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Pfizer Separation Plan Summary Plan Description

Effective October 6, 2023

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Pfizer Separation Plan Summary Plan Description

1. Introduction

Pfizer Inc. (the “Company” or “Pfizer”) is the sponsor of the Pfizer Separation Plan (the “Plan”). The Plan provides severance pay benefits to certain employees of the Company who meet the eligibility requirements set forth in the Plan when their employment is involuntarily terminated.

The Plan is being amended effective October 6, 2023, to include Plan eligibility for legacy GBT and Biohaven colleagues in connection with the expiration of their legacy severance provisions, and to remove eligibility for severance in cases of Remote Worker Terminations. All remote work arrangements will be reviewed by the end of 2023 and eligibility for severance due to work location changes will be provided as set forth in the Plan.

This Summary Plan Description (“SPD”) describes the severance benefit provisions of the Plan and is designed to answer questions that you may have about the Plan and its administration. The SPD is a general overview of the Plan but does not attempt to cover all details. The details of the Plan are included in the official Plan document.

If there is any discrepancy between the SPD and the official Plan document, the official Plan document will control.

2. Eligibility Requirements

A. Involuntary Terminations (not Performance-Related)

You are eligible to receive benefits under the Plan if, at the time of your termination of employment, you meet the coverage requirements described below, none of the exclusions apply and all of the following apply:

- You are a regular full-time or part-time employee of Pfizer or one of its affiliates in one of the 50 states or the District of Columbia, or an employee paid from the United States under the Pfizer International Assignment Policy;
- The terms and conditions of your employment are not covered by a collective bargaining agreement (unless the agreement specifically provides for coverage under the Plan);
- You are not one of the Company's elected Corporate Officers or an employee who is eligible to participate in the Executive Long-Term Incentive Plan;
- You are not a post-doctoral employee or a fixed assignment employee, or a US Vaccines Clinical Testing Associate Scientist;
- You are not eligible for severance benefits under any other arrangement, plan, agreement, policy or program sponsored by Pfizer or any of its affiliates (including severance arrangements, if any and prior to expiration of severance benefits from legacy companies including Arena); and
- You are selected for an Involuntary Termination of employment that is the result of business restructuring or job elimination or due to exhaustion of your short-term disability benefits, or due to a Performance-Related Termination. The Plan Administrator, or its designee, in its sole and absolute discretion, will determine whether you have had an involuntary termination that is the result of business restructuring or job elimination, a termination from service that makes you eligible for an Involuntary Termination or a Performance-Related Termination.

For any and all purposes under this Plan, the term “employee” does not include a person hired as an independent contractor, leased employee or consultant or a person otherwise designated by the Company at the time of hire as not on the Pfizer payroll or not eligible to participate in or receive benefits under the Plan, even if the ineligible person is subsequently determined to be an “employee” by any governmental or judicial authority.

In no event will you be entitled to benefits under the Plan that are duplicative of severance benefits provided elsewhere.

B. Performance-Related Terminations

You may be eligible for severance under a Performance-Related Termination if you meet the requirements in Section 2.A. above and experience a Performance-Related Termination defined as follows.

Performance-Related Termination – Long Service means the Termination from Service of an Eligible Employee who is not meeting expectations in their role as determined by their Manager and People Experience and has at least one (1) year of service as of their “Last Day Of Work” field in Workday.

Performance-Related Termination – Short Service means the Termination from Service of an Eligible Employee who is not meeting expectations in their role as determined by their Manager and People Experience and who has less than one (1) year of service as of their “Last Day Of Work” field in Workday.

C. Coverage

The Plan is intended to qualify as a “separation pay plan” under Section 409A and all terminations must qualify as bona fide involuntary “separations from service” under Section 409A.

If you are an eligible employee as set forth above, severance benefits are payable under the Plan if your employment terminates in the following circumstances:

Involuntary termination of employment that is the direct result of curtailment, cessation of operations, relocation of operations, reorganization, position elimination or job restructuring, or an involuntary termination of employment due to the failure to return to work after the expiration of short-term disability benefits because either you remain physically or mentally unable to return to work or because your position is filled while you are on an approved disability leave of absence (a “Disability Termination”), and the receipt of benefits or leave is not in connection with a claim related to an injury or diagnosis that occurred prior to January 1, 2012 or, for legacy King employees, it is not in connection with a claim related to an injury or diagnosis that occurred prior to March 1, 2013.

You may also be eligible for certain benefits in the event your termination is a Performance-Related Termination.

The decision as to whether severance benefits are payable is made by the Plan Administrator or its designee, in its sole and absolute discretion. If you fully exhaust your short-term disability benefits (i.e., you remain disabled under the terms of the Company’s short term disability policy on the last day that you are eligible for short-term disability benefits), you shall be deemed by Pfizer to be physically or mentally unable to return to work for the purposes of the Plan.

Failure to submit required documentation to receive the full amount of short-term disability benefits or disability leave will be considered a voluntary termination of employment.

Whether disability claims are related shall be determined in accordance with the Company’s Disability Absence Policy and the Pfizer Short-Term Disability Policy and the Family and Medical Leave Act booklet, or other governing documents for the applicable Company sponsored disability program. The decision as to whether severance is payable in all other instances is made by the Plan Administrator or its designee, in its sole and absolute discretion.

D. Exclusions

Even if you are an Eligible Employee as set forth above, severance benefits **are not** payable under the Plan if **any** of the following apply to your situation:

- (1)** You are designated, slated or assigned to a comparable position with the Company (or any of its affiliates) and the main work location of the comparable position is not more than 50 miles farther from your residence than the former work location or, in the case of a field-based sales force eligible employee, you are designated, slated or assigned to a comparable geographic territory where your Work-Load Center (the weighted center point of a territory based on business), is not more than 50 miles farther from your residence than your former Work-Load Center. This means you can measure the distance between the former work location and your home compared to the distance between your new work location and your home to determine if the distance increased by less than 50 miles. This exclusion from severance benefits shall not apply if you first receive official notification from your manager that your position is being eliminated due to restructuring. This exclusion from severance benefits shall not apply if your main

work location is Peapack, New Jersey and your role is transferred to Pfizer's New York City site; you may decline the transfer in the manner provided by the Company and be treated as involuntarily terminated for job restructuring provided the election is made on or prior to November 8, 2023. This exclusion from severance benefits shall apply if it is determined that you previously switched to a remote work location without receiving the necessary approval to do so; the 50 miles will be measured from your former work location. The Plan Administrator, or its designee, in its sole and absolute discretion, will determine comparability of positions and whether this exclusion is met.

- (2) Your employment is transferred or you are offered employment with an acquiring entity upon divestiture of a subsidiary, division, site, plant or other identifiable segment of the Company. The Plan Administrator, or its designee, in its sole and absolute discretion, will determine whether a transfer of employment has occurred.
- (3) Your employment is continued with, or transferred by Pfizer to, an outsourcing vendor even if the salary and benefits offered by the outsourcing company are not equivalent and/or even if it requires a change in work location or Work-Load Center of more than 50 miles farther from your residence than your former work location. The Plan Administrator, or its designee, in its sole and absolute discretion, will determine whether a continuation or transfer of employment has occurred.
- (4) Your termination is "for cause." Termination of employment "for cause" includes, but is not limited to, terminations for significant breach of Company policy, inadequate work performance due to intentional or deliberate misconduct or intentional or deliberate failure to act, destruction of Company property, commission of unlawful acts against or reflecting on the Company, or similar occurrences. The Plan Administrator, or its designee, in its sole and absolute discretion, will determine the existence of a "for cause" termination of employment.
- (5) You voluntarily resign or retire from your employment (including prior to your Official Notification Date) or fail to return to work after the expiration of an approved non-disability leave of absence, or because your position is no longer available when you return from an extended non-disability leave of absence, or because you fail to submit the required documentation to extend your disability leave or short term disability benefits, and you have no other state or federal leave protections available. All voluntary resignations and retirements are ineligible, including those deemed or asserted to represent a constructive termination or discharge.
- (6) Your employment is terminated due to your failure to adhere to any onsite and in-person attendance requirements. Failure to adhere to the onsite and in-person attendance requirement as determined by the Company will be considered job abandonment and will constitute a voluntary resignation and is ineligible for severance under the Plan.
- (7) You die while in active service but prior to your Official Notification Date.
- (8) You have been selected for an involuntary termination of employment and subsequently post for and are offered a position with the Company (or any of its affiliates).

3. Severance Benefits — Cash

If you meet the eligibility criteria described in this SPD and your employment is involuntarily terminated during the applicable time period, you will receive severance pay in accordance with the Severance Pay Summary in this SPD. Years of Service are determined from your most recent date of hire to your Date of Termination and include full and partial years, as determined by the Plan Administrator, or its designee, in its sole and absolute discretion.

Years of Service shall include service with a foreign affiliate of the Company provided there is no interruption of employment with the Company. Years of Service may include pre-acquisition service with an acquired company provided you are employed by the acquired company on the date of acquisition and such service crediting is provided for in the transaction and/or merger agreement. Years of Service will be counted in increments of one-third of years only, with your period of service subject to natural rounding. Years of Service shall be used for purposes of calculating severance benefits under the Plan notwithstanding any other "adjusted service dates" which may be reflected in the Company systems for other benefit purposes. The Date of Termination is defined as the last date you provide or could be required to provide services to the

Company (generally, at the end of the Notice Period), as determined by the Plan Administrator, or its designee. Any service performed as a leased employee or not as an “employee” as defined in the Plan document is not counted towards the severance formula.

Severance benefits will be paid in installments in accordance with your particular payroll period (e.g., weekly, semi-monthly), and will begin on the first full regular payroll date following your Date of Termination or the date your fully executed *Release Agreement* is received by the Plan Administrator and becomes effective (not revocable), if later. **The latest date your *Release Agreement* may be returned is seven (7) days following your Date of Termination.**

The Plan Administrator, in its sole discretion, may make a lump sum payment of all or a portion of your severance benefits.

Severance benefits will be reduced by any outstanding debt owed by you to Pfizer or any of its affiliates, where permitted by law and Section 409A, including but not limited to loans granted by any such entity, advanced vacation pay or salary, overpayment of wages, or other repayment obligations or expense advances. If you receive payments due to statutorily required severance or are required to receive advance written notice beyond the 60 days set forth in the federal WARN Act due to termination of employment, then any severance benefits payable under this Plan shall be reduced by the amount of such statutorily required severance or the wages due to be paid during any notice period beyond 60 days. To the extent any reduction results in the Participant receiving no payments under the Plan, the Participant shall be eligible to receive two (2) weeks of severance under this Plan. Payments will also be reduced by any withholding required by law or court decree, including any applicable child support payments and any tax withholdings required on other earnings.

Any benefits payable under the Plan will cease if you violate any non-compete, non-disclosure, non-solicitation of employees and/or non-disparagement clause of the Company, as determined by the Plan Administrator or its designee in its sole and absolute discretion, and the Company may require repayment of any severance benefits under these circumstances.

If you die while in active service on or after your Official Notification Date but before executing the *Release Agreement*, or if you die after executing the *Release Agreement* but before receiving the full amount of your severance pay, your estate may sign the *Release Agreement* on your behalf, if applicable, and in either case, your estate will then receive any remaining severance pay in a lump sum. In addition, your eligible dependents will continue to be eligible for coverage under the Active Health & Insurance Continuation, subject to paying the required contributions, as if you had not died.

Severance benefits in any form will not be considered or included as earnings under any plan sponsored by Pfizer or any of its affiliates. Further, the period for which severance is paid as installments will not be taken into consideration in determining your age and service under any provision of any plan, program or policy sponsored by Pfizer or any of its affiliates.

Pay

“Pay” for severance pay purposes (except for working paid Notice Periods where “Pay” is the wages paid for services performed during the Notice Period) is defined as base salary or wages (annualized) in effect on the day your Notice Period starts. This amount is divided by 52 to determine one week’s pay. In no event will “Pay” include amounts such as bonuses that have been previously rolled into base salary. In all cases, “Pay” excludes bonuses, sales commissions, overtime, shift differentials, premium pay, holiday bonuses, one-time payments, allowances, contest awards, equity income, stock grants of any type, as well as other similar payments.

4. Release Agreement

No benefits including any of the additional benefits described in this SPD will be payable under the Plan unless you sign (and do not revoke) a written *Release Agreement* waiving all claims against Pfizer and its affiliates arising out of your employment and termination. The *Release Agreement* may also include other pre-conditions, such as, but not limited to, non-solicitation, noncompete, non-disclosure and/or non-disparagement clauses and litigation cooperation provisions and must be returned within seven (7) days following your Date of Termination.

The *Release Agreement* must be signed in the form presented to you by the Company, and all terms must be agreed to in order to receive severance benefits. Violation of certain terms of the *Release Agreement* may result in your obligation to repay cash severance pay or other non-cash benefits and the termination of any continuing benefits being provided under the terms of the Plan, including any benefits not yet paid pursuant to the terms of the individual employee benefit plan, program or arrangement. Your *Release Agreement* is included with the materials you receive from the Company describing the arrangements for separation from service.

A. If You Do Not Sign the Release Agreement

If you do not sign the *Release Agreement*, you will **not** receive severance or any of the additional benefits described in this SPD, even if you would otherwise be eligible for benefits under the Plan.

B. With the Signed Release Agreement

If you sign and return the *Release Agreement* within seven (7) days following your Date of Termination, severance will be paid in accordance with the Plan as described in the Severance Pay Summary that is provided in this SPD. The number of weeks of severance benefits that you become entitled to receive under the Plan is known as your "Severance Pay Duration Period." This is relevant in determining the time period for your prohibition on rehire (with the exception of For Cause or Performance-Related Terminations who are ineligible for rehire). Please note that if the period of time in which you have to execute or revoke the *Release Agreement* straddles two calendar years, you will be paid in the second year.

5. Severance Benefits — Other

Benefits under all Pfizer benefit plans will terminate in accordance with the terms of those plans as they are normally applied to employees who resign from their employment with the Company, with the following exceptions.

Active Health & Insurance Continuation will be provided for the following period based on your termination type:

- Involuntary Terminations, Performance Related – Long Service Terminations: 2 years from your Date of Termination
- Performance Related Termination – Short Service: 2 months from your Date of Termination

- (1)** Active Health & Insurance Continuation provided if you are enrolled in medical, dental, and/or vision coverage as of your Date of Termination; your coverage will continue at active employee rates for the period described above. Coverage under the Company-paid Healthy Pfizer Living will continue at no cost to you. Imputed Income will continue to apply if you cover your domestic partner (or child(ren) of your domestic partner) who is not your tax dependent. If you are enrolled in the HSA Copay medical option and continue to meet the IRS eligibility guidelines for the Health Savings Account (HSA), you will continue to receive the Company HSA contribution (if applicable) provided you are under age 65 during your Active Health & Insurance Continuation Period. If your Active Continuation Period ends after the calendar year of your Date of Termination, then in the final year of your Active Continuation Period, the Company contribution to your HSA, if eligible, will be prorated based on the number of months you are expected to be enrolled in the HSA Copay option under your Active Continuation Period. Once your Active Continuation Period ends, you will not be eligible for the Company contribution.
- (2)** Active Health & Insurance Continuation also includes coverage under the Company-paid basic life insurance (or your coverage in effect on the day before your Date of Termination, if less) You will continue to be taxed on the value of any coverage in excess of \$50,000.

Active Health & Insurance Continuation runs concurrently with any extended coverage available in connection with the Long-Term Disability Plan, or other Company-sponsored disability plan, as applicable.

Active Health & Insurance Continuation ends the earlier of the date your Active Health & Insurance Continuation period ends or the date you become **eligible** for **medical** coverage under another employer's plan (even if you decline such coverage), whichever comes first.

After your Active Health & Insurance Continuation ends, you may be eligible to continue medical, dental vision and /or Healthy Pfizer Living coverage for an additional 18 months at 102% of the full cost of coverage pursuant to your rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or begin retiree medical coverage, if eligible. Additionally, you may be eligible to convert your basic life insurance.

Except with respect to any COBRA elections for these plans, if you choose to continue medical, dental, vision or life insurance coverage under this provision, you must choose to continue each of the medical, dental, vision and life insurance coverages (as capped in the case of life insurance) in which you are participating on your Date of Termination, or none of these coverages.

- (3)** If you are actively attending an approved course(s) under the Pfizer Educational Assistance Program on your Date of Termination, you will still be eligible for reimbursement for that pre-approved and already started course(s) — but no additional courses — as long as you continue to satisfy all of the other requirements of the Educational Assistance Program. You will not be reimbursed for any previously approved courses that begin on or after your Date of Termination, and no additional courses will be approved. The Educational Assistance Program repayment requirement effective for courses beginning January 1, 2023 will not apply to Participants receiving benefits under this Plan.
- (4)** If your Global Job Level is 090 or below, at the discretion of the Company, an education/retraining allowance of up to \$5,000 may be provided for approved courses and programs that begin (and are not just enrolled in) within 12 months of your Date of Termination. In order to be eligible for this benefit, you must submit the required documentation for reimbursement within 18 months of your Date of Termination. The portion of this allowance that you receive will be reported as taxable income and subject to withholding for any federal, state and local income taxes. The Plan Administrator has final and absolute discretion to determine what constitutes “educational” or “re-training.”
- (5)** If your termination is a Performance-Related Termination – Short Service, you will receive two (2) months of outplacement services. All other involuntary terminations, at the discretion of the Company, will be eligible for access to outplacement services for assistance in finding a new job for a reasonable period, but in no event longer than six (6) months.

Information about the above plans and programs including how service is calculated is included in the applicable SPDs or other documents. Some details of these benefits also are provided in the materials you receive from Pfizer describing the arrangements for separation from service. The controlling conditions of each long-term incentive grant, if any, are contained in the terms of the grant letters, as applicable, the Grant Agreement, the Points of Interest document and the applicable stock plan.

Continuation of any coverage of any plan or program is subject to the terms and conditions of the particular plan or program, as in effect from time to time, and may be amended or terminated by Pfizer at any time for any reason, with or without notice.

*** Note:** *If you are a part-time colleague working between 40% and 60% of a full-time schedule, you and Pfizer share in the cost of your basic life insurance coverage. In this case, active rates will continue to apply during the Active Health & Insurance Continuation period.*

6. Notice Period

In any termination situation where an employee is asked to sign a *Release Agreement*, the employee must be given a certain amount of time to consider and sign such *Release Agreement*. Therefore, if you are involved in an individual termination action (including a performance termination), you will receive at least a 30-day paid Notice Period (which includes a seven (7) day revocation period). For a group termination action, or in cases of plant closings or mass layoffs, as defined by the Worker Adjustment and Retraining Notification Act (“WARN”), at least a 60-day paid Notice Period will be provided, or such other period of time as required by law. The Plan Administrator will make any determinations as to whether a termination is part of a group termination action or whether a termination is covered by WARN. For Involuntary Terminations that are not Performance-Related Terminations under in the Plan, a 60-day paid Notice Period will be provided, or such other period of time as required by law.

You are expected to work through any paid Notice Period. The term “paid Notice Period” means the period (measured in consecutive calendar days) following the date you receive notice of termination, where you are expected to work and will continue to be paid, based on your regular workweek.

The Company, in its sole and absolute discretion, may terminate your active services at any time during the Notice Period; in such instance, you will be paid for the remainder of the Notice Period in addition to your severance pay. However, if you cease to provide satisfactory services during the Notice Period, your employment will terminate, all Notice Period payments will end and you will receive only severance benefits in accordance with the terms of this Plan. In such an instance, satisfactory services will be determined by the Plan Administrator or its designee, in its sole and absolute discretion.

7. Restriction on Re-Employment

If you receive benefits under this Plan, you may not be re-employed or retained by the Company or any of their affiliates in any capacity, including as an independent contractor, leased employee or consultant, for the duration of your Severance Pay Duration Period (measured in weeks up to a maximum of 104 weeks) following your termination from employment.

8. Severance Pay

A. Severance Pay Summary

Reason for Termination	Fixed Number Weeks of Pay	Week(s) of Pay Per Years of Service	Maximum Number Weeks of Pay
Performance-Related Termination – Long Service Participant Has At Least 1 Year of Service	50% of the Separation Pay for Involuntary Terminations and Eligible Disability Terminations Which Are Not Performance-Related or For Cause, rounded to the nearest day		
Performance-Related Termination – Short Service Participant Has Less Than 1 Year of Service	4	0	4
Involuntary Terminations and Eligible Disability Terminations Which Are Not Performance-Related or For Cause	10	3	104

B: Notice Summary

	WARN Act	Group Termination	Individual or Performance Related Termination
Prior To Signing	60 days	60 days	23 days
After Signing ¹	7 days ²	7 days ²	7 days
Total Number of Calendar Days	67 days	67 days	30 days

¹ Period an employee must be given to consider revoking a signed *Release Agreement*.

² Period not on payroll.

9. Claim for Benefits

The Company will notify you at the time of your termination of employment what benefits, if any, you will receive under the Plan. If you believe that you are entitled to receive additional benefits under the Plan, a claim for benefits must be submitted to the Plan Administrator. The Plan Administrator has designated Core HR Services as the Claims Administrator. Any claim for benefits must be received by the Claims Administrator within 180 days after your Date of Termination.

10. Denial of Claim and Appeal Procedures

If the Claims Administrator denies your claim, you have the right to appeal. The Plan Administrator has designated the Administrative Committee as the Appeals Administrator. Filing an appeal from an initial denial of a claim for benefits in accordance with the Plan's claim review procedure is necessary before you can file a lawsuit in any court to challenge the denial of the claim.

If your claim for benefits is denied, in whole or in part, the Plan Administrator will notify you or your authorized representative within 90 days of having received your initial claim for benefits. If special circumstances require extra time to process your claim, you will receive written notice of the extension and the reasons for it, before the end of the initial 90-day period. The extension will not exceed a period of 90 days from the end of the initial 90-day period (for a total of 180 days).

If you are denied a claim for benefits, you will receive in writing:

- An explanation of the specific reason(s) for the denial;
- Specific references to the pertinent Plan provisions on which the denial is based;
- A description of any additional material or information necessary for you to properly establish the claim and an explanation of why this material or information is necessary; and
- An explanation of the steps you can take to submit the claim for review, including a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974 ("ERISA") following an adverse benefits determination on review (i.e., a denied appeal).

If you do not receive a response to your initial claim for benefits within 180 days from the Company having received the claim, you can assume that the claim has been denied and you can then begin your appeal.

To appeal a denied claim, you or your authorized representative must, within 60 days after receiving the notification of denial, submit a written request for reconsideration of the claim to the Administrative Committee. Your request for reconsideration should be accompanied by all documents or records that you feel may support your appeal and that you wish to have considered. At that time, you or your authorized representative have the right to review all pertinent documents and submit issues and comments in writing.

A decision regarding your appeal will be made within 60 days. If special circumstances require extra time to determine the appeal, you will receive written notice of the extension and the reasons for it, before the end of the initial 60-day period. The extension will not exceed a period of 60 days from the end of the initial 60-day period (for a total of 120 days). If you do not receive a decision by the expiration of this period, you may consider the appeal to have been denied. The decision on appeal will be made by the Plan Administrator.

If your appeal is denied, you will receive a written explanation of the reason(s) for the decision, with references to those Plan provisions upon which the final decision was based, and a statement that you have the right to bring an action under Section 502(a) of ERISA.

11. Administration

The Plan Administrator may, in its sole and absolute discretion, delegate supervision of the operation of the Plan.

The Plan Administrator is authorized to approve exceptions to this Plan, in its sole and absolute discretion, or in the sole and absolute discretion of any person or entity to whom the Plan Administrator has delegated such authority. The Plan Administrator reserves the right to decide whether circumstances justify the payment of severance benefits under this Plan in any particular case. Any decision is subject to the appeal procedure described above.

The Plan Administrator has final and absolute discretion to interpret the terms of the Plan, to determine eligibility for benefits and amount of benefits to be paid, up to the maximum established in the Plan, to resolve any ambiguities and to make all decisions, and such determinations and decisions will be conclusive and binding to all parties. Any interpretation or determination made pursuant to such discretionary authority will be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious, based exclusively on the record before the Plan Administrator or its delegate at the time of the decision.

The Plan and its records are maintained on a calendar year basis, or as required by any federal, state or local statutes or regulations.

12. Legal Action

You may not bring a lawsuit to recover benefits under the Plan until you have exhausted the internal administrative claims and appeals process described above. No legal action may begin at all unless commenced no later than one (1) year following the issuance of a final decision on the claim for benefits, or the expiration of the appeal decision period if no decision is issued. This one-year statute of limitations on suits for all benefits will apply in any forum where you may initiate a suit.

13. No Contractual Rights

Eligibility to participate in the Plan does not confer the right to continuing employment with Pfizer, or any of its affiliates. The information provided in this SPD is not intended to create any contractual rights or claims on the part of anyone.

14. Amendment and Termination

The Plan Administrator reserves the right to amend, modify, suspend or terminate the Plan at any time for any reason, with or without notice. Any such action is not contingent upon the financial condition of Pfizer or any of the Participating Companies.

15. Severability

Should any portion of the Plan be declared null for any reason by a court of competent jurisdiction, the rest of the Plan will continue in full force and effect.

16. Other Important Information

Plan Name	Pfizer Separation Plan
Plan Sponsor	Pfizer Inc. 66 Hudson Boulevard East New York, NY 10001-2192
Employer Identification Number	13-5315170
Plan Number	516
Plan Year	January 1 to December 31
Participating Companies	As designated by Pfizer Inc.
Plan Type	Welfare benefit plan
Administration	Self-administered; benefits paid from Company assets
Plan Administrator	Pfizer Inc. Chief People Experience Officer, Executive Vice President 66 Hudson Boulevard East New York, NY 10001-2192 212-733-2323
Agent for Service of Legal Process	Pfizer Inc. General Counsel 66 Hudson Boulevard East New York, NY 10001-2192
Effective Date of Plan	October 6, 2023
Claims Administrator	Core HR Services: USPRSeparations@pfizer.com
Appeals Administrator	Administrative Committee: AdministrativeCommittee@pfizer.com

17. Your Rights Under ERISA

As a participant in the Pfizer Separation Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all Plan participants are entitled to the following rights.

A. Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office or at the office of the People Experience of the employee's site of employment, all documents governing the Plan and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of all documents and other information governing the operation of the Plan, including copies of the latest annual report (Form 5500 Series) and current Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

B. Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon those who are responsible for the operation of the Plan. Those who operate the Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or anyone else, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

C. Enforce Your Rights

If a claim for benefits is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision, without charge, and to appeal the denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan Administrator and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in federal court.

If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds the claim frivolous.

D. Assistance with Your Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA online at **www.dol.gov/ebsa** or by calling the publications hotline of the Employee Benefits Security Administration.

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