnings for the prior years.

Receivable contributions for the prior plan year that are made after the valuation date are included if they have been made before the date of the certification. These receivable contributions are discounted back to the valuation date using the Effective Interest Rate for the prior year before adding to the actuarial value of assets. Contributions made for the current plan year, whether deposited before or after the valuation date, are excluded from the actuarial value of assets.

The resulting actuarial value of assets is adjusted to be within 10% of the market value of assets as of the valuation date, as required by law.

Valuation Data

The valuation date for the 2025 actuarial valuation is January 1, 2025. Except as discussed below, the January 1, 2025 valuation date is also the information date for this certification.

USI provided data on all relevant employees and participants as of the January 1, 2025 valuation date. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

All financial data was provided by the asset custodian, BNY Mellon, and MUFG Bank, Ltd. With the exception of the dates and amounts of any subsequent Plan contributions, changes in financial data after the January 1, 2025 valuation date were not considered in this certification unless noted in this certification.

The limitations of Code sections 401(a)(17) and 415(b) have been incorporated into our calculations.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

The following assumptions were used in valuing the liabilities and benefits under the Plan.

MAP-21 Interest Rates

For purposes of determining minimum required contributions under IRC section 430 and benefit restrictions under IRC section 436:

Applicable Month:	MAP-21 Segments Rates are based on the September immediately preceding the valuation year.
Segment Rates:	First Segment: 5.07% compounded annually Second Segment: 5.31% compounded annually Third Segment: 5.50% compounded annually Effective Rate: 5.35% compounded annually

The MAP-21 interest rates above are the interest rates required for 2025 under the Highway and Transportation Funding Act of 2014 (HATFA).

PPA Interest Rates

For purposes of determining maximum deductible contributions under IRC section 404 and PBGC liabilities for variable rate premiums and Section 4010 reporting:

Applicable Month:	The Plan sponsor elects to base PPA Segments Rates on the September immediately preceding the valuation year
Segment Rates:	First Segment: 5.07% compounded annually Second Segment: 5.33% compounded annually Third Segment: 5.36% compounded annually Effective Rate: 5.32% compounded annually

Economic

Investment Return:	7.00% per year for 2024 and 6.50% for 2025 (limited to the third segment rate applicable for each year). This assumption is provided by MUFG and is reasonable based on the plan's investment holdings and market expectations for the various asset classes.
Salary Increases:	Not applicable as the Plan is frozen.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

Other

Mortality: Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Retirement: Employees are expected to retire at the following rates:

Age	Rates
55-59	10%
60-63	15%
64	15%
65-67	25%
68	30%
69	30%
70+	100%

Disability: None.

Withdrawal: Examples of termination rates at given ages are shown below:

Age	Termination Rate
25	19.00%
30	14.00%
35	10.00%
40	9.00%
45	8.00%
50	7.00%
55	8.50%
60	13.00%
65	25.00%

Furthermore, select turnover rates are used in place of assumed ultimate turnover rates for employees with seven or fewer years of participation service, as follows:

Years of Participation	Select Turnover
1	22%
2	20%
3	18%
4	16%
5	14%
6	13%
7	12%

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

Percentage Married:	Male - 85%, Female - 85%
Age Difference:	Males are assumed to be two years older than their spouse.
Form of Payment:	Single life annuity for final average pay benefits; 45% annuity and 55% lump sum for cash balance benefits.
Time of Payment – Current Employees :	Final average pay benefits are assumed to be paid at age 65 for employees who leave before age 55 and immediately for employees who leave at age 55 or older. Cash balance benefits are assumed to be paid as lump sum, with 20% are assumed to elect immediate payment and 80% are assumed to defer until age 65.
Time of Payment – Former Employees :	All benefits will be paid at age 65.
Cash Balance Annuity Conversions:	Mortality: IRS 2025 Applicable Table. Plan interest rate: 5.00%
PPA Benefit Restrictions:	It is assumed that no PPA benefit restrictions apply in any future plan year, regardless of the Plan's current funded status or any current imposition of such restrictions.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (continued)

Changes in Assumptions and Methods since the Last Actuarial Valuation

- The Segment Rates and Mortality assumptions were updated for the 2025 plan year, as required by IRS regulations under IRC section 430 for minimum funding purposes.
- The cash balance interest credit rate was changed from 4.66% at January 1, 2024 to 4.54% at January 1, 2025 to reflect the rate in effect in the current year.
- The expected rate of return on assets was changed from 7.00% in 2024 to 6.50% in 2025 to reflect changes in asset allocations and changes in return expectations on various asset classes.
- Retirement rates, termination rates, disability rates, payment form elections, marriage percentages, the age difference between husbands and wives, and decrement timing have been updated to match the funding valuation assumptions used for the MUFG Bank, Ltd. Retirement Plan. These changes resulted in an increase in target liability of approximately $138,000.
- The change in valuation system resulted in an increase in target liability of approximately $149,000.

Nature of Assumptions

The Segment Rates and the Mortality assumptions are dictated by the provisions of the Pension Protection Act of 2006. These two assumptions were determined by IRC section 430 and associated IRS regulations, and are based on the Plan sponsor elections discussed above.

The assumptions with regard to the PPA Benefit Restrictions were determined for minimum funding calculations by the IRS regulations under IRC section 430.

In the opinion of the responsible actuary, except as dictated by IRC section 430 and the associated IRS regulations, each actuarial assumption is reasonable, taking into account the experience of the Plan and reasonable expectations, and which, in combination, represent a reasonable estimate of the anticipated experience under the Plan.

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

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

Employer Identification Number: 13-5611741
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

		Purchases		Sales				
(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Number	(c) Purchase Price	Number	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Series of transactions:								
* The Bank of New York Mellon	Bank of New York Mellon Employee Benefit Temporary Investment	47	$ 4,745,319	47	$ 5,122,102	$ 5,122,102	$ 5,122,102	$ -

* Represents a party in interest.

See accompanying independent auditor's report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE BANK OF TOKYO-MITSUBISHI UFJ, LTD. CASH BALANCE 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
MUFG BANK, LTD.

D Employer Identification Number (EIN)
13-5611741

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	80,293,205
b Actuarial value	2b	81,133,205

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	20	1,861,632	1,861,632
b For terminated vested participants	150	7,290,731	7,290,731
c For active participants	683	42,733,204	42,733,204
d Total	853	51,885,567	51,885,567

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	5.35%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	90,418
c Target normal cost	6c	90,418

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

Stephen Drake
Signature of actuary

10/07/2026
Date

Stephen J. Drake, ASA, EA, FCA, MAAA
Type or print name of actuary

2606421
Most recent enrollment number

Gallagher Benefit Services, Inc.
Firm name

415-395-9300
Telephone number (including area code)

50 California Street, 12th Floor
San Francisco CA 94111
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	6,948,872
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	6,948,872
10 Interest on line 9 using prior year's actual return of 4.12%	0	286,294
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 4.94%		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	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,235,166

Part III Funding Percentages

14 Funding target attainment percentage	14	142.42%
15 Adjusted funding target attainment percentage	15	156.36%
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	154.53%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	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	90,418
b Excess assets, if applicable, but not greater than line 31a	31b	90,418

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

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	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Attachment to 2025 Schedule SB (Form 5500)
Plan Sponsor: MUFG Bank, LTD.
Plan Name: The Bank of Tokyo - Mitsubishi UFJ, Ltd. Cash Balance Pension Plan
EIN / PN: 13-5611741 / 001

Schedule SB, Line 22 - Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Age	Rate of Retirement	Rate of Death *	Rate of Disability	Rate of Turnover	Total Decrement	Percent Remaining	Percent Retiring	Weighted Age of Those Retiring
55	10.00%	0.23%			10.23%	100.00%	10.00%	5.50
56	10.00%	0.25%			10.25%	89.77%	8.98%	5.03
57	10.00%	0.28%			10.28%	80.57%	8.06%	4.59
58	10.00%	0.31%			10.31%	72.29%	7.23%	4.19
59	10.00%	0.34%			10.34%	64.84%	6.48%	3.82
60	15.00%	0.38%			15.38%	58.13%	8.72%	5.23
61	15.00%	0.42%			15.42%	49.19%	7.38%	4.50
62	15.00%	0.46%			15.46%	41.61%	6.24%	3.87
63	15.00%	0.50%			15.50%	35.18%	5.28%	3.33
64	15.00%	0.54%			15.54%	29.73%	4.46%	2.85
65	25.00%	0.58%			25.58%	25.11%	6.28%	4.08
66	25.00%	0.64%			25.64%	18.69%	4.67%	3.08
67	25.00%	0.70%			25.70%	13.90%	3.48%	2.33
68	30.00%	0.77%			30.77%	10.33%	3.10%	2.11
69	30.00%	0.84%			30.84%	7.15%	2.15%	1.48
70	100.00%				100.00%	4.95%	4.95%	3.47
						Sum	**97.46%**	**59.48**
					Weighted Average Retirement Age [Sum of (I) / Sum of (H)]			**61.03**
						Nearest Whole Age		**61.00**

column (F) = column (B) + column (C) + column (D) + column (E)
column (G) = (1.0 - column (F) for prior age) x (column (G) for prior age)
column (H) = (column (A)) x (column (G))
column (I) = (column (A)) x (column (H))

*Based on mortality for males.

Attachment to 2025 Schedule SB (Form 5500)
Plan Sponsor: MUFG Bank, LTD.
Plan Name: THE BANK OF TOKYO - MITSUBISHI UFJ, LTD. CASH BALANCE PENSION PLAN
EIN / PN: 13-5611741 / 001

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

Average compensation

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34					1		6													
35 to 39			2		4		35		4		1									
40 to 44			3		5		60		27		2		2							
45 to 49					5		83		36		8		4							
50 to 54			3		2		56		20		14		9		4					
55 to 59			1		4		42		21		18		19		9		16			
60 to 64			2		4		34		19		10		13		12		15			
65 to 69			1				13		5		8		3		4		10			
70 & up							1				1		1				1			

Average cash balance account

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B	No.	Avg. C B
Under 25																				
25 - 29																				
30 - 34					1		6													
35 - 39			2		4		35	8,775	4		1									
40 - 44			3		5		60	15,226	27	29,692	2		2							
45 - 49					5		83	22,936	36	38,088	8		4							
50 - 54			3		2		56	23,668	20	58,506	14		9		4					
55 - 59			1		4		42	41,106	21	78,126	18		19		9		16			
60 - 64			2		4		34	53,084	19		10		13		12		15			
65 - 69			1				13		5		8		3		4		10			
70 & Over							1				1		1				1			

General Attachment Regarding Plan Merger

Effective December 31, 2025, this plan was merged into the MUFG Bank, Ltd. Retirement Plan (the MUFG Plan, also the ongoing plan). The EIN and PN for the ongoing plan are 13-5611741 and 016. Assets and liabilities of this plan as of December 31, 2025 were assumed by the MUFG Plan and this plan no longer exists as of January 1, 2026. Consequently, this is the final Form 5500 filing for this plan.

As of December 31, 2025, this plan had 829 participants. Of these, 753 were already participants of the MUFG Plan. The remaining 76 are new participants of the MUFG Plan as of the merger date and are included in the end of year participant counts on the 2025 Form 5500 for the MUFG Plan. Participant counts on this filing are shown as zero due to the merger.

As of December 31, 2025, this plan had assets of $84,201,522. These assets were transferred to the MUFG Plan as of the merger date and are included in the end of year assets on the 2025 Form 5500 for the MUFG Plan. Plan assets on this filing are shown as zero due to the merger.

Based on the following, the merger of the BTMU Plan into this plan meets the conditions for automatic approval of a funding method change under IRS Revenue Procedure 2017-56 Section 5.02.

- Before the merger, both plans had a calendar year plan year with valuation date of January 1.
- The merger date was the last day of the 2025 plan year.
- The asset valuation method used by the ongoing plan is the same as the asset method used by the MUFG Plan prior to the merger.
- The IRS funding interest rates used by the ongoing plan for the 2026 valuation are the same as those that would have been used by the MUFG Plan in the absence of the plan merger.
- IRS funding results for the 2025 plan year for each plan were determined without regard to the merger and neither plan has an unpaid minimum required contribution.

The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan

Employer Identification Number: 13-5611741
Plan Number: 001

Financial Statements as of and for the Years Ended December 31, 2025 and 2024, Supplemental Schedule for the Year Ended December 31, 2025, and Independent Auditor's Report

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan

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

We have performed audits of the financial statements of The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance 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, and the related statements of changes in net assets available for benefits for the years 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter—Plan Merger

As discussed in Note 1 to the financial statements, effective December 31, 2025, the Plan merged into the MUFG Bank, Ltd. Retirement Plan. As a result, the Plan's net assets available for benefits were transferred into the MUFG Bank, Ltd. Retirement Plan. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of schedule of reportable transactions for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Deloitte & Touche LLP

October 15, 2026

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024
(In thousands of US dollars)

	2025	2024
ASSETS:		
Investments—at fair value:		
Collective investment funds	$ -	$ 67,685
Real estate funds	-	12,267
Total investments—at fair value	-	79,952
Receivables:		
Accrued investment income	-	7
Due from broker for securities sold	-	334
Total receivables	-	341
Total assets	-	80,293
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 80,293

See notes to financial statements.

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024
(In thousands of US dollars)

	2025	2024
INVESTMENT INCOME:		
Net appreciation (depreciation) in fair value of investments:		
Collective investment funds	$ 7,857	$ 3,314
Real estate funds	146	(681)
Net appreciation in fair value of investments	8,003	2,633
Interest and dividends	522	618
Net investment income	8,525	3,251
DEDUCTIONS:		
Benefits paid directly to participants	2,119	2,938
Administrative expenses	293	200
Annuity true-up (Note 5)	2,204	-
Total deductions	4,616	3,138
NET INCREASE IN NET ASSETS BEFORE PLAN MERGER	3,909	113
PLAN MERGER (Note 1)	84,202	-
NET INCREASE IN NET ASSETS	(80,293)	113
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	80,293	80,180
End of year	$ -	$ 80,293

See notes to financial statements.

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following is a brief description of The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan (the "Plan"), amended and restated effective as of January 1, 2011 (formerly, "Prior Mitsubishi Plan"), and is provided for general informational purposes only. Participants should refer to the Plan document for a more complete description of the Plan.

On January 1, 2006, Mitsubishi Tokyo Financial Group and UFJ Holdings Limited merged to form Mitsubishi UFJ Financial Group (MUFG), and the Plan name was changed to The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan.

On April 1, 2018, and in accordance with MUFG's functional realignment of its group subsidiaries, The Bank of Tokyo-Mitsubishi UFJ, Ltd. effected a name change to MUFG Bank, Ltd. (the "Company" or "Plan Sponsor"). The Plan Sponsor's name change did not affect the name of the Plan.

Plan Merger—Effective December 31, 2025, the Plan was merged into the MUFG Bank, Ltd. Retirement Plan (the "Retirement Plan"). Upon the merger, the Plan's net assets of approximately $84.2 million and accumulated plan benefit obligations of approximately $48.8 million were transferred to the Retirement Plan, and the Plan ceased to exist as a separate plan. The benefit provisions applicable to participants of the Plan continue to govern their accrued benefits following the merger.

General—The Plan is a noncontributory defined benefit pension plan with a Plan year from January 1 to December 31 covering employees of branches, agencies, and participating employers (excluding MUFG Union Bank, N.A., "MUFG UB") of the Company in the United States, with the exception of collectively bargained employees, temporary or leased employees, and independent contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Human Capital Management Committee oversees the activities of the Benefit Plans Committee (the "Committee" and the "Plan Administrator"), which oversees the activities of the Plan. The responsibilities of the Committee include interpreting the terms of the Plan, determining eligibility for coverage and benefits under the Plan, preparing investment guidelines, designating investment managers, and monitoring investments and investment manager performance.

In July 2014, the Company and Union Bank, N.A. integrated their operations to form MUFG UB. Employees of the Company were considered employees of MUFG UB effective July 1, 2014. In addition, the Plan was amended to allow any employee who, immediately prior to July 1, 2014, was an employee of the Company, to continue participation in the Plan until December 31, 2014, or such other date as determined by the Company and agreed to by MUFG UB. As part of this integration, retirement benefits, including pension, were harmonized to provide benefits consistent with those of MUFG UB employees. Effective December 31, 2014, participants in the Plan ceased participation in the Plan and commenced participation in the MUFG Union Bank, N.A. Retirement Plan on January 1, 2015. On December 31, 2014, the Plan was amended and frozen. No new employees may become participants of the Plan, and no further benefits may be earned under the Plan. Only years of service and compensation earned prior to December 31, 2014, will be included in each Plan participant's retirement benefit.

The Bank of New York Mellon/BNY Mellon, N.A. ("BNY Mellon") is the custodian and trustee of the Plan. The trustee, along with several outside investment managers, manage the Plan's investments.

Eligibility and Vesting—Prior to the Plan freeze, an employee became eligible to participate in the Plan as of the first day of the month following completion of one year of eligible service, provided the employee was at least age 21. Employees became vested and earned a nonforfeitable right to a benefit after completing three years of vesting service. An employee who left before completing three years of vesting service had no right to a Plan benefit.

Benefit Payments—Employees with three or more years of vesting service are entitled to monthly retirement benefits beginning at the normal retirement age of 65. The accrued benefits payable to a participant who retires at normal retirement age is equal to the actuarial equivalent of the balance of the participant's cash balance account computed as follows:

1. ***Establishment of Cash Balance Accounts***—The initial value of each participant's cash balance account (the "Account") was determined as follows:

   For Employees of Prior Mitsubishi Plan on March 31, 1997[1]

   The initial value of the Account of an employee who was a member of the Prior Mitsubishi Plan on March 31, 1997 (and who was not a member of the prior Bank of Tokyo pension plan ("Prior Bank of Tokyo Plan")) was the actuarial equivalent of the participant's accrued benefit, determined as of March 31, 1997, in accordance with the provisions of the Prior Mitsubishi Plan.

   For Employees of Prior Bank of Tokyo Plan on March 31, 1997[1]

   The initial value of the Account of an employee who became a participant of the Plan on March 31, 1997 (following the merger of the Prior Bank of Tokyo Plan into the Plan) was the sum of (a) the actuarial equivalent of the participant's accrued benefit under the Prior Bank of Tokyo Plan as of March 31, 1997, determined in accordance with the applicable provisions of Prior Bank of Tokyo Plan, plus (b) the value of the participant's Retirement Plus Account as of March 31, 1997.

   All Other Employees

   Employees who became participants based on the eligibility requirements as set forth above were credited with an initial account balance on their hire date equal to the balance as determined by the employer's allocation formula described below as if the employee had become a participant on the first day of the month following the employee's commencement date. The initial value of the Account of a participant who was not a participant of the Prior Mitsubishi Plan or the Prior Bank of Tokyo Plan on March 31, 1997, was $0.

   As a result of the merger on January 1, 2006, employees from the UFJ Group hired by the Company were credited for their years of service at the UFJ Group. Each employee would become fully vested after three years of vesting service. The initial value of the Account for each of these employees on January 1, 2006, was $0.

2. ***Employer Allocations***—For each Plan year up until the Plan freeze during which a participant had 12 months of credited service, the employer allocation equaled a percentage of the employee's compensation for such Plan year up to and in excess of the taxable wage base as per Social Security Act ("Taxable Wage Base"), as calculated according to the formulas below:

   For Age of Participant less than 35

   3% of compensation up to the Taxable Wage Base, plus 6% of compensation in excess of the Taxable Wage Base.

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[1] The Prior Mitsubishi Plan was merged with the Prior Bank of Tokyo Plan on April 1, 1997.

For Age of Participant between 35 and 44

4% of compensation up to the Taxable Wage Base, plus 8% of compensation in excess of the Taxable Wage Base.

For Age of Participant 45 and Older

7% of compensation up to the Taxable Wage Base, plus 10% of compensation in excess of the Taxable Wage Base.

Plan participants are also credited with interest on their balances as of the beginning of the Plan year at a stated interest rate in accordance with the Plan document.

At retirement, the form of payment for pension benefits can be either a lump sum or an annuity form of benefit. A single life annuity pays a straight monthly benefit until the employee dies; a qualified joint and survivor annuity pays a monthly benefit until the employee dies and then continues payments to a named surviving beneficiary. The Plan permits early retirement at age 55 or later, provided age plus years of vesting service are at least 65. Payments are taxable in the year in which they are received.

Death and Disability Benefits—If an active employee dies before retirement benefits have begun (age 65) and has completed three years of vesting service, a qualified pre-retirement survivor monthly annuity is payable to the employee's spouse or the beneficiary based on cash-out provisions. The qualified pre-retirement survivor annuity is paid beginning on the first of the month following the participant's death.

If a former employee who is vested in the Plan dies prior to reaching early retirement age, the employee's spouse or the beneficiary is entitled to receive for life the actuarial equivalent of the employee's accrued benefit based on the Account balance, computed in accordance with the employer's allocation table as of employee's termination date. Such benefit is payable beginning either on the first day of the month following the employee's normal retirement date or, if the employee's spouse or beneficiary so elects, the employee's early retirement date or any time thereafter.

The Plan provides benefits for employees who are unable to work as the result of disability. While disabled, an employee first receives short-term disability payments. Generally, after six months of short-term disability, the employee is terminated from employment and begins receiving long-term disability benefits. A disabled employee can elect to receive a pension benefit after two years on long-term disability. The amount of the benefit will be the actuarial equivalent of the employee's accrued benefit as of the commencement of the benefit.

Plan Termination—Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In the event the Plan is terminated, the accrued benefits of affected participants will become fully vested and nonforfeitable to the extent funded. Benefits will only be paid from the Plan's assets or by the PBGC. The priority order of benefit distribution is as follows:

a. Nonmandatory participant contributions
b. Mandatory participant contributions

c. Benefits payable as an annuity
d. All other benefits guaranteed under the termination insurance provisions of ERISA
e. All other vested benefits
f. All other benefits.

Currently, there are no contributions for items a. or b. above. In addition, any payment deficiency contained within one of the above items would be allocated pro rata within that item if a termination were to occur.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Risks and Uncertainties—The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities can occur in the near term and that those changes could materially affect the amounts reported in the financial statements.

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.

Investment Valuation—The Plan's investments are stated at fair value in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. The fair value of a financial instrument 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 4 for description of valuation methods.

Investment Transactions and Income Recognition—Purchases and sales of investment 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Plan Funding Policy—The Plan Sponsor has agreed to make contributions to the Plan sufficient to provide the Plan with assets to meet the current and projected obligations of the Plan. The Plan recognizes a contribution receivable when the Plan Sponsor formally commits to an amount that has been approved by the Plan Sponsor's senior management. The Plan Sponsor did not make contributions for 2025 and 2024; contributions were not required to meet the minimum funding requirements of ERISA.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Administrative Expenses—Administrative expenses of the Plan are paid by the Plan or Plan Sponsor as provided in the Plan document. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Subsequent Events—Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued. No events require additional disclosure or adjustments to the financial statements.

3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of and for the years ended December 31, 2025 and 2024, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by BNY Mellon, the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that such information is complete and accurate.

	As of December 31,	
($ in thousands of US dollars)	**2025**	**2024**
Statements of net assets available for benefits:		
Investments at fair value:		
Collective investment funds	$ -	$ 67,685
Real estate funds	-	12,267
Accrued investment income	-	7
Due from broker for securities sold	-	334

	Years Ended December 31,	
($ in thousands of US dollars)	**2025**	**2024**
Statements of changes in net assets available for benefits:		
Interest and dividends	$ 522	$ 618
Net appreciation (depreciation) in fair value of investments:		
Collective investment funds	7,857	3,314
Real estate funds	146	(681)

Note 4—All investment balances and information, excluding the classification and level and unfunded commitment, redemption frequency, other redemption restrictions, and redemption notice period, related to the Plan's investments in which fair value is estimated based on net asset value (NAV) as a practical expedient.

Supplemental Schedule—Schedule of reportable transactions for the year ended December 31, 2025.

4. FAIR VALUE MEASUREMENTS

ASC 820 provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques must maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

Collective Investment Funds—Collective investment funds are valued at the daily closing price as reported or published by the fund. These funds are not exchange-traded; however, the prices per unit are published and represent the actual price at which the units held in the fund can be bought or sold. Accordingly, the funds have been determined to have a readily determinable fair value based on the published price, transact at that price, and are deemed to be actively traded.

Real Estate Funds—Real estate funds invest in a variety of real estate property types. These investments are measured at NAV per share and are included in the table showing Plan investments that are measured using NAV per share (or its equivalent) as a practical expedient.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value at December 31, 2024:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Collective investment funds	$ -	$ 67,685	$ -	$ 67,685
Total investments in the fair value hierarchy	$ -	$ 67,685	$ -	67,685
Investments measured at NAV				12,267
Investments at fair value				$ 79,952

Fair Value of Investments That Calculate NAV—The following table presents the Plan's investments in which fair value was measured using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024:

	December 31, 2024				
Investment	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Clarion Lion Properties	$ 5,237	$ -	Quarterly	Availability of fund's liquid assets and approval of the board of directors	90 days
RREEF America II REIT	7,030	-	Quarterly	Availability of fund's liquid assets and approval of the board of directors	45 days
Total (a)	$ 12,267	$ -			

(a) As of December 31, 2024, the Plan had outstanding requests to redeem its real estate investments in full.

* The fair values of the investments have been estimated using the NAV of the investment as of the most recent valuation period.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future payments, including monthly annuities and lump-sum distributions, that are attributable under the Plan's provisions to the employees' compensation and services they have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries and (2) active participants or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements is presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits at December 31, 2024, and the changes therein are as follows:

($ in thousands of US dollars)	**December 31, 2024**
Vested benefits:	
Retired participants and beneficiaries receiving payments	$ 1,730
Terminated vested participants	6,782
Active participants	38,732
Total actuarial present value of accumulated plan benefits	$47,244
Changes in actuarial present value of accumulated plan benefits:	
Actuarial value of accumulated plan benefits at beginning of year	$46,691
(Decrease) increase during the year attributable to:	
Actuarial gains and losses	491
Interest due to passage of time	3,165
Benefits paid	(2,937)
Change in actuarial assumptions	(166)
Net increase	553
Actuarial value of accumulated plan benefits at end of year	$47,244

The significant actuarial assumptions used in the valuation as of December 31, 2024, are as follows: (a) the mortality table used was the PRI 2012 White Collar base rates projected generationally with Scale MP-2021 (same as prior year), (b) retirement is assumed to occur at various percentages starting at age 55 until age 70, (c) the assumed rate of return used to discount the accumulated plan benefits was 6.50% (7.00% in prior year), (d) the cash balance interest crediting rate was 4.54% (4.75% in prior year), (e) the lump-sum interest rate was 5.00% (5.50% in prior year), and (f) the actuarial cost method used was the unit credit method. These actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan were to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

On March 30, 2023, the Bank purchased a nonparticipating single premium group annuity contract that reduced the actuarial present value of accumulated plan benefits by approximately $123 million. In February and December 2025, based on subsequent data changes since the initial premium was paid, true-ups to the premium totaling approximately $2.2 million were paid by the Plan.

As discussed in Note 1, effective December 31, 2025, the Plan was merged into the Retirement Plan and accumulated plan benefit obligations of approximately $48.8 million were transferred to the Retirement Plan, and the Plan ceased to exist as a separate plan.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments that were held during the Plan year were managed by BNY Mellon, the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Fees paid by the Plan for investment management services are included as a reduction of the return on each fund.

7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated November 1, 2017, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Sponsor and the Plan's tax counsel believe that the Plan is currently designed and operating in compliance with the applicable requirements of the IRC and that the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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SUPPLEMENTAL SCHEDULE

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
CASH BALANCE PENSION PLAN

Employer Identification Number: 13-5611741
Plan Number: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

		Purchases		Sales				
(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Number	(c) Purchase Price	Number	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Series of transactions:								
* The Bank of New York Mellon	Bank of New York Mellon Employee Benefit Temporary Investment	47	$ 4,745,319	47	$ 5,122,102	$ 5,122,102	$ 5,122,102	$ -

* Represents a party in interest.

See accompanying independent auditor's report.

Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2025 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2025 valuation date are not reflected in this valuation except as noted in this report.

Plan Name	The Bank of Tokyo-Mitsubishi UFJ, Ltd. Cash Balance Pension Plan
Effective Date	The Plan was effective as of April 1, 1997 as restated and amended effective January 1, 2011 and further amended effective January 1, 2014 and January 1, 2015. The plan was further amended effective March 23, 2023 to allow Plan assets to be used to buy insurance contracts. On March 30, 2023, plan assets were used to purchase a lift-out contract with Prudential.
Plan Year	January 1 through December 31
Eligibility/Participation	All employees are eligible to participate on the first day of the month after completion of one year of eligibility service or attainment of age 21. All employees over age 30 on their date of hire are eligible to participate on the first day of the month after their date of hire. Effective January 1, 2006, employees from the former UFJ unit were eligible to participate. No employee shall first become a participant on or after January 1, 2015 and no employer allocation shall be made with respect to any compensation earned by a participant on or after January 1, 2015.
Vesting Service	The total number of plan years during which the employee worked a 12-consecutive month period.
Compensation	Basic annual compensation, limited to the 401(a)(17)compensation limit. Effective January 1, 2014 the plan's definition of compensation was amended to include the bonus paid in an applicable plan year.
Normal Retirement Date	The participant's 65th birthday.
Normal Retirement Benefit	A participant's annual benefit shall be equal to the actuarial equivalent of the participant's account balance as described below, but not less than the actuarial equivalent value of the benefit accrued as of April 1, 1997. Participants from the former UFJ unit have account balances of $0 as of entry into the plan on January 1, 2006.

Normal Retirement Benefit (ctd.)

The participant's account is credited with a percentage of compensation for each plan year deemed credited on last day of Plan Year as follows:

Age at Year End	Percentage Of Compensation Not In Excess Of Social Security Wage Base	Percentage Of Compensation In Excess of Social Security Wage Base
< 35	3%	6%
35-44	4%	8%
45+	7%	10%

The participant's account also earns interest annually based on the 30-year Treasury rate in effect at the beginning of the plan year.

Effective December 31, 2014 the plan froze all future pay credits.

Credited Interest

Interest credited to each members Cash Balance account as of the end of the Plan Year at a rate equal to the annual interest rate on 30-year treasury securities, for the first full calendar month preceding the Plan Year for plan years prior to December 31, 2019 and the second full calendar month preceding the Plan Year for Plan Years after December 31, 2019. For the 2020 Plan Year only, the greater of the first and second full calendar month's 30-year treasury rate is used.

Early Retirement Date

The date when a participant is at least age 55 and has completed at least five years of vesting service and age plus vesting service is at least 65.

Early Retirement Benefit

Those benefits described under Normal Retirement accrued to his Early or Disability Retirement Date, actuarially adjusted.

Death Benefit

For a vested participant, a benefit will be paid to his spouse or beneficiary for life. The amount of benefit is determined as 50% of what he would have received (based on benefit service to death) had he commenced payment at the later of age 55 or the time of his death with the 50% Joint and Survivor option in effect.

Vesting Percentage

3-Year Cliff

Vested Retirement Benefit

Accrued benefit payable at age 65, or reduced benefit payable at age 55 if 3 years of Vesting Service completed and age plus vesting service is at least 65 prior to termination.

Standard Form of Payment	Single Life Annuity
Optional Form of Payment	Life Annuity, 10 Year Certain, 100%, 75% and 50% Joint and Survivor Annuity and Lump Sum. Lump Sum – Effective January 1, 2015, the plan was amended to permit plan participants who were transferred from BTMU to MUFG Union Bank, N.A and accrue a benefit under the MUFG Union Bank N.A. Retirement Plan after 2014 to take a lump sum distribution of their Plan benefit, even if they have yet to attain their Early Retirement Date, as such term is defined under the Plan. Whereas participants who terminated prior to January 1, 2015 and have a Plan benefit in excess of $10,000, need to wait until their Early Retirement Date to take a distribution of their Plan benefit.
Change Since Prior Valuation	None.

Schedule SB, line 25 – Change in Method

Change in Actuary

The plan sponsor changed enrolled actuary during the year. The new enrolled actuary (Gallagher) is able to match funding target liabilities within 3% and actuarial value of assets within 2% as valued by the prior enrolled actuary (USI Consulting Group), using the same valuation assumption but in new system, which satisfies automatic approval of change in funding method under Revenue Procedure 2017-56. The new enrolled actuary (Gallagher) has subsequently updated certain actuarial assumptions to revalue target liabilities as of the current valuation date.

Target liabilities valued by prior actuary:	$51,598,755
Target liabilities valued by Gallagher before changing assumptions:	$51,748,058
Difference due to change in valuation system:	$149,303 or 0.3%
Target liabilities valued by Gallagher after changing assumptions:	$51,885,567
Effect of change in valuation assumptions:	$137,509 or 0.3%

Actuarial value of assets valued by prior actuary:	$81,133,205
Actuarial value of assets valued by Gallagher:	$81,133,205
Difference due to change in valuation system:	$0

Plan Merger

Effective December 31, 2025, this plan was merged into the MUFG Bank, Ltd. Retirement Plan (the MUFG Plan, also the ongoing plan). The EIN and PN for the ongoing plan are 13-5611741 and 016. Assets and liabilities of this plan as of December 31, 2025 were assumed by the MUFG Plan and this plan no longer exists as of January 1, 2026.

Based on the following, the merger of this plan into the MUFG Plan meets the conditions for automatic approval of a funding method change under IRS Revenue Procedure 2017-56 Section 5.02.

- Before the merger, both plans had a calendar year plan year with valuation date of January 1.
- The merger date was the last day of the 2025 plan year.
- The asset valuation method used by the ongoing plan is the same as the asset method used by the MUFG Plan prior to the merger.
- The IRS funding interest rates used by the ongoing plan for the 2026 valuation are the same as those that would have been used by the MUFG Plan in the absence of the plan merger.
- IRS funding results for the 2025 plan year for each plan were determined without regard to the merger and neither plan has an unpaid minimum required contribution.

Schedule SB, line 24 – Change in Assumptions

The Segment Rates and Mortality assumptions were updated for the 2025 plan year, as required by IRS regulations under IRC section 430 for minimum funding purposes.

The cash balance interest crediting rate has been updated from 4.66% for 2024 Plan year to 4.54% for 2025 Plan year.

Lump sum conversion interest rate has been updated from 5.50% for 2024 Plan year to 5.00% for 2025 Plan year.

Percent of married has been changed from 100% for 2024 to 85% for 2025.

Age of spouse has been changed from same age for husband and wife for 2024 to husband is assumed two years older than wife for 2025.

Cash balance participants' lump sum election ratio has been changed from 100% 2024 to 55% in 2025

The expected rate of return on assets was changed from 7.00% in 2024 to 6.50% in 2025 to reflect changes in assets allocations and changes in return expectations on various asset classes.

Expected administrative expenses were changed from $88,173 in 2024 to $90,418 in 2025 to reflect expected PBGC premium for the current year.